

AN ANALYSIS OF THE STUDENT HEALTH PROGRAMS IN
FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING
LOCATED IN NINE WESTERN STATES

by

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CHAPTER I
INTRODUCTION

Introduction to the Problem

Serious attention to the health of nurses has been slow in developing. Early nursing practices and attitudes originated from the militaristic concept of the nurse as a soldier who disregarded pain and discomfort in the stern performance of her duty. (5) It has been encouraging to note the steady development of health programs in schools of nursing in more recent years; and the determined efforts of the schools to incorporate health practices for students that were at least comparable to those advocated for patients. (5)

In the development of any health program, the concept underlying the term "health" is of fundamental importance. Health may be defined as a positive state, provided it is understood that all individuals do not enjoy health to the same degree. So defined, health may be appraised and becomes a personal matter, thereby placing the responsibility for the conservation and promotion of health with each individual. Health may also be thought of as freedom from disease, but this becomes a negative concept. Too often the negative aspects of health are stressed rather than health positiveness. (22)

The assumption that a state of good health does not permit variations was disproved and discarded many years ago by those workers

concerned with the treatment of illness and the promotion of health. Unfortunately this myth continues to persist and colors the policies and practices of many educational institutions. The criteria to be applied to "health" are simple and very easily tested. They concern time, place, and purpose: "Is this individual able to function reasonably well in comparison with others of his age, at this state of our knowledge of such matters, in this culture or subculture, and in relation to what is expected of him in this setting?"(12)

Because of the nature of nursing, the health hazards incurred, and the health teaching involved, it is of prime importance that health positiveness be emphasized in the health programs of schools of nursing.(22) The health program in a school of nursing must include a variety of activities, from those having to do with daily emergencies and slight ailments to arrangements for care during illness, which might involve the medical, surgical, or special services of the hospital. It must provide a plan for health maintenance of various groups of different age levels for varying lengths of time.(5) It is with those various activities inherent to an effective health program that this study is concerned.

Statement of the Problem

It is the purpose of this study to: (1) define those activities essential to a good health program in a hospital school of nursing; (2) describe those areas of health instruction fundamental to the preparation of the student nurse as a teacher, as well as an example, of health; (3) collect and analyze data relating to current practices

in health programs; and (4) interpret these findings in terms of their relevancy and application as established criteria for the evaluation of student health programs in hospital schools of nursing.

Purpose

Nursing as a profession has health hazards not found in many other fields of endeavor. For this reason, every school of nursing and hospital assisting in the education of student nurses has a responsibility to provide a health program which will minimize, so far as possible, these health hazards, and thereby prevent loss of time, promote maximum efficiency, and assure the graduation of students in the best possible health. Although we expect the health program to guard against illness, it should have as its primary goal the promotion of positive health and the development of each individual's maximum potentialities for a useful professional and well-rounded personal life. (30)

There have been few articles written relating to health programs in schools of nursing. Most of these discussions of current health practices describe in detail the program in effect in one specific school. Each school of nursing includes some reference to the student health program in the catalog or brochure which explains its program. The student health programs in some of the college schools of nursing have been described in recent surveys of college health programs. Little effort has been made to determine the nature of health programs in effect in hospital schools of nursing. Since approximately 95 percent of the students preparing for licensure as registered nurses now take their basic training in hospital schools of nursing, the importance

of effective health programs in these schools is apparent.(2)

Though the scope of this study was limited to the hospital schools of nursing in nine western states, the writer believes the need for this type of study was validated by three factors: (1) lack of relevant data concerning health practices in hospital schools of nursing; (2) lack of available information related to the comparison of hospital and college student health programs, in view of the comparable nature of health hazards involved; and (3) the increasing emphasis on positiveness of health and health teaching in schools of nursing. It is hoped that the information presented will prove to be of value in evaluating, planning, or implementing student health programs.

The four objectives of this study were:

1. To determine the size of the student enrollment and the size of the hospital or hospitals with which the school of nursing was associated. It was assumed that each hospital would have an active service of at least one hundred patients and that the nature and effectiveness of the personnel health program would be directly related to the size and variety of services available within the individual hospital. In 1932, the National League of Nursing Education declared that in the opinion of that group it was impossible to maintain acceptable standards of clinical experience for student nurses with fewer than one hundred hospital patients.(3)
2. To evaluate those preventive measures basic to the incorporation of positive aspects of health into the health program for student nurses. An effort was made to correlate the health teaching

provided with these areas of health instruction considered optimum to the preparation of the nurse. It was presumed that the school of nursing would be vitally concerned with the admission of students in good physical health and with the development of a student health program which would encourage the students to assume the responsibility for their own health, as well as for the health of others.

3. To ascertain the nature of the health services provided for the students in these schools of nursing and to determine the relationship between these services and the existing conditions of living, work, and vacations. The assumption was that the student health program would be directed toward the maintenance and promotion of health throughout the student's educational program; and that the state of the health of the students enrolled in schools of nursing should be the concern of the entire nursing profession.
4. To determine the types of health records which were maintained in each school of nursing and the manner in which these records were kept and used. It was surmised that many of the schools of nursing would be making use of the Cumulative Health Record, Form C, which was compiled by the National League of Nursing Education for this purpose.

It seemed reasonable to assume that the conditions and practices discovered in the hospital schools of nursing in these nine states also prevailed in hospital schools of nursing in other parts of United States.

Procedure

The scope of this study was limited by time, the heterogeneity of the schools of nursing as to size and educational program, and the scarcity of recent related literature. It was recognized at the outset that such a study must primarily study present practices in these schools of nursing and, as such, could not be considered a basis for generalizations. It was hoped by this means to identify several problems for later and more careful research.

Information about each of the schools of nursing was collected by a questionnaire. A four-page questionnaire was compiled in accord with the established objectives of this survey.¹ Twenty-four alternate response items were formulated to get information on twelve areas of study: general information, health instruction, guidance, medical examinations, immunizations, living accommodations, diet, hours of work, affiliation health programs, vacations, health services, and health records. Nineteen additional questions were designed to elicit free comments in these same twelve areas. Completion of the answer to these forty-three questions required approximately thirty minutes.

Two copies of the questionnaire with a letter explaining the purpose of the survey and requesting individual participation of the schools were sent to the director of each of the sixty-six hospital schools of nursing in the nine western states of Arizona, California, Idaho, New Mexico, Montana, Oregon, Utah, and Washington. This was

¹Questionnaire included as Appendix A, page 58.

accompanied by a letter of approval from Miss Lucile Gregerson, thesis advisor, University of Oregon Medical School, Department of Nursing Education. Immediate responses revealed the closure of two of the hospital schools of nursing included in this group, thereby reducing to sixty-four the total number of hospital schools surveyed.

Questionnaires were completed and returned by forty-eight of these schools of nursing. These responses represented 76 percent of the hospital schools of nursing in the nine western states.

The questionnaire was designed in such a manner that the answers were expected to describe the health program in each school of nursing. Additional comments were solicited and many were made, both on the questionnaires and on the letters which accompanied them. All information derived from each school was considered confidential.

Each question was tabulated separately and was analyzed in terms of the objective it was designed to fulfill. Master tabulation sheets were compiled.

A review of correlated literature and related studies was made. Pertinent data obtained from previous studies was correlated with the information collected in this study.

Definition of Terms

For the sake of clarity some terms have been defined and an attempt was made to convey the connotations appropriate to their use in this study.

²Master Tabulation Sheets included as Appendix D, page 64.

By guidance is meant a conscious attempt on the part of the school and all its agencies to direct the participation of the students in worth-while extra-curricular and curricular activities toward the attainment of definite, sound objectives. (8)

In this study, extra-curricular refers to those phases of student activities not taught in the classroom, although functioning under the guidance of the faculty.

Clinical experience is planned practice in the actual observation and care of patients, whether in the hospital, in the out-patient clinic, or in the home. (22)

This study has been organized into four chapters. Chapter I, Introduction, has outlined the problem, the purpose of the survey, and the procedure utilized. Chapter II, Review of the Literature, will present a review of related literature and significant studies. Chapter III, Interpretation of Data, is devoted to the analysis and interpretation of the answers to the questionnaire. Chapter IV, Summary, will provide a summary of the study with conclusions and recommendations based on the data obtained.

CHAPTER II

REVIEW OF THE LITERATURE

Very little has been written concerning the health of students in schools of nursing prior to 1920. Frequent references were made to "student fatigue" and "withdrawal of students due to health problems" but literature contained little evidence of positive thinking or positive action toward maintaining or promoting health among student nurses.

The first significant survey of nursing and nursing education was begun in 1919 by a Committee for the Study of Nursing Education under the financial sponsorship of the Rockefeller Foundation. The report of this survey was published in 1923.(29) As the secretary of this committee, Goldmark conducted a survey of twenty-three training schools for nurses. Ten of these hospitals had joined the move to an eight-hour working day, however, their weekly hours of work totalled from fifty-one to fifty-six hours. A direct relationship was found between the number of hours of work and the health of the personnel. In the hospitals with an eight-hour day, the number of sick days recorded for personnel was less than 4.8 days per year; while among nurses working longer hours, ill days lost per year varied from 4.8 to 12.8 days per nurse. The lowered vitality due to fatigue with its sequelae of disease was especially emphasized by this survey group. Two weeks of vacation per year were allowed the students in 50 percent of the schools surveyed. This

question of vacation assumed a critical importance for the student who had been on duty almost every day for a year, working long hours in an abnormal atmosphere, with little free time except that given over to classes and study. In regard to health of student nurses, Goldmark's Committee made two recommendations:

- (1) That tests be included to determine the intelligence and character of students desiring admission to schools of nursing, along with the physical examination already required by most of the schools.
- (2) That, in the interest of health, efficiency, and education, student hours, including classes, should not exceed eight per day and forty-eight per week. (29)

An analysis, in 1926, of the living conditions, bathing facilities, recreation and exercise, rest, hours of duty, food, clothing and personal health habits of the students in one school of nursing gave a good indication of the areas of health under scrutiny. (27) A 1927 report by Fuld stated that much of the ill health from which young women in the nursing profession suffered could be wholly or partially prevented by forceful health discussion, thorough physical examination, and painstaking follow-up for the removal of remediable defects during their period of training. (10)

A more comprehensive study was undertaken by the American Journal of Nursing in 1930. (7) This analysis of the health programs in thirty-three schools of nursing was the direct result of the "alarming state of affairs which have been revealed by some of the recent studies of the health of nurses". (7) These alarming factors were actually the result of incidents which occurred prior to the study:

1. A life insurance company discontinued granting disability benefits

to nurses.

2. Students had an incidence of Tuberculosis of 2.2 percent while among women of the same age in the general population the incidence was 1.5 percent.
3. Report of American Nurses Association Relief Fund revealed that in nineteen years, 47 percent of the beneficiaries of that fund had had Tuberculosis.(7)

Another factor which had prompted this study was the strong conviction that the hospital and school of nursing had a definite responsibility for the health of the student so that "when they graduate they will not only be apostles of health but examples of it as well, and not half-invalids in a short time falling back on the hospital and nursing organization for care".(7) In relation to student illness, the research group found that, taking the thirty-three schools as a whole, the average number of days lost through illness per student year was 6.7 days as compared with a group of 1,258 college girls who averaged 1.8 days lost due to illness in one year.(7)

Information was solicited on the following areas: frequency of physical examinations, routine immunizations, routine weight records, provision of special diets and extra nourishment, provision of quiet for night nurses, regulated hours of sleep, hours of work, time allowed for rest and recreation, regulation of late leaves, supervised recreation, time allowed for illness which need not be made up, and whether or not class hours were included in duty time.(7) Some of these factors were provided, at least to some extent, by so great a percentage of all the schools that they were discarded as valid criterion for comparison

of health programs. Other factors, not so commonly provided, were chosen as standards for evaluation of student health services. Those standards felt to be basically essential to adequate health services were: physical examination at least yearly, two half-days or one whole day off-duty weekly, four weeks vacation yearly, and an eight-hour day, and night, including classes. (7)

After analysis of the findings, this research group found that reliable statistics on the subject of student health programs were not available. The group decided that the only basis for determining what constituted an adequate health service was to evaluate the health programs in effect in several schools and hospitals known to be progressive in other areas of nursing education and hospital administration. According to these standards, they concluded that an adequate health service included: (1) careful selection of students, (2) careful physical examination before admission and yearly, including chest x-ray, (3) immunizations, at least for Smallpox and Typhoid Fever (some schools included immunization for Scarlet Fever), (4) eight-hour working day, (5) four-week vacation yearly, (6) ten days to two weeks allowed each year for illness, that need not be made up, (7) more privacy and quiet for students in living quarters, (8) good food, (9) monthly weight, (10) supervised recreation, (11) placing of the final responsibility for good health upon the nurse herself. According to the published report, the best basis for judging the adequacy of student health services was not the number of days of illness on the records, but the health of the nurses. (7)

The National League of Nursing Education published the Essentials

of a Good School of Nursing, 1936, which emphasized the prime importance of health positiveness in the health program of a school of nursing because of the nature of nursing, the health hazards incurred, and the health teaching involved. This group suggested that the health program should be begun before the student entered the school and be continued until the day she left. (22)

The League publication listed specific components which were regarded as essential in a health program. These included: selection of students, health information given to students, conditions of living and work, preventive measures, remedial measures, care during illness, functions of the health physician and health nurse, health program during affiliations, and health records. (22)

In 1946, in an effort to give the nation an accurate picture of the health services in operation in schools of nursing, at that time, the United States Public Health Service conducted a survey in 100 of the 1100 schools of nursing which had participated in the Cadet Nurse Program. (30) The study revealed a great many deficiencies in provisions for adequate health and medical care for student nurses. It indicated a great need for organized student health programs in schools of nursing. As a result of the findings in this survey, the group made the general recommendation that, although the health program should guard against illness, it should have as its primary goal the promotion of positive physical and mental health, and the development of each individual's maximum potentialities for a useful professional and well-rounded personal life. The Public Health Service report recommended that a program for student health include:

- (1) The admission of students who were in good physical condition and who possessed the potential capacities and aptitudes for nursing.
- (2) Measures for preventing infection.
- (3) The maintenance of a balance between work and recreation that was conducive to physical and mental health.
- (4) Formal instruction in personal, mental, and community health.
- (5) Provision for the care of students who became ill.
- (6) Provision for a safe and healthful environment. (30)

Other suggestions made by the group related to the administration of the program, types of health examinations and immunizations, medical, dental, and hospital nursing service available to students, and the recreational and physical education program which should be provided. (25)

In 1949, a survey was conducted for the six national nursing organizations by the Sub-committee on School Data Analysis for the Improvement of Nursing Services. (24) Of the 1215 questionnaires sent to state approved schools of nursing, 97 percent were answered and returned. The schools of nursing were asked to report on their efforts to maintain health among their own students. Each school was asked to report its practices in giving health examinations and chest x-rays, policies on sick leave and vacations, and length of assignments to evening and night duty. The general practice in most of the schools of nursing called for periodic health examinations including chest x-rays. All but 4 percent of the schools reported that health examinations were given by the staff physician either before admission of the student to the school or during the first month in the school, and at least yearly thereafter. Two-thirds of the schools reported allowances of two weeks or more of sick leave during the course of the program. The standard of an annual four-week vacation, set by Essentials of a Good School of Nursing (1936,1942), was met by 38 percent of the schools. Students were given three weeks

of vacation in 61 percent of the schools and 2 percent of the schools gave less than three weeks. Almost one-fourth, 24 percent, of the schools included in the survey limited students to a 42 to 44 hour week, while 8 percent maintained a week of forty hours or less. The most frequent pattern was a forty-eight hour week, including classes. Many schools of nursing reported long assignments of students to evening and night duty, some extending as long as forty-eight weeks.(24)

In addition to these national studies, individual studies have been conducted by various schools of nursing in which there was close scrutiny of the health program and student illness. Several reports have been made by Myers of a continuous program for the study and prevention of Tuberculosis among nurses. Myers wrote that the Tuberculosis control program among nursing students should be based on the premise that the disease was contagious and, therefore, the program should be one of protection and prevention.(20) Articles on the importance of health education, extra-curricular activities, quality of physical examinations, mental hygiene, and preventive policies in the improve- of health programs have appeared more frequently in literature.

Bridgman's 1953 report, in regard to student health, stated that colleges and universities generally considered the provisions for the welfare and all-round development of students as an essential part of their responsibility. These provisions included guidance, health, suitable housing, social and cultural opportunities, and facilities for extra-curricular activities.(2)

In the review of these eight related articles and studies, the following data was obtained. The importance of adequate physical

examinations was mentioned in 87 percent of the reports. Concern as to the nature of health services and the number of hours the students were working was evidenced by three-fourths of the reports. More than half, 62 percent, of the reports emphasized a need for health instruction for the students and showed interest in the living accommodations provided. Half of the reports mentioned guidance in some form; recreation, selection of students, or social and extra-curricular activities. Over a third, 37 percent, of the articles included good food and special diets as important factors in student health. One-fourth, 25 percent, of the studies investigated length of vacations, while 13 percent of the survey groups reviewed affiliation health programs and immunizations.

TABLE I

FREQUENCY WITH WHICH VARIOUS COMPONENTS OF AN ADEQUATE HEALTH PROGRAM FOR STUDENTS IN SCHOOLS OF NURSING WERE MENTIONED IN RELATED STUDIES

Health Factors	Number of Studies	Percentage
Health instruction	5	62
Guidance	4	50
Physical examinations	7	87
Immunizations	1	13
Living accommodations	5	62
Diet	3	37
Hours of work	6	75
Affiliation health program	1	13
Vacations	2	25
Health services	6	75
Health records	1	13

These standards for an adequate health program in schools of nursing established in 1930 by the research group of the American Nurses Association remain the health factors considered important today, with but two additions: (1) maintenance of health records and

(2) provision for health services for students during affiliative experience. (7) These eleven components of an adequate health program provided the basis for this study.

CHAPTER III

INTERPRETATION OF DATA

The purpose of this study has been to determine the nature of health programs in effect in the hospital schools of nursing in nine of the western states.

The four objectives formulated for this study were:

1. To determine the size of the student enrollment and the size of the hospital or hospitals in which the school of nursing was associated.
2. To evaluate those preventive measures basic to the incorporation of positive aspects of health into the health program for student nurses.
3. To ascertain the nature of the health services provided for the students in these schools of nursing and to determine the relationship between these services and the existing conditions of living, work, and vacations.
4. To determine the types of health records which were maintained in each school of nursing and the manner in which these records were kept and used.

Information about each of the schools of nursing was collected by a four-page questionnaire which was compiled in accord with the stated objectives of this survey. Twenty-four alternate response items were designed to obtain information on twelve aspects of the

existing health programs: health instruction, guidance, medical examinations, immunizations, living accommodations, diet, hours of work, affiliation health programs, vacations, health services, health records, and general information as to the nature of the school of nursing. Nineteen additional questions were used to elicit free comments on the areas under study. Copies of the questionnaire and a letter of explanation were sent to the director of each of the sixty-six hospital schools of nursing in nine western states: Arizona, California, Colorado, Idaho, New Mexico, Montana, Oregon, Utah, and Washington. Immediate responses revealed that two of the hospital schools of nursing, included in this group, were closed thereby reducing the total number of schools surveyed to sixty-four.

Of the questionnaires sent to the sixty-four hospital schools of nursing, 76 percent were completed and returned. (Table II) The request that a copy of the health record in current use be included was complied with by 56 percent of the schools. Cooperation of the schools was very good. The hospital schools of nursing in four of the states achieved 100 percent in their response to the questionnaire. From one state, 83 percent of the questionnaires were returned while 71 percent of the schools in another state responded. Analysis revealed a 66 percent response from two states and 60 percent return of the questionnaires from the schools in the remaining state, with an average response from all of the nine states of 83 percent.

TABLE II

DISTRIBUTION OF THE RESPONSES OF FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING
IN NINE WESTERN STATES

State	Total Schools	Hospital Schools	Number of Responses	Percent of Responses
Arizona	3	3	2	66
California	41	31	22	71
Colorado	8	6	5	83
Idaho	5	3	3	100
Montana	5	3	2	66
New Mexico	1	1	1	100
Oregon	7	4	4	100
Utah	6	3	3	100
Washington	16	10	6	60
Total	93	64	48	76

The questionnaire was designed in such a manner that the answers to the questions were expected to provide a description of the health program in effect in each hospital school of nursing. Additional comments were solicited and many were made, both on the questionnaires and on the letters which accompanied them. All information derived from these questionnaires was considered confidential.

Each question was tabulated separately and analyzed in terms of the objective it was designed to fulfill. Master tabulation sheets were compiled.³

Factors Related to Student Enrollment and the Size of the Hospitals

While no significant relationship could be established between

³Master Tabulation Sheets included as Appendix D, page 64.

the total enrollment of the schools of nursing and the size of the hospitals by which they were conducted, there appeared to be a definite trend toward a decline in the number of schools of nursing in small hospitals. At the time of this survey, only 2 percent of the hospitals connected with these schools of nursing had 100 patients or less, while 13 percent had more than 500 patients, and 39 percent of the hospitals could accommodate over 300 patients. (Table III) The average bed capacity of the hospitals included in this survey was 373.5 beds with an incomplete total bed capacity of 17,423.

TABLE III

CLASSIFICATION OF THE HOSPITALS SURVEYED ACCORDING TO SIZE

Bed Capacity of the Hospitals	Number of Hospitals	Percent of Total
Less than 100 patients	1	2
100 to 300 patients	27	59
301 to 500 patients	12	26
Over 500 patients	6	13
Total	46	100

In 1934, one-half of the schools of nursing in United States were conducted by hospitals with not more than 75 patients while one-fourth of the hospitals had from eight to forty-two patients. Only 38 percent of the schools were associated with hospitals which had as many as 100 patients. Ninety-eight percent of the present survey group had a hospital bed capacity of 100 or more. (4)

In an effort to assure a sufficient variety of clinical experiences for students enrolled in schools of nursing, the International Council of Nurses recommended, in 1934, that no school of nursing should be

connected with a hospital with a daily average patient census of less than 100 patients.⁽⁴⁾ This recommendation was a follow-up of the 1932 declaration of the Committee on Education of the National League for Nursing Education that unless a hospital had a daily average of about 100 patients, and a fairly active service, it was almost impossible to maintain a school of nursing with acceptable standards.⁽³⁾ Close adherence to this recommendation would have closed six out of ten schools of nursing in United States at that time.⁽⁴⁾

In 1934, the typical school of nursing had a total enrollment of forty-three students. This 1957 survey revealed the average student enrollment in these selected hospital schools of nursing as 98, with an incomplete total student enrollment of 4,516 in the schools surveyed. Thirty-seven percent of the schools had 100 students or more, while 6 percent had more than 200 students. (Table IV) One-fourth of the schools had from eighteen to sixty-three students and three-fourths of the schools had enrollments of not more than 135.

TABLE IV

CLASSIFICATION OF THE HOSPITAL SCHOOLS OF NURSING SURVEYED ACCORDING TO STUDENT ENROLLMENT

Number of Students	Number of Schools	Percent of Total
Less than 50 students	4	9
50 to 99 students	24	53
100 to 149 students	9	20
150 to 199 students	5	11
200 or more students	3	7
Total	45	100

Little consistency has been observed between the size of the student enrollment in the schools of nursing and the size of the hospitals with which they are connected. Six hospitals with only 9 percent of the total bed capacity of the hospital survey group were providing clinical experience for 17 percent of the total students; while in six different hospitals, having 18 percent of the total patients, only 10 percent of the students were enrolled. Fifty-two percent of the students receive their clinical experience in hospitals with 300 or more patients as compared to the 48 percent of students that are assigned to hospitals with from 94 to 290 patients.

In general hospitals with less than 300 patients, the distribution of patients was: approximately one-half of total patients, surgical patients; a little more than one-fourth, medical; about one-fifth, obstetrics; not more than 3 percent, communicable disease; and 2 percent, neurological. In most schools the type and amount of clinical experience the student nurses receive is determined primarily by the needs of the patients.(4)

In the 1949 survey of 1,070 hospital controlled schools of nursing, the small hospitals referred to were those hospitals with less than 100 patients. The proportion of large general hospitals with schools of nursing had increased from 63 percent to 50 percent over the previous twenty years. At the same time, a striking reduction was noted in the proportion of small hospitals with schools. While 40 percent of the small hospitals had schools of nursing in 1929, the 1949 total was only eight percent.(24) Only two percent of the hospitals in this survey had less than 100 patients.

The requirements, which are generally accepted as fundamental to professional education, are expensive. As the standards of a profession rise, the costs of educating for the profession parallel the rise. In most of the other professional fields small student units have been found to be more expensive than large ones. Most of the small schools of nursing are conducted by small hospitals. Some of the small hospitals have good schools, but in most cases the small number of students and the high per capita cost make professional education in such schools impossible. (4)

Health Instruction and Preventive Measures

Health Instruction

The provision of health information for student nurses was included in the "standards for a good school of nursing" as set up by the National League of Nursing Education in 1936 and 1942. This group stated:

"The student should be given, early in her course and throughout her course, health information that will stimulate the development of her positive health attitudes and the practice of positive health habits. This information should be fully developed, restated as often as necessary and pervade personal guidance in matters of health. It should include: (1) a knowledge of the normal structure and functioning of her own body, (2) a knowledge of the kind of environmental and social factors that militate against a positive health state, and (3) a knowledge of disease preventive measures". (22)

All but two of the schools included instruction in Personal Hygiene in their curriculum for student nurses. Mental Hygiene Instruction was provided in 94 percent of the schools. A separate class in Personal

Hygiene was provided in 16 percent of the hospital school programs while 27 percent of the schools had separate courses in Mental Hygiene. The most common practice was the inclusion, by 72 percent of the schools, of both of these areas of teaching in other courses. (Table V) Personal Hygiene was frequently incorporated in Nursing Arts or Nursing Fundamentals Courses while Mental Hygiene was included in Psychiatry or Psychology.

TABLE V

COMPARISON OF THE TYPES OF HEALTH INSTRUCTION PROVIDED FOR STUDENTS
IN HOSPITAL SCHOOLS OF NURSING

Health Instruction	Yes		No	
	Number	Percent	Number	Percent
Personal Hygiene	46	96	2	4
Mental Hygiene	45	94	3	6
Separate Personal Hygiene Course	8	16		
Separate Mental Hygiene Course	13	27		
Personal and Mental Hygiene included in other courses	35	72		

Guidance

The guidance program, in an effort to direct the students in their participation in worthwhile extra-curricular activities should provide desirable programs of social, recreational, and physical activities, as well as guidance. The ultimate aim of an organized program for social, recreational, and physical activity is the maximum development of positive physical, mental, and emotional health. (30)

Organized guidance programs were in effect in 79 percent of the

schools. (Table VI) Three-fourths of the schools had organized social programs and 77 percent provided organized recreational programs of a variety of activities. The same 21 to 23 percent of the schools not only provided no guidance but also made no provision for either social or recreational activities. Social and/or recreational directors were employed by 33 percent of the schools. In eight of these schools this faculty member was a full time employee and in the other eight, she was employed only part time. No plans had been made for the inclusion of physical educational activities in 65 percent of the schools of nursing.

TABLE VI

COMPARISON OF THE GUIDANCE PROGRAMS IN EFFECT IN FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Guidance Activities and Personnel	Yes		No	
	Number	Percent	Number	Percent
Guidance Program	38	79	10	21
Physical Education Program	17	35	31	65
Recreational Program	37	77	10	21
Social Program	36	75	11	23
Social and/or Recreational Director	16	33	32	67
Full time	8	50		
Part time	8	50		

It is important that the advantages of extra-curricular activities be utilized in furthering the development of students in accordance with their needs, interests, abilities, aptitudes, resources, and opportunities. The guidance program can be of great assistance in establishing the extra-curricular program through the use of its supply of information about the students. Conversely, the activity program can serve

to supplement and enrich the guidance service. Few schools have given consideration to this interlocking relationship. In reality, the activity program can provide for many of the group guidance needs. (8)

Since the "responsibility for building a guidance program rests with the administration and all the members of the staff" and since "guidance is concerned with the total development of the student", it naturally follows that the director of the school of nursing and the faculty members would be directly concerned with the total guidance program. (8) In the thirty-eight schools having guidance programs, 31 percent of these programs were administered by the director or assistant director of the school. (Table VII) In 27 percent of the schools, either the faculty or a faculty committee assumed the major responsibility. In six of the schools, the educational director, or her assistant, also directed the guidance program. In two schools, the health nurse also served as the guidance director. One school employed a full time counselor. In the other four schools, the student guidance was

TABLE VII

COMPARISON OF THE PERSONNEL DIRECTING THE GUIDANCE PROGRAMS IN FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Person Directing Program	Number of Hospitals	Percentage
Director or Assistant Director of School	15	31
Faculty or Faculty Committee	13	27
Educational Director or Assistant Educational Director	6	12
Health Nurse	2	4
Counselor	1	2
Chaplain	1	2
Social Worker	1	2
Housemother	1	1
"Nurse"	1	2

done by the chaplain, the social worker, the housemother, and a non-specific entity of "nurse".

Medical Examination

In evaluating the health program of a school of nursing, preventive measures are an important consideration. There are various preventive techniques for assessing the health of individual students as a basis for preserving or remedying the findings, as indicated. Since it is generally agreed that all persons do not possess the same degree of health, it is important that a full inventory of the health habits and health status of the student be taken before she embarks on a program as extensive as nursing education. (22)

The assessment of health should begin the day or the week the student enters the school. If the pre-entrance medical examination is made within a reasonably short period before the student's entrance to the school, it may take the place of the initial examination. Otherwise, the initial medical examination should be given as soon as possible after the student enters the school. The examination should be repeated each year during the course. So spaced, a minimum of four medical examinations should be provided for nursing students during a three-year program. (22)

Of the hospital schools of nursing surveyed, 91 percent of the schools gave their students pre-entrance physical examinations and an examination at the end of the first and second years in the school. (Table VIII) Only 63 percent of the group provided physical examinations at the end of the third year. More than one-half, 52 percent, of the schools gave the students a complete physical examination immediately after they were admitted to the school.

TABLE VIII

COMPARISON OF THE FREQUENCY OF MEDICAL EXAMINATIONS PROVIDED FOR STUDENTS
IN FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Distribution of Medical Examinations	Yes		No	
	Number	Percent	Number	Percent
Pre-entrance physical examination	44	91	4	8
Immediately after admission to school	25	52	23	47
End of the first year	44	91	4	8
End of second year	44	91	4	8
End of third year	40	83	8	16

In 1945, the United States Public Health Service made this recommendation to the schools of nursing concerning medical and dental examinations for students:

The pre-entrance examination should include as a minimum, the following: complete medical history and physical examination by a physician, examination of the mouth by a dentist, . . . tuberculin test, x-ray of chest, bite-wing dental x-rays, serologic test for syphilis, urinalysis, hemoglobin determination. (30)

Of the schools surveyed, 91 percent required the student to have a general physical examination prior to her admission to the school. (Table IX) In 52 percent of the schools, a general physical examination was given soon after the admission of a new class of students. Eye examinations were included as a part of the pre-entrance examination in 68 percent of the schools while 33 percent provided this service after admission. Several schools indicated that examination of the eyes was assumed to be a student responsibility so this type of examination was not included in the general medical examinations. Thirty-four, 70 percent, of the schools gave or required pre-entrance chest x-rays and 45 percent included a requirement for preentrance tuberculin test.

In 66 percent of the schools, admission chest x-rays were taken and were repeated at three month intervals in one school, and every six months in eight schools. Tuberculin tests were given by 62 percent of the schools soon after the students entered the school. Three schools repeated the tuberculin test every three months; five schools repeated this test every six months. One school included an audiogram as a part of pre-entrance examinations, while another school indicated some type of skin examination was included. Dental examinations were required prior to admission in 85 percent of the schools, with 10 percent of the schools requiring this examination after the students were admitted. No indication was made as to the inclusion of dental x-rays. Pre-entrance urinalysis was required by 70 percent of the schools and 56 percent required hemoglobin determinations. In post-entrance examinations, 54 percent of the schools included both urinalysis and hemoglobin determination. Fifty-four percent of the schools required that the students have a blood test for syphilis before entrance; 42 percent provided for this laboratory test after admission. Approximately half of the schools required red and white blood counts and differential as a part of the pre-entrance examination. Approximately the same number of schools included these laboratory procedures in the examination after admission. Pre-entrance Schick test was required in 72 percent of the schools and was given to the students after admission in 62 percent of the schools. Pre-entrance Dick tests were required by 33 percent of the schools, but none of the students were given this test after they were admitted to the schools of nursing.

TABLE IX

COMPARISON OF THE TYPES OF MEDICAL EXAMINATIONS GIVEN TO STUDENTS AT THE TIME OF THEIR ADMISSION TO FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Type of Examination	Pre-entrance		Shortly after Admission	
	Number	Percent	Number	Percent
General Physical	44	91	25	52
Eye Examination	33	68	16	33
Chest X-Ray	34	70	32	66
Dental Examinations	42*	85	5	10
Audiogram	1	2	0	
Skin Examination	1	2	0	
Laboratory Procedures				
Urinalysis	34	70	26	54
Hemoglobin	27	56	26	54
White Blood Count	25	52	25	52
Red Blood Count	25	52	24	50
Differential	24	50	23	47
Blood Test for Syphilis	26	54	2	42
Tests				
Tuberculin	22	45	30	62
Schick	35	72	8	16
Dick	16	33	0	
Electrocardiogram			1	2

*Not provided by the school, but required of students

Immunizations

Every student, regardless of history of previous immunization or disease, should be vaccinated against diphtheria or should have a Schick test with immunization of all positive reactors. Immunization of students with tetanus toxoid should be considered, thus obviating the necessity of using tetanus anti-toxin following penetrating injuries. (30)

Although 72 percent of the schools insisted on the students having Schick tests as a part of their pre-entrance examination, 94 percent of these schools provided immunization against diphtheria. (Table X) Only 6 percent of the schools based their course of action on the results of

the Schick tests. All of the schools vaccinated their students against smallpox, while 98 percent included vaccination for typhoid fever. Only 12 percent of these schools immunized their students against scarlet fever, while 63 percent included tetanus toxoid. One school provided influenza vaccine for the students enrolled. Approximately three-fourths of the schools were in the process of providing immunization for poliomyelitis. In nearly every school, poliomyelitis immunization was provided to students with the consent of their parents.

TABLE X

COMPARISON OF THE IMMUNIZATION PROGRAMS IN EFFECT IN FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Immunizations	Yes		No	
	Number	Percent	Number	Percent
Diphtheria	45	94	3	6
Influenza	1	2		
Poliomyelitis	35*	73	13	27
Scarlet Fever	6	12	42	88
Smallpox	48	100		
Tetanus	30	63	18	37
Typhoid Fever	47	98	1	2

*With consent of the parents.

Conditions of Living and Work

Living Accommodations

So that the varied needs of the students may be met, the school of nursing should have a carefully planned and well-equipped residence, effectively administered. The residence should provide for; (a) the personal safety and physical welfare of its occupants; (b) proper conditions for living and study; (c) satisfactory house management.

and (d) social life for the group as a whole, or for small groups or individuals. (20)

Separate rooms are necessary for nursing students because of the emotional strain of adjusting to personalities and varying situations inherent in nursing as well as an attempt to offset the lack of privacy in the present-day way of life. (22)

Two of the hospital schools of nursing included in this study reported that they provided private rooms for each of their students.

TABLE XI

COMPARISON OF THE LIVING ACCOMMODATIONS PROVIDED FOR THE STUDENTS ENROLLED IN FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Type of Rooms	Number of Schools	Percentage
Only single rooms	2	4
Only double rooms	16	33
Three or more students per room	1	2
Combination of single and double or other multiple capacity rooms	27	56
Total	46	95

One-third of the schools housed all of their students in double rooms. One school indicated three or more students were living together in rooms. More than half, 56 percent, of the schools provided some combination of single, double, or other multiple capacity rooms for their students.

Dietary Provisions

Forty-six of the schools reported having the diets provided for the students planned and supervised by a dietitian. (Table XII) Two schools

had no dietitian. All but eight of the schools, 83 percent, provided special diets for students, however, many reportees specified that special diets were provided only according to a doctor's specific orders.

TABLE XII

COMPARISON OF THE DIETARY PROVISIONS MADE FOR STUDENTS ENROLLED IN FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Dietary Provisions	Yes		No	
	Number	Percent	Number	Percent
Menus planned by dietitian	46	96	2	4
Special diets provided	40	83	8	17

Hours of Work

A good school of nursing will be concerned with the factors which affect both the operation of the curriculum and the health program. One such factor is the student's weekly hour schedule. In terms of positive health, it is highly desirable that during the clinical period the prescribed class and practice schedule be included in a forty-four hour week. The total schedule during the pre-clinical period should consist of fewer hours. (20) The preceding statement was made in 1936 by the National League of Nursing Education. In 1945, the United States Public Health Service found that eighty-nine of the 100 schools of nursing surveyed set the student's maximum weekly hour schedule at forty-eight hours. (30) Long hours of work imposed upon students constitutes a health hazard to which no educational institution has a moral right to expose its students. (22)

In forty-six of the hospitals questioned as to the students' weekly hour schedules, 66 percent of the schools revealed that their pre-clinical

students were assigned less than forty hours while in fourteen of the schools, students at this level were assigned forty hours, including both classes and clinical experience. No school indicated that the students' weekly hour schedules included study time. (Table XIII) None of the schools indicated assignment of evening or night duty to pre-clinical students. And, although a specific recommendation was made in 1936 that approximately ten hours should be allotted the student each week for study, there is no indication of compliance with this recommendation by these schools of nursing. (22)

TABLE XIII

COMPARISON OF THE WEEKLY HOURS OF DUTY FOR THE PRE-CLINICAL STUDENTS
IN FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Number of Hours	Number of Schools	Percentage
Less than 40 hours	32	66
40 hours	14	29
41 to 45 hours	0	0
46 to 48 hours	0	0
Total	46	95

For the clinical students on day duty, by far the greatest number of schools, 70 to 83 percent, scheduled a forty hour work week throughout the remaining months of the first year and the entire second and third years. (Table XIV) One school assigned forty-one to forty-five hours of work per week throughout the entire clinical period. Less than forty hours per week were reported for 25 percent of the first year students, 12 percent of the second year students, and 3 percent of the third year students in the schools surveyed.

TABLE XIV

COMPARISON OF THE WEEKLY HOURS OF DAY DUTY FOR CLINICAL STUDENTS IN FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Hours of Work	First Year		Second Year		Third Year	
	Number	Percent	Number	Percent	Number	Percent
Less than 40 hours	12	25	6	12	4	8
40 hours	34	70	39	61	40	83
41 to 45 hours	1	2	1	2	1	2
46 to 48 hours	0		0		0	
Total	47	97	46	95	45	93

Only seven, 14 percent, of the schools assigned evening duty to first year students, while second year students in 58 percent of the schools and third year students in 62 percent of these schools were assigned some evening duty. (Table XV) A few of the schools, 6 percent, scheduled less than a forty hour work week for the second and third year students on evening duty. A forty hour work week on evening duty was scheduled for the first year students in 10 percent of the hospitals, second year students in 45 percent and for third year students in 54 percent of the hospitals. All of the students in one hospital worked from forty-one to forty-five hours, including classes, during the weeks they were assigned to evening duty. Thirteen schools, 27 percent, made no assignments of evening duty to student nurses.

TABLE XV

COMPARISON OF THE WEEKLY HOURS OF EVENING DUTY ASSIGNED TO CLINICAL STUDENTS IN FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Hours of Work	First Year		Second Year		Third Year	
	Number	Percent	Number	Percent	Number	Percent
Less than 40 hours	0		3	6	3	6
40 hours	5	10	22	45	26	54
41 to 45 hours	2	4	3	6	2	4
46 to 48 hours	0		0		0	
Total	7	14	28	57	31	62

Six of the schools assigned night duty to first year students 37 percent assigned night duty to second year students and 68 percent made the same assignment to third year students. (Table XVI) Of the first year students assigned night duty, 8 percent of the hospitals assigned a forty hour week; one hospital scheduled forty-one to forty-five hour work weeks during night duty; and one other hospital assigned its students forty-six to forty-eight hours of work during the weeks they were on night duty. A work week of less than forty hours was assigned to the second year students in two hospitals and scheduled for the third year students in four of the hospitals. No night duty was assigned to the students in 27 percent of the hospitals.

TABLE XVI

COMPARISON OF THE WEEKLY HOURS OF NIGHT DUTY ASSIGNED TO CLINICAL STUDENTS

Hours of Work	First Year		Second Year		Third Year	
	Number	Percent	Number	Percent	Number	Percent
Less than 40 hours	0		2	4	4	8
40 hours	4	8	14	29	28	58
41 to 45 hours	1	2	1	2	1	2
46 to 48 hours	1	2	1	2	0	
Total	6	12	18	37	33	68

Vacations

Directly related to the weekly hour schedule as an essential part of a positive health program is the vacation policy. An annual four week vacation represents a minimum vacation period. Less time does not give opportunity for the student to recuperate from the mental and physical exertions of the preceding school year.(22)

Thirty-four of the schools, 71 percent, gave their students the recommended four weeks annual vacation. (Table XVII) Only 12 percent of the schools provided for less than a total of twelve weeks, and

TABLE XVII

COMPARISON OF THE TOTAL WEEKS OF VACATION PROVIDED FOR STUDENTS DURING THEIR WHOLE COURSE

Number of Weeks	Number of Schools	Percentage
Less than twelve weeks	6*	12
Twelve weeks	34	71
More than twelve weeks	8	17
Total	48	100

*Included four twenty-eight or twenty-nine month programs.

this included four schools with twenty-eight or twenty-nine month programs. Actually, only two of the schools with three year programs provided less than twelve weeks of vacation. Eight schools gave their students from five to ten weeks of vacation per year.

Health Services

Health Facilities and Personnel

One of the basic objectives in a good health program is to convince students that it is their responsibility to report any ailment promptly, no matter how minor it seems, not only for their own protection but for the protection of their patients and associates. To accomplish this objective, those conditions must be established which will facilitate reporting illness and will encourage the students to discuss their indispositions, no matter how slight. These conditions include a specific time daily for health consultations and arrangements which make the reporting of illness at any time of the day or night an

easy matter.(22)

A designated health office was maintained by 60 percent of the schools and in 89 percent of the schools the health office or health nurse were contacted for the reporting of illness or health advise during her hours on duty. (Table XVIII) In the absence of the health nurse, the director of the school of nursing, or her assistant, or their delegated representatives were available for assistance with the health needs of the students. During weekends, holidays, and at night, illnesses were reported to the housemother, instructor, or the hospital supervisor.

A physician, a dentist, and a graduate nurse should be designated to furnish the necessary services for students who require care for illness or injury. It is desirable that the general medical responsibility be centralized in one physician, although it is recognized that

TABLE XVIII

DISTRIBUTION OF THE PERSONNEL TO WHOM STUDENT ILLNESSES WERE REPORTED
IN FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Person to Whom Illness Reported	Number of Schools	Percentage
Health Nurse (or Health Service)	43	89
Either Health Service or Director	13	27
Director of School	3	6
Assistant Director of School	1	2
Housemother	1	2
In the Absence of the Health Nurse	Number of Schools	Percentage
Housemother	5	10
Hospital Supervisor	4	8
Instructor	3	6

more than one part-time physician may be required in some schools.(30)

The designation of a school physician under regular terms of appointment, with a salary, is essential to the continuity and promotion of a positive health program. (22)

A full-time health nurse was employed in 52 percent of the schools, 35 percent of the schools employed a part-time health nurse, and 13 percent of the schools made no provisions for a health nurse. (Table XIX) A physician was available to provide full-time health services in only 21 percent of the schools, while nearly two-thirds, 65 percent, of the schools provided a part-time school physician. Seven, 14 percent, of the schools did not provide for the specific delegation of the medical responsibility for the student health program but depended on the gratuitous service of the member of the medical staff chosen by the student or that happened to be available at the time the illness or injury occurred.

TABLE XIX

COMPARISON OF THE NUMBER AND TYPE OF HEALTH PERSONNEL PROVIDED FOR THE STUDENTS ENROLLED IN FORTWEIGHT HOSPITAL SCHOOLS OF NURSING

Personnel	Full-time		Part-time		None	
	Number	Percent	Number	Percent	Number	Percent
Health Nurse	25	52	17	35	6	13
Physician	10	21	31	64	7	14
Dentist	0		2		46	96

In five of the schools, the health physician was employed; while in 75 percent of the schools, the physician, designated as responsible for the health of the students, was appointed. The hospital medical staff appointed the physician to this position in 23 percent of the

schools. (Table XX) While twenty-nine of the schools provided a health office, only twenty-seven, 56 percent, of the schools established definite hours for the students to consult the health physician. (Table XXI) The services of a dentist were available to the students in only 4 percent of the schools, and these provisions were on a part-time basis.

The physician designated as responsible for the general care of the students should have daily office hours for the students at a specified time and readily accessible place in the hospital or school of nursing.

TABLE XI

MANNER IN WHICH SERVICES OF HEALTH PHYSICIAN WERE PROVIDED FOR STUDENTS

How Services Provided	Number of Schools	Percentage
Physician employed	5	10
Physician appointed	36	75
Appointed by	Number of Schools	Percentage
Medical Staff	11	23
Hospital Board of Directors	5	10
Hospital Administrator	5	10
Health Nurse	3	6
Health Committee	3	6
Director of School of Nursing	3	6
Director of Nursing & Medical Staff	2	4
Faculty	2	4
Chief Resident	2	4
Director of Nursing & Hospital Administrator	2	4
Hospital Administrator & Faculty	1	2
Medical and Nursing Staff	1	2
Students	1	2
Faculty and Students	1	2

He should be available at all times for emergencies. Each student should have the privilege of consulting the physician directly, without being referred by a nurse or supervisor. As an economy of the physician's time, it may be desirable to have the student see the nurse first and then be referred to the physician, however, the health service routine should not deny the student direct access to the physician. (30)

TABLE XXI

SPECIFIC HOURS ESTABLISHED FOR STUDENTS TO CONSULT HEALTH PHYSICIAN

Hours for Health Services	Number of Hospitals	Percentage
Definite hours established	27	56
No hours are established	20	41
Total	47	97

Medications

All of the schools of nursing made some provision for supplying these medications prescribed for the students by the physician. While all of the schools did not provide free medications, arrangements were made for the student to obtain the medication either at cost or at a discount at the hospital or a local pharmacy.

Insurance Coverage for Illness

Insurance coverage for illness was available to the students in seventeen of the schools of nursing. (Table XXII) The premiums for this insurance were paid by the student in more than half, 53 percent, of the schools providing this service. The school of nursing assumed the cost in seven instances, while one hospital provided this service for the students enrolled in the associated school of nursing.

TABLE XXII

CLASSIFICATION OF THE HOSPITAL SCHOOLS OF NURSING ACCORDING TO THE MANNER IN WHICH INSURANCE COVERAGE FOR ILLNESS WAS MADE AVAILABLE TO STUDENTS

Insurance Premiums Paid By	Number of Schools	Percentage
Student	9	19
Hospital	1	2
School of Nursing	7	15
Total	17	36

Care During Illness

A separate infirmary should be provided for the care of students during minor illnesses. Necessary hospitalization should be provided in the hospital associated with the school of nursing. (3)

For care during illness requiring bedrest, 54 percent of the hospital schools of nursing surveyed allowed the students to remain in the dormitory unless more extensive treatment and care was indicated.

(Table XXIII) In 89 percent of the schools, the students were hospitalized when any treatment was necessary that could not be carried out in the dormitory. Student infirmaries were used for providing student care in 33 percent of the schools. Many of the student infirmaries were located in the hospital, so regular hospital services were available. In three, 6 percent of the schools the students were allowed to go home to recuperate in some cases.

TABLE XXIII

COMPARISON OF THE PROVISIONS MADE FOR CARE OF STUDENTS DURING ILLNESS

Where Care Provided	Number of Schools	Percentage
Dormitory	26	54
Home	3	6
Hospital	43	89
Student	16	33

The costs of care during student illness were handled in various ways. Health and/or accident insurance covered these expenses in 35 percent of the schools. (Table XXIV) The students were allowed more than two weeks of hospitalization without cost in 47 percent of the schools. Some of these same schools indicated there was no specific maximum as to amount of hospitalization the student could be provided as each illness was evaluated individually and limitations as to care determined in a like manner. Up to two weeks were allowed the students in 8 percent of the hospitals without charge. In four, 8 percent, hospitals all expenses of care were paid by the students or their families.

TABLE XXIV

COMPARISON OF THE PROVISIONS MADE FOR THE COSTS OF HOSPITALIZATION DURING STUDENT ILLNESS

Provisions for Costs	Number of Schools	Percentage
Hospital care costs covered by medical allotment	1	2
Individual responsibility of student	4	8
Insurance coverage	17	35
More than two weeks hospital care without cost	23	47
No provisions for hospital care	1	2
Students pay one-half the costs	1	2
Up to two weeks of hospital care without cost	4	8

One hospital made no provision for any type of hospital care. A second hospital assumed one-half of any hospital expenses; the student paid the rest. Another hospital had set up a medical allowance to cover the illnesses that each student might be expected to have. The report from

this school indicated that in most cases this allotment proved very adequate.

Special Nursing Care

If special nursing care became necessary during a student illness, this was paid for by the student or the family in 47 percent of the schools; however, in such cases care was donated by other students in 18 percent of the schools, by school of nursing alumnae in 2 percent, and by faculty members of the school of nursing in 2 percent. (Table XXV) In 35 percent of the schools, no provision was made for the eventuality of necessary special nursing care, the frequent comment being "this situation has never arisen." The hospital assumed these costs in three, 6 percent, of the schools and the school of nursing budget assumed this expense in 4 percent of the schools.

TABLE XXV

COMPARISON OF THE PROVISIONS MADE FOR SPECIAL NURSING CARE DURING STUDENT ILLNESS

Provisions for Care	Number of Schools	Percentage
Hospital assumed the cost	3	6
No provisions made	17	35
Responsibility of student or family	23	47
School of nursing assumed the cost	2	4
Care Donated By	Number of Schools	Percentage
Faculty members	1	2
Other students	9	18
School of nursing alumnae members	1	2

Medical Consultations

In 1936, the National League of Nursing Education recommended that the health physician should be responsible for arranging for the

necessary medical consultations and examinations to be made by specialists. (22) The United States Public Health Service recommendations, in 1945, were that the physician should designate such specialists as may be needed to deal with specific cases. (30)

In 56 percent of the schools, referral of students for consultation or special examinations was made by the health physician, or by someone in the school health office. (Table XXVI) There was no indication as to whether or not these services were free to the students. Ten, 20 percent, of the schools specified that consultation services were without cost to the students. Personnel in the nursing school office made the referrals in 12 percent of the schools; the student paid whatever fee was levied by the specialist. In 3 percent of the schools, there were

TABLE XXVI

COMPARISON OF THE PROVISIONS MADE FOR REFERRAL AND CONSULTATION SERVICES FOR STUDENT NURSES

Referral Made By	Number of Schools	Percentage
Hospital provided consultation services	1	2
No provisions made for consultation services	4	8
Referral made by health physician or health office	27	56
Referral made by school of nursing office	6	12
Costs of Consultation Services	Number of Schools	Percentage
Free to students	10	20
Not indicated	27	56
Student pays the fee	6	12

no provisions made for consultation services. One hospital provided any necessary consultation services to the students.

Sick Leave

Although "two weeks of illness absence, which would not have to be made up, be allowed to each student during her nursing school course" was recommended in 1936, the United States Public Health Service survey in 1945 revealed that fifty-six of the 100 schools allowed no time at all sick leave. (22,30)

The study indicated that 20 percent of the schools surveyed allowed less than three weeks absence for illness during the three year program. (Table XXVII) The four programs of twenty-eight or twenty-nine months allowed from three to four and one-half weeks of sick leave. In 33 percent of the schools, three weeks of sick leave was allowed during the three years, while in 35 percent of the schools, the students were allowed six weeks ill time during the whole course of nursing education. One school allowed eight and one-half weeks of sick leave during the three year program.

TABLE XXVII

COMPARISON OF AMOUNT OF SICK LEAVE ALLOWED FOR STUDENT NURSES DURING THE ENTIRE PROGRAM

Amount of Sick Leave	Number of Schools	Percentage
Less than three weeks	10	20
Three weeks	16	33
Three to four and one-half weeks	4*	8
Six weeks	17	35
Eight and one-half weeks	1	2

*Schools having twenty-eight or twenty-nine month programs.

Health Services During Student Affiliations

When a school of nursing sends its students to another institution for one or more experiences, it is the right and the responsibility of that school to become informed as to the health conditions in the affiliating institution. Affiliating institutions also have the right and the responsibility to make sure the students come to them in good physical and emotional health, and that a health report has been submitted giving evidence of this fact and stating that proper precautionary measures had been taken. (22)

The greatest differences of opinion of the whole survey arose over the health services provided for the students on affiliations. One-half of the schools either provided or expected the other hospital to provide emergency or minor illness care for the students on affiliation. (Table XXVIII) These same hospitals expected any student having a major illness requiring hospitalization or needing expensive medication to be returned to the home hospital for the necessary care. Health services the same as in the home school were expected to be provided for the students in 18 percent of the schools, while an additional 18 percent of the schools expected all the necessary care, including hospitalization, for their students. In 16 percent of the schools, the affiliating students were given chest x-rays; in 16 percent, tuberculin tests; and in one school, a general physical examination. In 4 percent of the schools, the students returned to the home school for all care. Only 25 percent of the schools indicated that physical examinations were provided for students before affiliations, while 10 percent gave

physical examinations following the student affiliations.

TABLE XVIII

COMPARISON OF THE HEALTH SERVICES PROVIDED FOR AFFILIATING STUDENTS BY
FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Care of Affiliating Students	Number of Schools	Percentage
Complete care including hospitalization	9	18
Complete care the same as at the home hospital	9	18
Chest x-ray and tuberculin test	8	16
General physical examination	1	2
Minor illness and emergency care	24	50
Students returned to home hospital for all care	2	4
Students returned to home hospital for major illness, hospitalization, and/or expensive medications	24	50

Most schools of nursing provide some form of affiliation to supplement the clinical facilities within their own institution. Except for a few schools, which are able to provide experience in all clinical services in their own hospitals, it would seem that hospitals which did not provide affiliations could not hope to prepare students adequately. (4)

Affiliative experience in other hospitals was planned for the students in 96 percent of the hospitals contacted in this study. (Table XIX)

TABLE XIX

DISTRIBUTION OF THE AFFILIATIONS PROVIDED FOR STUDENTS IN FORTY-EIGHT
HOSPITAL SCHOOLS OF NURSING

Affiliation	Number of Schools	Percentage
Planned affiliation of own students in another hospital	46	96
Affiliations provided for students from other schools of nursing	10	21

Only 21 percent of these hospitals provided affiliative experience for students in other schools, however.

Health Records

The importance of an adequate system of health records cannot be over-emphasized. A health record which provides space and headings for all accumulated health data should be kept for each student. This record should contain the essential information for individual health guidance, therefore, its confidential nature should be carefully maintained. (22, 28)

Health records were kept for the students by 98 percent of the hospital schools of nursing surveyed. (Table XXX) Only 71 percent of these schools maintained these health records as confidential. More than half, 60 percent, of the schools were using the Cumulative Health Record, Form G, which had been prepared by the National League of Nursing Education. This record form, first printed in 1935 and revised

TABLE XXX

COMPARISON OF THE HEALTH RECORDS KEPT FOR STUDENTS ENROLLED IN FORTY-EIGHT HOSPITAL SCHOOLS OF NURSING

Nature of Health Records	Yes		No	
	Number	Percent	Number	Percent
Health records in current use	47	98	1	2
Health records maintained as confidential records	34	71	14	29
National League of Nursing Education, Form G, used	29	60	13	27

in 1941, was designed to provide a record of the past and present factors which influence the emotional and physical health of the student. (21)

CHAPTER IV

SUMMARY AND RECOMMENDATIONS

The nature of the existing health programs provided for student nurses was studied in forty-eight hospital schools of nursing located in nine western states. The objectives for this study were: (1) to determine the size of the student enrollment and the size of the hospital or hospitals with which the school of nursing was associated, (2) to evaluate those preventive measures basic to the incorporation of positive aspects of health into the health program for student nurses, (3) to ascertain the nature of the health services for the students in these schools of nursing and to determine the relationship between these services and the existing conditions of living, work, and vacations, and (4) to determine the types of health records which were maintained in each school of nursing and the manner in which these records were kept and used.

A significant relationship could not be established between the size of the student enrollment in each school of nursing and the size of the hospital with which it was associated. The number of schools of nursing conducted by small hospitals appeared to be on the decline while many of the schools of nursing were associated with large hospitals. The size of the hospital seemed to have little relationship to the number of students in the school; some large hospitals were connected with small schools of nursing while some large schools were

conducted by small hospitals.

The preventive health factors of health instruction, guidance, medical examinations, and immunizations were found to be generally considered as essential to the effective function and optimum preparation of the nurse. The extensive incorporation of these factors throughout the length of the schools' educational program appeared to coincide with the emphasis being placed on the positive aspects of health.

From the data reported in this study on the existing conditions of living and work, it was evident that most of the schools made provisions for adequate fulfillment of the students' dietary needs. Very few of the schools had separate dormitory rooms available for each student. Many of the students were working more hours per week than was desirable, in view of their class load. No evidence has been seen, among these schools, of attempts to incorporate any part of the students' study time into the scheduled weekly hours of work. More than forty hours of work per week for each student, even with the inclusion of classes, did not allow for the "maintenance of a balance between work and recreation that was conducive to physical and mental health." (30) Most of the schools provided the recommended amount of annual vacation, as well as the basic essentials for health services: health nurse and physician, health office, and medications. The trend toward insurance coverage for student illness has been slow to develop while the provision of dental care for student nurses was almost non-existent. More than three-fourths of the schools allowed

at least the minimum amount of sick leave, while more than one-third of the schools complied with the recommended two weeks sick leave per year for each student. Although most of the schools made use of affiliative experience for their students, there appeared to be a great divergence in type and extent of health services provided for students during affiliations.

Health records were in use in almost all of the schools, in most cases being maintained as confidential records. More than half of the schools were using the National League of Nursing Education record form which had been devised specifically for this purpose.

While this study was not sufficiently extensive to provide a basis for generalizations, the writer believes it has fulfilled its stated purpose. Several specific factors appeared to be inherent in the student health programs in effect in hospital schools of nursing.

1. The schools were actually concerned with maintaining acceptable standards of health services for the students enrolled in their school of nursing.
2. Health prevention and instruction were seriously considered as a part of the students' educational program.
3. The health programs in the hospital schools of nursing were directed toward maintaining and improving the health of their students.
4. Health records were considered an essential and valuable record, however, maximum use has not been made of this valuable information.

After analyzing the data relating to the current health practices in these hospital schools of nursing, two recommendations were made:

1. Since teaching the students to assume responsibility for their own health and the health of others is of primary concern, all student health programs should have a designated health office with the full-time services of the essential health personnel: nurse, physician, and dentist.

2. Since affiliative experience is used so extensively for students in schools of nursing, the health program for all the students during this experience should be clarified and established as a standard.

It is evident that a great deal of further research is needed. A few of the problems which might be considered for future studies are:

1. A similar study might well be extended throughout the remainder of United States as a basis for making comparisons and for further evaluation of student health programs in hospital schools of nursing.
2. A study might be made of the student nurses' evaluation of the effectiveness of the health programs offered their schools of nursing.
3. Studies are needed to explore the nature and success of the guidance programs in hospital schools of nursing.
4. The policies for the selection of student nurses might be studied to determine the requirements for the mental and physical health of the potential student.
5. Some research might well be focused on the provisions made for the mental and emotional health of the students.
6. Detailed studies need to be made of the health programs that are provided for students during affiliative experiences.
7. A study of the health programs in effect in schools of practical nursing might prove valuable.

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APPENDIX A

QUESTIONNAIRE FOR THE SURVEY OF STUDENT HEALTH PROGRAMS

The purpose of this questionnaire is to determine those health services which are provided for student nurses in several hospital schools of nursing. It is hoped the answers to the following questions will best describe the health program in this school of nursing. Further comments will be appreciated. Please feel free to attach additional pages.

1. Total number of students enrolled in school of nursing _____
2. Current bed capacity of hospital _____
3. Are affiliations in other hospitals arranged for students enrolled in this school of nursing? Yes _____ No _____
4. What health services are provided for students of this school while on affiliation in another hospital? _____
5. Does this hospital provide affiliative experience for students enrolled in other schools of nursing? Yes _____ No _____
6. What health services are available to students on affiliation with this school of nursing?
7. Are affiliating students required to have a physical examination:
 - a. Before admission to this school for experience? Yes _____ No _____
 - b. At completion of assignment to this school? Yes _____ No _____
8. Are separate rooms provided for all students in this school of nursing? Yes _____ No _____
9. If the answer to question 8 is NO, describe type of accommodations available. _____
10. Is a registered dietitian responsible for the selection and planning of menus for the students? Yes _____ No _____
11. Are special diets provided for students? Yes _____ No _____

12. What vacation policies are in effect for student nurses?
 Number of days vacation during: (a) Pre-clinical period _____
 (b) Remaining months of first year _____
 (c) Second year _____ (d) Third year _____
13. Is instruction in Personal Hygiene included in the curriculum for student nurses? Yes _____ No _____
14. Do students receive instruction in Mental Hygiene? Yes _____ No _____
15. If Personal Hygiene and Mental Hygiene are not taught as separate courses, explain manner in which this teaching is included in the curriculum _____
16. Is an organized program of Physical Education in effect in this school? Yes _____ No _____
 What activities are included? _____
17. Is an organized program of Social and Recreational activities in effect in this school? Yes _____ No _____
 What activities are included? _____
18. Is a Social or Recreational Director employed?
 Full time _____ Part time _____ Not employed _____
19. Is an organized Guidance Program in effect in this school? Yes _____ No _____
 Who directs the program? _____
20. Does the school of nursing have an office established specifically for health services? Yes _____ No _____
21. Is a nurse employed to direct the student health program?
 Full time _____ Part time _____ Not employed _____
22. Is a physician specifically designated as responsible for student health services?
 Full time _____ Part time _____
23. How is the physician in charge of student health selected?
 Employed _____ Appointed _____ By whom _____
24. Are definite hours available for individual students to consult the health service physician? Yes _____ No _____
25. Is a dentist employed as a part of the student health program? Yes _____ No _____
26. Are definite hours available for individual students to consult the dentist? Yes _____ No _____
27. To whom do the students report illness? _____

28. Are special provisions made for supplying prescribed medications to students? Yes _____ No _____
29. For care during illness requiring bedrest, are students:
 _____ a. Allowed to remain in their room in the dormitory?
 _____ b. Admitted to a student infirmary?
 _____ c. Admitted to the hospital?
 _____ d. Other (please explain)? _____
30. How many days of sick leave are allowed annually? _____
31. Earned sick time is accumulative to (how many) _____ days
32. On what basis may a sick leave be granted? _____
33. Is a hospital insurance plan available to students through the school of nursing? Yes _____ No _____
 Paid by the school of nursing _____ Paid by the student _____
 Other (explain) _____
34. If insurance plans for hospitalization are not available to student nurses, what provisions are made for hospital care?
 _____ a. Students receive a maximum of one week care in the hospital without cost.
 _____ b. Students receive a maximum of two weeks care in the hospital without cost.
 _____ c. Students receive more than two weeks care in the hospital without cost.
 _____ d. No provisions are made for hospital care.
 _____ e. Other provisions are made for hospital care. (please explain)

35. What arrangements are made for students requiring private duty nursing care while ill in the hospital? _____
36. What arrangements are made for students requiring consultant service? _____
37. Are health records used in this school of nursing? Yes _____ No _____
38. Who is responsible for maintaining and checking these records? _____
39. Are these records kept in a locked file? Yes _____ No _____
40. To whom are these records made available? _____

PLEASE ATTACH A COPY OF THE HEALTH RECORDS IN CURRENT USE IN THIS SCHOOL OR NURSING.

41. What is the number of hours of experience scheduled per week for the students in this school of nursing, including planned classroom and clinical instruction?

Period in school of nursing program	Average hours scheduled for students								
	Day Assignment			Evening Assignment			Night Assignment		
	Less than 40	41 to 45	46 to 48	Less than 40	41 to 45	46 to 48	Less than 40	41 to 45	46 to 48
Pre-clinical									
Remaining months of first year									
Second year									
Third year									

42. If students are scheduled for more than 48 hours per week, specify number _____

43. What are the practices of this school of nursing as related to student health examinations and immunizations?

Type of Examination	Type of Examination Done				
	Pre-entrance	Immediately after Admission	End of 1st year	End of 2nd year	Prior to completion of program
MEDICAL EXAM.					
General Physical					
Eyes					
Chest X-Ray					
Dental					
(Other)					
LABORATORY EXAM.					
Urinalysis					
Exam. of Blood					
Hemoglobin					
WBC					
RBC					
Differential					
TESTS					
Tuberculin					
Schick					
Dick					
Blood test for Syphilis					
IMMUNIZATIONS					
Diphtheria					
Scarlet Fever					
Smallpox					
Typhoid Fever					
Tetanus					
Poliomyelitis					

APPENDIX B
LETTER OF EXPLANATION

Dear Director:

As a graduate student enrolled at University of Oregon Medical School, School of Nursing, I am preparing a thesis in partial fulfillment of the requirements for a Master of Science Degree. Because I am particularly interested in student health programs, I have defined my research topic as "A Survey of Student Health Programs in Hospital Schools of Nursing in the Eleven Western States."

The purpose of this study is to analyze the student health programs in order to determine the essentials of programs now in effect. It is hoped that this information will prove valuable in the formulation of criteria for the evaluation of health programs in schools of nursing.

I have prepared a questionnaire designed to elicit the necessary data. I have enclosed two copies of the questionnaire and a stamped, self-addressed envelope. It is my hope that you will complete and return one copy of the questionnaire at your earliest convenience. The second copy may be retained for your files. All information derived from each school will be considered confidential, however, a copy of the thesis will be available for study if you desire.

Thank you for your assistance and cooperation.

Sincerely yours,

Doris I. Stephenson

APPENDIX C

LETTER OF APPROVAL

Dear Director:

Enclosed you will find a communication and two questionnaires from Doris I. Stephenson who is undertaking, as partial fulfillment of the requirements for a Master of Science Degree, a study of student health programs in the hospital schools of nursing located in eleven western states.

Your school of nursing is invited to participate in this study. It will involve completing a questionnaire concerning your student health services. We hope you will be able to assist with this study. We are full well aware of the time and effort involved in completing many questionnaires received by schools of nursing today, accordingly, both Mrs. Stephenson and I wish to express our sincere appreciation for your consideration of this matter.

Yours very truly,

Lucile Gregerson

APPENDIX D
MASTER TABULATION SHEET

General Information				
Total bed capacity of hospitals surveyed				17,428*
Total number of students enrolled in schools				4,516*
Aspects of Health Programs	Yes		No	
	Number	Percent	Number	Percent
Health Instruction				
Personal Hygiene	46	96	2	4
Mental Hygiene	45	94	3	6
Guidance				
Guidance Program	38	79	10	21
Recreation Program	37	77	10	21
Social Program	36	75	11	23
Social and/or Recreational Director employed	16	33	32	67
Medical Examination				
Pre-entrance	44	91	4	8
Shortly after admission	25	52	23	47
End of First Year	44	91	4	8
End of Second Year	44	91	4	8
End of Third Year	40	83	8	16
Immunization				
Diphtheria	45	94	3	6
Influenza	1	2	3	6
Polio-myelitis	35	73	13	27
Scarlet Fever	6	12	42	88
Smallpox	48	100	0	0
Tetanus	30	63	18	37
Typhoid	47	98	1	2

*Incomplete totals.

Aspects of Health Programs	Yes		No	
	Number	Percent	Number	Percent
Diet Provisions				
Menus planned by dietitian	46	96	2	4
Special diets	40	83	8	17
Living Accommodations				
Only single rooms	2	4		
Only double rooms	16	33		
Three or more students per room	1	2		
Combinations of single and double or other multiple capacity rooms	27	56		
Vacations				
Less than twelve weeks	6	12		
Twelve weeks	34	71		
More than twelve weeks	8	17		
Hours of work per week				
Day Duty - Pre-clinical				
Less than forty hours	32	66		
Forty hours	12	25		
More than forty hours	0			
Day Duty - Clinical				
Less than forty hours	5	10		
Forty hours	42	87		
More than forty hours	1	8		
Evening Duty - Clinical				
None	13	27		
Less than forty hours	3	6		
Forty hours	30	62		
More than forty hours	2	4		
Night Duty - Clinical				
None	13	27		
Less than forty hours	2	4		
Forty hours	31	64		
More than forty hours	2	4		

Aspects of Health Programs Health Services	Yes		No	
	Number	Percent	Number	Percent
Health Office	29	60	19	40
Health Nurse	42	87	6	13
Health Physician	41	85	7	14
Dentist	2	4	46	96
Provision for medications	48	100		
Insurance coverage for illness	17	35		
Sick leave				
Less than three weeks	10	20		
Three to six weeks	37	76		
More than six weeks	1	2		
Affiliation Health Program				
Planned affiliations for own students	46	96	2	4
Affiliative experience provided for other students	10	21	38	79
Health Records				
Health records in use	47	98	1	2
Maintained as confidential records	34	71	14	29
National League for Nursing Education, Form G, used	29	60	13	27

Typed by Elvira A. Belden