

A DETERMINATION OF THE EXPRESSED ATTITUDES OF
SCHOOL OF NURSING FACULTY MEMBERS TOWARD
TUBERCULOSIS NURSING EXPERIENCE
FOR STUDENT NURSES

by

Margaret A. Brown, B. S.

A THESIS

Presented to the Department of Nursing Education
and the Graduate Division of the
University of Oregon Medical School
in partial fulfillment
of the requirements for the degree of
Master of Science

June 1958

APPROVED:

[Redacted Signature]

(Thesis)

[Redacted Signature]

(Chair, Graduate Council)

ACKNOWLEDGEMENTS

I wish to express my deepest appreciation to Miss Lucile Gregerson, my thesis adviser, and to Mrs. Barbara Hiatt, for their instruction and guidance throughout the course of this study. My appreciation goes also to Dr. Daniel Fullmer and Dr. Carl Hopkins for their interest and assistance.

My sincere thanks go to the directors of the schools of nursing for their cooperation in this undertaking. A special 'thank you' is extended to the respondents of the questionnaire, for without their participation, this study could not have been done.

M. E.

TABLE OF CONTENTS

CHAPTER		PAGE
I	INTRODUCTION.	1
	The Problem	5
	Assumptions	6
	Justification	7
	Limitations	8
	Sources of Data	10
	Procedure for Collection of Data.	10
	Treatment of Data	13
II	RELATED LITERATURE.	14
	Definitions	15
	Attitudes and Psychology.	17
	Attitudes and Education	20
	Related Studies in Nursing.	27
III	PROCEDURE AND FINDINGS.	29
	Procedure	29
	Findings.	35
	Part I of Questionnaire	35
	Part II of Questionnaire.	37
IV	SUMMARY, CONCLUSIONS AND SUGGESTIONS FOR FURTHER STUDY.	64
	Summary	64
	Conclusions	66
	Suggestions for Further Study	68
	BIBLIOGRAPHY.	70
APPENDIX		
A	QUESTIONNAIRE	74
B	LETTER FROM THESIS ADVISER TO SCHOOL OF NURSING DIRECTORS.	79
C	LETTER FROM INVESTIGATOR TO SCHOOL OF NURSING DIRECTORS.	80

TABLE OF CONTENTS (CONTINUED)

APPENDIX	PAGE
D EXPLANATORY LETTER ENCLOSED WITH QUESTIONNAIRE,	81
E FOLLOW-UP LETTER SENT TO NON-RESPONDENTS. .	82
F MASTER TABULATION OF DATA OBTAINED FROM QUESTIONNAIRE,	83

LIST OF TABLES

TABLE		PAGE
I	Distribution of Time as Registered Nurses	36
II	Distribution of Time Spent in Nursing Education.	36
III	Responses of Each Group, By Number and Percentage, To Items Concerning the Desirability of Tuberculosis Nursing Experience for all Student Nurses	40
IV	Responses of Each Group to Items Related to the Type of Nursing Program as a Determinant to Including Tuberculosis Nursing Experience. . . .	43
V	Group Responses to Items Related to Offering Tuberculosis Nursing Experience on an Elective Basis. . . .	45
VI	Group Reactions to Items Relative to Whether or Not the State Board of Nursing Should Require Tuberculosis Nursing Experience For All Student Nurses in Oregon	48
VII	Responses to Items Regarding Some Possible Values to be Gained From Experience in Tuberculosis Nursing . .	53
VIII	Reactions to Items Concerning Faculty Information Regarding Pre-requisites for Tuberculosis Nursing Experience at University State Tuberculosis Hospital	56
IX	Group Reactions to Items Relative to the Preparation Needed by Students Before Beginning an Experience in Tuberculosis Nursing	58

LIST OF TABLES (CONTINUED)

TABLE		PAGE
X	Reactions to Items Regarding the Purposes for Offering Tuberculosis Nursing Experience	60
XI	Group Responses to Items Concerning Individual Faculty Activities Related to Tuberculosis Nursing Experience for Their Students	63

CHAPTER I
INTRODUCTION

During the past fifty years, medical science has made rapid strides in all areas of public health and human well-being. Such progress is not without concomitant difficulties, however. Society is presently faced with several problems which demand the consideration and action of practitioners in the allied fields which comprise the health team. Nursing, and most especially nursing education, is vitally concerned in preparing for and contributing to the solution of these problems. (25)

An increasingly health-conscious nation is placing demands for service upon nursing which exceed the existing supply of competent, truly qualified personnel. (25) A recent report by the National Health Education Committee (22) indicates that long-term illnesses, which include diseases such as heart disorders, tuberculosis, mental illness, multiple sclerosis and arthritis, account for 88 per cent of all disabling conditions in this country. As long-term illness has moved into a prominent position; it is now estimated that there are almost four million persons in the United States with these conditions. (9) Newer methods of medical treatment for many diseases are involved and

exacting, and the nursing care required is correspondingly complex.

In order to prepare nurses to give the comprehensive care required by patients in our modern society, students of nursing must be provided with learning experiences which will enable them to see the total needs of people.

Quoted below are excerpts from the Philosophy of Education for Tuberculosis Nursing which was accepted in January of 1957 by the Tuberculosis Nursing Advisory Service. This committee is composed of authorities in the fields of nursing education, tuberculosis nursing and tuberculosis. It is jointly sponsored by the National League for Nursing and the National Tuberculosis Association.

According to the best medical authorities tuberculosis is and will continue to be one of our major public health and long-term illness problems. Modern treatment including antimicrobial drugs and more definitive surgery has shortened the period of hospitalization for many patients. However, nursing, social, economic, vocational, and other needs of these patients and their families before, during and following hospital care are being intensified.

It is the belief of the TNAS that basic curriculums to prepare nurses for the future should encompass theory and experience in tuberculosis nursing. Such an educational experience introduces the students to a long-term communicable disease and helps them to overcome the inherent fears that many nurses have of tuberculosis.

A well-planned, broadly conceived program of nursing education that includes teaching

students to give expert care to tuberculosis patients and families will broaden and deepen the students' understanding of the nursing care needs of all patients with long-term illness--diabetes, alcoholism, senility, cardiovascular disease and many others.

For the most part nurse students naturally tend to think of nursing in terms of acute illness or short-term illness. This is particularly true as they may see only those patients with chronic illness who are in a general hospital because of an acute phase of their illness. TNAS therefore believes that an educational experience for students in a setting where patients with tuberculosis are the major concern of the service will provide the opportunity to prepare our future nurses to give better care to these patients than is true at present. Equally important nurses so prepared will be better able to meet the nursing care needs of the ever increasing number of patients with chronic illness which is alarming our society today. (20)

The statements of this group point up the scope of nursing care involved and the breadth of application of the principles gained through experience in tuberculosis nursing. They also indicate that the current preparation of nurses to give adequate care to patients with long-term illness such as tuberculosis is not as sound as it should be. Several inter-related factors seem to contribute to this situation.

A study by the National Committee for the Improvement of Nursing Service⁽³⁷⁾ reveals that only about one-fourth of the schools of nursing in the United States were offering tuberculosis nursing experience to their students in 1949. New problems arising from changes in the status

of patients, expansion of the horizons of services rendered, and the extent of care given are the subjects for many discussions by writers in all of the fields related to human welfare. (14, 15, 39)

When assessing the various elements which may relate to weaknesses in a particular field, in this instance nursing, it is of value to consider not only the preparation of the practitioners, but also their personal reactions and feelings about the situations in which they function. Studies to determine the attitudes of nurses toward chronic diseases reveal responses of discouragement and frustration on the part of nurses caring for patients with long-term illnesses. (25) Student nurses tend to consider the care of chronically ill patients unchallenging and the least interesting of their experiences. (9) School of nursing faculties often seem hesitant to organize experience in tuberculosis nursing for their students. (6)

The Steering Committee of the Division of Nursing Education of the National League for Nursing approved the following resolution in January 1955:

WHEREAS: All registered nurses are expected to be competent to meet needs for tuberculosis nursing services which require knowledge and skill to promote prevention of disease, and rehabilitation of patients through expert care

BE IT RESOLVED: To urge groups interested in nursing education to encourage the inclusion of adequate instruction in tuberculosis nursing in the basic curriculum for all nurse students.

This implies a carefully planned sequence of theory and coordinated learning experience in tuberculosis nursing in which preventive and social aspects are stressed. (28)

In line with this resolution, the Oregon State Board for the Examination and Registration of Graduate Nurses (now known as the Oregon State Board of Nursing) recommended that tuberculosis nursing become a requirement for all student nurses in Oregon by 1960. (24)

The Problem

During the past thirty years, attitude studies in general education have been many and varied. More recently there has been some increase in the number of studies which focus on the attitudes of teachers regarding such things as curriculum changes, (2) groups contacted in their work, (36) and certain facilities and learning experiences for their students. (16) In the field of nursing education some study has been devoted to the attitudes of registered nurses in relation to tuberculosis nursing, (35) and to the attitudes of student nurses with respect to experience in tuberculosis nursing. (13)

Data are lacking as to the attitudes of nurse-instructors toward tuberculosis nursing experience for their students. The influence of teachers' attitudes upon the learner is recognized, although the extent of this is very difficult to identify. In an area where changes are

rapid and the need is great, the role of leadership falls heavily upon educators in that field.

The purposes of this study are: 1) to determine the expressed attitudes of the nurse-instructors in seven schools of nursing in Oregon toward tuberculosis nursing experience for student nurses; 2) to compare the attitudes expressed by faculty members who teach in institutions where the students do not have tuberculosis nursing experience with those expressed by instructors whose students do receive such experience; 3) to formulate suggestions for developing decisive planning and greater understanding between the instructors who teach tuberculosis nursing and the faculty in each of the schools of nursing concerned (on the basis of the attitudes expressed by the faculty personnel whose students do have tuberculosis nursing experience).

Assumptions

The following assumptions are made for the purposes of this study:

1. The environment in which each student nurse acquires experience and instruction will contribute to the attitudes which she develops and carries with her as a registered nurse.

2. Care of patients with long-term illness such as tuberculosis is a part of nursing experience; hence, every nurse will develop certain attitudes toward this type of nursing.
3. Attitudes formed about these experiences have implications for others as well as for the person possessing them.
4. At some time in her work, every nurse will have experience in caring for tuberculosis patients, and therefore, she should have skill and knowledge in this area.

Justification

A determination of the expressed attitudes of a specific group of nurse-faculty members toward tuberculosis nursing experience for basic professional students is the intention of this study.

If the attitudes expressed by these individuals indicate acceptance of the Tuberculosis Nursing Advisory Service Philosophy of Education for Tuberculosis Nursing⁽²⁰⁾ then this study may have implications for changes in the curricula of several schools of nursing in Oregon as well as the program of tuberculosis nursing experience presently

available for student nurses. Recommendations of the study could lead to a plan which would insure better understanding and coordination between instructors in tuberculosis nursing and faculty members in other areas of nursing.

This study may prove useful to nurse-educators in determining what should be included in tuberculosis nursing experience, and in deciding if principles and concepts of the care of patients with long-term illness need to be taught at other points in the curriculum. Portions of this study may aid clinical instructors in preparing students for their experience in tuberculosis nursing. (8) Results of this study could serve as a guide to the Oregon State Board of Nursing in planning for future changes in curriculum, deciding whether or not to change their recommendation regarding tuberculosis nursing to a requirement, (24) and stimulating the identification of additional resources for tuberculosis nursing experience, should this become necessary.

Limitations

The scope of this study will be confined to an intact group of nurse-faculty members, namely, the full-time clinical instructors in seven schools of nursing in Oregon. Administrative faculty, instructors in tuberculosis nursing,

instructors not directly employed by any of the schools concerned, and those in psychiatric nursing and public health nursing, will be excluded. The total number of individuals involved will be about sixty. They will represent all of the basic professional nursing programs in this state.

The clinical facilities, such as hospitals, community agencies and clinics, used by the schools of nursing in which the above group of instructors are employed are located within the state of Oregon, although one of the schools itself is situated in Washington. The institutions of higher education with which three of the schools of nursing are associated grant baccalaureate degrees to those who satisfactorily complete the nursing curricula. Students from the four schools of nursing which are under the auspices of hospitals receive diplomas in nursing upon the completion of their programs.

Data will be gathered by questionnaire which in itself imposes limits such as restriction of communications, reliability of answers, and disinterest of respondents with subsequent non-response. (38)

The questionnaire will be mailed in early January, 1958. As this is the beginning of a teaching quarter, some of the instructors contacted may be new in their positions, or just recently engaged in the field of nursing education.

The responses received will represent the opinions of only those faculty members employed at the time the data gathering instrument is administered.

Sources of Data

Data for this study will consist of replies to questionnaires distributed to a group of clinical instructors in seven schools of nursing. The faculty members to be approached are employed full-time and each meets the limitations described earlier. The institutions in which they teach are all within the state of Oregon, and with one exception, are located in the city of Portland. Students from five of the schools represented presently receive tuberculosis nursing experience at the University State Tuberculosis Hospital in Portland, Oregon. Two of the schools do not provide this experience for their students, although they do have classroom instruction in communicable disease nursing as is required by the Oregon State Board of Nursing. (24)

Procedure for Collection of Data

Questionnaire

The data gathering instrument for this study will be a questionnaire. This tool will consist of a number of statements with which the respondents are instructed to

agree or disagree on a five-step discrimination scale. Each statement is related to one of the following aspects of student experience in tuberculosis nursing and will be discussed accordingly:

1. Should basic professional students receive experience in tuberculosis nursing?
2. What should determine whether or not tuberculosis nursing experience is included in the basic nursing curriculum?
3. What should be the length of tuberculosis nursing experience for basic students?
4. What values are gained from learning experiences in tuberculosis nursing?
5. What do faculty members feel are their responsibilities in relation to the tuberculosis nursing experience developed for their students?

It is anticipated that the negative or positive nature of the responses to the statements in the questionnaire will reflect the attitudes held by the respondents.

Validation of Instrument

The questionnaire will be reviewed and discussed by the writer's advisory committee at intervals during the time that it is being compiled. It will be presented to a person in the field of educational research for comment. It will

be examined by a statistician in light of the method to be selected for tabulation and analysis of the material obtained.

Pilot Run

A pilot run of the data gathering tool will be undertaken in order to test for clarity and to eliminate ambiguous statements. Twelve nurses, who are either administrators in nursing education, graduate nurse students with previous experience as faculty, or instructors excluded by the limits of the study, will complete the questionnaire for the purpose of providing suggestions and criticisms of the instrument.

Suggestions received from these individuals will be incorporated into the tool. If the changes are great enough to warrant further testing, a second group of nurses will be selected to evaluate the questionnaire, and the procedure described above will be repeated.

Administration

Prior to distribution of the questionnaire, a covering letter and copy of the data gathering tool will be sent to the director of each school of nursing involved. The questionnaire will be mailed directly to the individual instructors. A letter of explanation from the investigator, a stamped, self-addressed envelope for return of the completed tool, and a postal care for confirmation of

return of the instrument will accompany each questionnaire.

Treatment of Data

Tabulation of the material obtained by the data gathering instrument will be done numerically. The expressed attitudes of the total group of respondents will be presented. For purposes of discussion, the number and percentage of the group agreeing or disagreeing with each statement in the questionnaire will be used. By considering responses to each statement as they relate to one of the aspects of student experience in tuberculosis nursing, some generalizations can be made about the participating group.

When comparing the opinions of the faculty members whose students do not receive experience in tuberculosis nursing with the responses of the instructors whose students do have this experience, tables of frequencies will be presented. In each instance, the conclusion to be drawn will be that the attitudes of the former group of instructors are either the same or different from those of the latter faculty members, as far as each aspect covered by the questionnaire is concerned.

CHAPTER II

RELATED LITERATURE

Attitudes are never directly observed, but, unless they are admitted, through inference, as real and substantial ingredients in human nature, it becomes impossible to account satisfactorily either for the consistency of any individual's behavior, or for the stability of any society. (1)

The existence of attitudes has been unequivocally accepted by psychologists, sociologists, and educators, as well as advertisers, propogandists, and other groups interested in understanding or using forces which influence human behavior. The literature contains numerous studies devoted to the investigation of various aspects of this single component of personality. (34)

An individual's behavior is directed to a large extent by the interests, beliefs, and attitudes which he possesses. Likewise, relationships with other people as well as acceptance or rejection of their ideas and ideals are determined by these same factors. Knowledge of existing attitudes toward any specific object gives some insight into the bases for such feelings. By understanding the dynamics underlying certain, defined attitudes, educators will be better prepared to act accordingly. (26)

Definitions

Attitudes

An attitude, as defined by Allport, is "a mental and neural state of readiness, organized through experience, exerting a direct or dynamic influence upon the individual's response to all objects and situations with which it is related." (1)

Attitudes are regarded as predispositions toward issues, institutions or people. They denote the adjustment of an individual toward a selected aspect of his environment, for when an attitude is assumed, the individual is ready to respond in a certain manner. (3)

Opinions

Attitudes are inferred from or best known through verbal responses, or opinions. (3) An opinion is "a statement of belief in regard to some matter, a belief not so strong as a conviction, but stronger than an impression. Psychologically, an opinion is a verbalized attitude. It may have any degree of strength." (3A)

In stating an opinion, the individual may reveal an attitude to himself for the first time. Opinions may not express true feelings, for the verbalization of an attitude not only introduces a rational process, but also separates it to some degree from the emotional element of the underlying attitude. (4)

Stereotype

Attitudes which are founded on insufficient knowledge and are little subject to change are known as stereotypes. The tenacity with which such attitudes are held may sometimes be in inverse ratio to the amount of knowledge needed to form intelligent opinions. (34)

Prejudice

Prejudice may be termed a pre-existing attitude so strong and inflexible that it seriously distorts perception and judgment. (1) Such an attitude lacks reasonable basis and is maintained with some degree of emotion. (34)

Attitude Scales

Attitude scales are devices used to sample opinion. The study of existing attitudes is the usual concern of research. Therefore, in the words of Charles Bird, ". . . it is imperative that a measuring instrument should sample all possible shades of belief or opinion that may be expressed by people toward an institution or an issue." (3) Since attitude scales are intended "to tap the opinions of a wide range of endorsers. . . and to offer each endorser an opportunity to reveal the fundamental trend of his inclination toward an issue," they must present as nearly as possible, all existing points of view regarding the issue under study. (5)

Attitudes and Psychology

Genesis of Attitudes

Simple growth in abilities, interests, and emotions cannot explain the wide range of attitudes which exist. The factors at work in the development of attitudes are apparently very diverse, in view of the varied results which are produced. Attitudes have their sources in the tangled complex of influences from home, neighborhood, social and economic circumstances, and the total culture. (26)

Allport classified four conditions, which he felt to be basic influences in the formation of attitudes:

1. The integration of many specific responses of a similar type.
2. The individuation of a definite mental set from a more primitive approaching or avoiding response.
3. The effects of some trauma or fixation resulting from a startling or dramatic experience.
4. Ready made adoption through imitation of a majority group or experts possessing prestige. (1)

Hartmann's list of common conditions affecting the development of attitudes is essentially a parallel of that produced by Allport:

1. Each individual's knowledge of his own attitudes in relation to the attitudes of others tends to make him identify with the majority.

2. Individuals have a tendency to bring their attitudes into line with the attitudes of experts.
3. Individuals tend to align their attitudes with individuals or groups possessing prestige.
4. A traumatic or shocking experience will greatly influence or even create an attitude. (12)

The following statements by Davis regarding the sources of attitudes agree with the foregoing authors:

Attitudes constitute the emotional residue of personal experience and various items of information. If the reaction produces satisfaction or dissatisfaction, emotional learning occurs. . . A single experience, if highly emotional, may have sufficient force to create an attitude. . . A particularly fertile source of attitudes is their acceptance 'in toto' from other persons. (4)

Although attitudes are learned, the biological equipment with which each person is endowed has a measure of effect upon the kinds of attitudes developed. During childhood, parental influences and home environment are the principle determinants in attitude formation. However, at a later period in growth, especially during adolescence, revolt against parents' attitudes is sometimes noted. (26)

Associations with institutional groups, peer groups, the educational system, and audio-visual materials such as movies, books and television, provide a wide range of experiences which add details and subtleties to attitudes at a rapid rate. (21, 27) Marple found that persons between

the ages of sixteen and forty-five were definitely influenced by the thinking of the groups to which they belong as well as by the opinions of experts. (19)

Characteristics of Attitudes

Sherif and Cantril developed a set of criteria regarding attitudes which is as follows:

1. Attitudes always imply a subject-object relationship.
2. Attitudes are formed or learned.
3. Attitudes have affective properties of varying degrees.
4. Attitudes are more or less enduring states of readiness.
5. Attitudes range in the number and variety of stimuli to which they are referred. (20)

A distinction between various kinds of attitudes is made by Allport in his references to specific or general, public or private, and common or individual attitudes. (1) Concerning the various types of attitudes, Allport remarks that "most people reserve for themselves the right to say one thing and think another." (1) This implies that measuring techniques are suitable only for public or common attitudes. (21)

Each attitude is directed toward a specific object, and according to some standard or "point of reference", the direction of the feeling is either positive or negative--for or against that object. (34) The frames resulting from

repeatedly facing stimulus situations serve as anchorages to structure subsequent responses. (30) An underlying "frame of reference" exists for any given group, be it economic, cultural, social or occupational. The structure of each referential framework is developed further into a pattern of behavior for each group. (34)

Although the total culture is a most important determinant of attitudes, individuals do not incorporate the whole of society into their behavior. Participation and interaction are carried on in smaller groups. Most of our effective attitudes spring from these smaller groups. (26)

The hospital community constitutes an area in which close identification develops within the various levels of personnel. Whether the function of the individual is that of learner or teacher, the environment in which each person operates will be a direct force in the shaping of attitudes. Continued association with a given group will tend to re-inforce and strengthen the attitudes fostered by the relationship.

Attitudes and Education

Those values and attitudes which are to be promulgated by the educational system are socially and culturally defined. No society will long support schools

which teach that the fundamental choices made by adults are wrong. Rapid cultural changes place taxing demands on the schools; if these demands are not met, the results may be disastrous. (33)

Since society determines what is "good", it becomes the function of professional educators to interpret and clarify these aims--and to instill in the young the attitudes and beliefs which will enable them to function as productive citizens of the nation, state and community in which they live. (33) The challenge to education is not only one of developing attitudes, but also one of reshaping or attuning those already possessed by the learners.

Education and Attitudinal Changes

Pressy and Robinson feel that the school must make a conscious effort to influence attitudes. To accomplish this, they suggest that the following be done: 1) Material specifically designed to influence attitudes must be presented in classes. 2) Every effort should be made to bring about situations which will foster the development of certain attitudes. 3) The emotional dynamics underlying attitudes must be thoroughly understood in order that educators can act accordingly. (26)

A review of some of the studies designed to measure attitudinal changes as a result of direct classroom teaching reveals that the discernible influence of such

instruction is very slight. (17,18) The teaching of attitudes is a process which requires long periods of time to be effective. It is rarely possible to project research studies over a span of time sufficient in length to demonstrate enduring attitudinal changes.

Presentation of materials with heightened emotional appeal, notably through use of motion pictures or similar audio-visual media, has more immediate influence than does less dramatically offered information. (27) However, simply providing individuals with correct information regarding the objects about which they have unfavorable attitudes is apparently not too effective. Skinner gives several reasons why information as such fails to be attitudinally effective:

1. There exists a hard core of "know nothings"; the very fact that they are uninformed makes them hard to reach.
2. People who are already interested will acquire the most information.
3. People seek information congenial to their existing attitudes.
4. People tend to interpret the same information differently.
5. Information does not necessarily change attitudes. A mere "increase of flow" is not enough. (31)

There is agreement that attitudes develop during the learning processes fostered in the school, but there is divergence of opinion, as well as conflicting results from

studies, as to whether they are directly learned or are an incidental product of teaching. Davis states his findings in this area as follows:

Although attitudes are usually formed gradually and tend to persist as long as they satisfy the individual, their intensity and direction may be modified if suitable influences are brought to bear upon them. . . Experiences in the classroom. . . are productive of attitudes, many of which are unconsciously formed. During the process of learning, it is inevitable that points of view will be acquired. (4)

This author also indicates that an individual may not know why he thinks as he does because the experience which inspired his belief may be forgotten. The individual will not change his attitude, however, unless a new experience is provided. (4)

Curriculum has been defined as all the experiences which learners have through the direction of the school. (10) This implies that group living, student organizations, and social activities as well as clinical experiences received by student nurses are areas perhaps more conducive to attitude formation than is the classroom. (25) Since attitudes are built by association, accretion and imitation, curriculum planners should include experiences which use these influences to good advantage. (33) Several factors to consider when selecting learning activities which will produce attitudinal changes are these:

1. Attitudes affecting self-interest and purpose are not changed as readily as

are those in which the individual is not vitally concerned.

2. Group loyalties make attitudes more tenacious.
3. The intensity of the attitude is of considerable importance.
4. Highly emotional attitudes are most difficult to alter.
5. The attitude is more resistant to change if it is shared by a majority of the people concerned.
6. The stability of the attitude depends upon the balance of influences for change and for re-inforcement.⁽⁴⁾

Attitudes and Learning

The Encyclopedia of Educational Research indicates that attitudes play a predominant role in determining thought, memory and learning processes.⁽²¹⁾ Other authorities concur. Skinner states that not only do "attitudes grow out of the give-and-take of the learner with his surroundings," but once they are established "they affect the nature of his future development."⁽³¹⁾ Dutton presents his thinking in these words: "There is agreement that attitudes determine the conclusions which we derive from facts and also the facts we are willing to learn and use."⁽⁷⁾

Attitudes imply interpretation of the objects toward which they are directed. Thus, what is imagined to be connected with the referent may distort or completely

prevent true perception. (34) Regarding this, one author made the following comment: "The unconscious process through which attitudes are formed is a partial explanation of the frequent lack of logical foundations for an individual's attitudes." (4) A study designed to guide student teachers in defining their attitudes toward arithmetic revealed that most students were unable to perceive the bases for their feelings. Moreover, some unfavorable attitudes were so charged with emotion that no reasonable discussion of them could be undertaken. (7)

Attitudes and the Teacher

Education is both the determinant and the product of human choice. The process of choosing takes place in several categories, ranging successively from cultural foundations through individual selection. One level of decision-making rests with the teacher, for it is at this point that objectives, materials and methods for implementing the curriculum are selected. The problem at this juncture is essentially one of deciding what approaches will be most effective in influencing the choice of others. (33)

Several authors made comments regarding the influence of the teacher upon the attitudes of the learner. Trow felt that unfavorable teacher attitudes create unfavorable childrens' attitudes (as well as vice-versa, it may be

assumed). (34) Skinner indicated that the biggest single factor in attitude change is the "propaganda of pressure groups". He further stated that the position of educators, what they are and what they do, confers upon them the responsibility to use wisely their influence upon attitudes. (31) Douglass points out that in order to develop certain attitudes, such as honesty, fairmindedness and respect for individual rights, children must see them practiced by individuals whom they respect. Douglass also feels that the prestige of teachers encourages imitation of their attitudes by students. (5)

The assigning of attitudes and appreciations cannot be done specifically, but it is the duty of each educator to direct and guide the growth of attitudes to the fullest extent. Unfortunately, this important phase of teaching is often neglected because individual instructors are not aware of their responsibilities in developing the emotional side of students' learning. (26)

Inquiries into the attitudes of educators, as well as the influence of their feelings upon students' opinions are many. (2,5,7,11,16,17,18,36) The results are often contradictory and hence rather difficult to evaluate. The segmental approach of such investigations is undoubtedly one basis for the disparities encountered.

Related Studies in Nursing

Changes are taking place in nursing education that will influence the kind of nursing care available. Faculties of schools of nursing are critically evaluating their curricula [sic] to see how they can be improved and are trying to find out how to produce better nurses. (32)

Currently there is agreement that one of the primary objectives of basic education in nursing is development of the attitudes and skills needed for giving care to chronically ill patients. There are indications that curricula should be changed in order that students may be provided greater assistance in developing the attitudes, interpersonal skills and professional satisfactions that are essential before high-quality care of tuberculosis patients can be given. (9,20) This point is made quite forcefully in the following excerpt from a study by Elisabeth Phillips. "Something must be done so that the outgrowth of our educational system in nursing does not foster. . .derogatory and belittling attitudes toward the chronically ill." There are bodies of knowledge, attitudes and skills which must be mastered and passed on. In order to do this adequately, Miss Phillips suggests that ". . .our curricula for nurses, both basic and advanced, need review in order to see why. . .belittling of chronic disease care exists. . . ." (25)

Nurse educators throughout the country have been urged

to include tuberculosis nursing experience in basic nursing curricula. (20) Realization of this goal is deterred by several factors, two of which are described in the following quotation:

We not only need teachers (prepared in tuberculosis and chronic disease nursing) but also adequate clinical facilities where teaching can take place. Two-thirds of our nurses graduate each year without experience in care of patients with tuberculosis or other long-term illnesses. (32)

The attitudes of groups or individuals participating in developing nursing curricula have been the subject of some inquiry. Reactions of student nurses to their experience in giving care to chronically ill patients have been determined by at least two investigators. (9,13) One study of the attitudes of registered nurses toward tuberculosis nursing has been done. (35) Several writers have alluded to the attitudes of school of nursing faculty members or suggested their attitudes as possible factors in the generally negative responses directed toward the care of long-term patients. (6,25,35,39)

CHAPTER III
PROCEDURE AND FINDINGS

Procedure

Selection of Group

A group of sixty clinical instructors provided data for this study. Criteria for selection of individuals were as follows: Each person was 1) a registered nurse; 2) responsible primarily for teaching rather than administrative functions; 3) teaching in a program for basic professional nurse students; and 4) employed in a school of nursing in the state of Oregon* at the time the data were obtained. With the exception of two instructors who teach only tuberculosis nursing and several assistants in areas such as introductory nursing, the above group included all of the clinical instructors employed in basic professional schools of nursing in Oregon.

Data Gathering Tool

A desire to provide an anonymous means of response, plus the anticipation of several difficulties in

*Faculty of Walla Walla College of Nursing were included, as the Hospital Division of this school is located in Oregon. Consequently clinical facilities, including those offering tuberculosis nursing, in the Portland area are used.

undertaking personal interviews with the participants, prompted the selection of a questionnaire as the data gathering tool for this study.

A major objection to the use of questionnaires is the high incidence of non-response. (38) However, this problem was not considered a deterrent to using such a device for the purposes of this study, since the members of the group chosen to provide data were professional people interested in growth in their field.

The questionnaire was compiled to determine the expressed attitudes of the respondents toward several aspects of tuberculosis nursing experience for basic students in professional schools of nursing. (See Appendix A)

The data gathering tool contained two parts, each serving a specific purpose. Part I was intended to obtain general information from each respondent regarding:

1. the length of employment in nursing education
2. personal experience in tuberculosis nursing
3. the type of basic program offered by the school of nursing in which she was employed
4. whether or not the curriculum of the school in which she was employed included tuberculosis nursing experience for student nurses.

The second part of the questionnaire consisted of

thirty items or statements. The respondents were instructed to indicate acceptance or rejection of each statement by marking a five-step discrimination scale. The scale ranged from "strongly agree" to "strongly disagree". It was anticipated that the negative or positive nature of the responses on the questionnaires would indicate the respondents' attitudes toward the subject being considered.

Each item placed in the questionnaire was concerned with one of the following aspects of student experience in tuberculosis nursing:

1. Should basic professional students receive experience in tuberculosis nursing?
2. What should determine whether or not tuberculosis nursing experience is included in the basic nursing curriculum?
3. What should be the length of tuberculosis nursing experience for basic students?
4. What values are gained from learning experiences in tuberculosis nursing?
5. What do faculty members feel are their responsibilities in relation to tuberculosis nursing experience developed for their students?

It was deemed feasible to scatter the items throughout the questionnaire, rather than grouping together those related

to a particular aspect. By constructing the data gathering tool in this manner, the possibility that respondents might compare statements presenting opposing points of view was reduced.

Validation: Throughout the time that the data gathering instrument was being drafted, the writer's advisory committee provided suggestions and criticisms of the items being included. The questionnaire was presented to a faculty member in the Department of Education of Portland Extension Center for his comments. Before the process of construction was completed, a statistician reviewed the tool in relation to plans for tabulating the data obtained.

Administration of Questionnaire

In December 1957, a group of twelve nurses participated in a pilot run of the questionnaire. They were asked to: 1) complete the tool; 2) provide criticism of each item included; 3) point out ambiguities; and 4) give their general reaction to the instrument. Each individual in the pilot study group was either an administrator in nursing education, a graduate nurse student with previous experience as a faculty member, or a clinical instructor excluded by the limits of the study.

The suggestions of this group were largely confined to alterations in the wording or arrangement of several items

in the questionnaire. In addition, the rigidity implied in two statements was questioned and some ambiguities were noted. Changes made in the instrument as a result of the initial trial were not considered great enough to warrant the undertaking of a second pilot run.

Administration of the questionnaire took place in January 1958. Prior to distribution of the instrument to individual clinical instructors, the director of each school of nursing was sent a covering letter from the writer's thesis adviser, a letter of explanation from the investigator, and a sample questionnaire. Each person in the group studied received the questionnaire by mail. Enclosed with it were the following: 1) an introductory and explanatory letter from the investigator; 2) a stamped, self-addressed envelope for return of the data gathering tool; and 3) a self-addressed postal card which, when received by the investigator, indicated that the sender had completed and returned her unsigned questionnaire. (See Appendices B, C and D)

A final date for return of the questionnaire was included in the explanatory letter. Within the period of time suggested, approximately 60 per cent of the responses were received. A week after the stated date of return, a follow-up letter was sent to each individual who had not yet responded. (Appendix E) Non-response was determined

by failure to receive the previously mentioned postal card. This single follow-up yielded 30 per cent further returns. A total of fifty-six replies were received. These represented responses from 93.3 per cent of the group contacted.

Tabulation of Data

Data obtained from the fifty-six questionnaires completed and returned by nurse-instructors were tabulated numerically. Percentages were used to facilitate discussion, make comparisons and as an aid in establishing the predominance of certain opinions.

Individual analysis of each questionnaire revealed a consistent pattern of responses in the majority of cases. In very few instances were there marked contradictions in the direction of the responses toward items relating to a particular aspect or area under consideration.

The reactions of the group toward any given item in the questionnaire were homogenous in most instances, although the intensity of the responses varied somewhat. No statement received unanimous agreement or disagreement. A few of the items drew an almost equal division of positive and negative responses from the group.

Findings

Part I of Questionnaire

Personal Experience in Tuberculosis Nursing: In response to inquiries regarding their personal experience in tuberculosis nursing, nineteen of the group indicated that they had had none. Thirty-seven of the nurse faculty members stated that this type of nursing was a part of their background, although one respondent commented that her experience was quite limited. Some of the individuals in the latter group received tuberculosis nursing experience as students, others worked in this area after becoming registered nurses. Two of the respondents have taught tuberculosis nursing to basic students. The length of time spent doing tuberculosis nursing, whether this experience was in a tuberculosis unit or a general hospital, and how recently each individual had worked with tuberculosis patients was not determined.

Type of Program: The faculty personnel who provided data for this study were employed in seven schools of nursing. The four hospital schools give diplomas in nursing to students who have completed three year nursing programs. The remaining schools are associated with institutions of higher education and grant baccalaureate degrees to students who satisfactorily complete the nursing program.

Tuberculosis Nursing Experience For Students: Five of the seven schools of nursing represented by respondents of this study include tuberculosis nursing experience in their curricula. During a six-week period spent at the University State Tuberculosis Hospital in Portland, Oregon, students receive instruction in tuberculosis nursing and clinical practice in the care of tuberculosis patients.

Years in Nursing Education: Tables I and II refer to the length of time the respondents have been licensed as registered nurses and the length of time they have served as nurse educators.

TABLE I
DISTRIBUTION OF TIME AS REGISTERED NURSES

Time in Years	0--5	6--10	11--15	16--20	Over 20
Number of Respondents	12	15	7	8	11

TABLE II
DISTRIBUTION OF TIME SPENT IN NURSING EDUCATION

Time in Years	0--5	6--10	11--15	16--20	Over 20
Number of Respondents	31	17	3	5	0

The respondents may be classified into two groups, namely:

Group A: Faculty members employed by schools of nursing where the curricula include tuberculosis nursing experience for student nurses.

Group B: Faculty members employed in schools of nursing where the curricula do not include tuberculosis nursing experience for students.

Further study of the data obtained from Part I of the questionnaire yielded the following information about the above groups of respondents:

Group A:	<u>Mean</u>	<u>Median</u>
Length of time as registered nurses	13.3 yrs.	10.5 yrs.
Time employed in nursing education	5.13 yrs.	4.3 yrs.
Group B:		
Length of time as registered nurses	14.58 yrs.	12.8 yrs.
Time employed in nursing education	5.5 yrs.	3.8 yrs.

A summary of information yielded by Part I of the questionnaire has been attached to this report as Appendix C.

Part II of Questionnaire

Data obtained from this portion of the questionnaire consisted of individual reactions to the thirty items included. To facilitate discussion, the items are presented

as they relate to each of the five aspects of student experience in tuberculosis nursing (enumerated earlier in this chapter). Since the items were not grouped topically in the data gathering tool, they do not appear in numerical sequence in the ensuing discussion.

One purpose of this study was to contrast the opinions of clinical instructors whose students do have tuberculosis nursing experience with the opinions of instructors whose students do not receive this experience. In order to do this, the responses of Group A and Group B (described earlier) are presented plus a composite of the reactions of all respondents to the questionnaire.

First Aspect: Should basic professional students receive experience in tuberculosis nursing? The Tuberculosis Nursing Advisory Service of the National League for Nursing advocates that such experience be included in all basic nursing curricula. (20) Some nurse educators differ with this recommendation.

Items in the data gathering tool related to this question were #1 and #6. Both are quoted here:

Item #1: Every student nurse should have tuberculosis nursing experience included in his or her basic program.

Item #6: Tuberculosis nursing should not be included in the basic program, but should be offered as a specialty to graduate nurses desiring this experience.

The latter assertion inverts the position set forth in the first statement. Consistency of feeling within each group of respondents was demonstrated. Table III illustrates the conformity within each group regarding these two statements from the questionnaire.

TABLE III
 RESPONSES OF EACH GROUP, BY NUMBER AND
 PERCENTAGE, TO ITEMS CONCERNING THE DESIRABILITY
 OF TUBERCULOSIS NURSING EXPERIENCE FOR ALL STUDENT NURSES

Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Omitted
1						
Composite (56)	13 23.14%	27 48.06%	4 7.12%	12 21.36%	---	---
Group A (38)	10 26.4%	19 49.97%	3 7.89%	6 15.78%	---	---
Group B (18)	3 16.68%	8 44.48%	1 5.56%	6 33.36%	---	---
6						
Composite (56)	6 10.68%	4 7.12%	3 5.34%	28 49.84%	14 24.92%	1 1.78%
Group A (38)	3 7.89%	1 2.63%	3 7.89%	21 55.23%	9 23.67%	1 2.63%
Group B (18)	3 16.68%	3 16.68%	---	7 38.92%	5 27.8%	---

There was general agreement by the respondents that tuberculosis nursing experience should be provided for all basic professional nurse students. In comparing Groups A and B, 15.21 per cent greater agreement with Item #1 was drawn from the instructors whose students do have tuberculosis nursing experience. Strong endorsement of the statement was received from 9.72 per cent more of Group A than Group B. None of the respondents "strongly disagreed" with statement #1, although 17.58 per cent more of Group B responded negatively.

Second Aspect: What should determine whether or not tuberculosis nursing experience is included in a basic nursing curriculum? Among the various possibilities to be considered are:

1. the type of nursing program being offered
2. the preference of individual students
3. the nature of employment the students may seek upon graduation
4. the decision of the faculty of each school of nursing
5. the decision of a regulatory body such as the Oregon State Board of Nursing.

Several items in the data gathering tool were devoted to obtaining the opinions of participants regarding the enumerated points of the above question. Those pertaining

to the first possibility as listed were:

Item #2: Tuberculosis nursing should be a required part of the basic curriculum in collegiate schools of nursing.

Item #5: Students from hospital schools of nursing do not need tuberculosis nursing experience as a part of their program.

Distribution of responses to these affirmations for each group of respondents is shown in Table IV.

TABLE IV
 RESPONSES OF EACH GROUP TO ITEMS
 RELATED TO THE TYPE OF NURSING PROGRAM AS A
 DETERMINANT TO INCLUDING TUBERCULOSIS NURSING EXPERIENCE

Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Omitted
2						
Composite (56)	16 29.48%	24 42.72%	6 10.68%	10 17.8%	---	---
Group A (38)	11 28.93%	18 47.34%	3 7.89%	6 15.78%	---	---
Group B (18)	5 27.8%	6 33.36%	3 16.68%	4 22.24%	---	---
5						
Composite (56)	1 1.78%	5 8.9%	4 7.12%	27 48.06%	17 30.26%	2 3.56%
Group A (38)	1 2.63%	3 7.89%	2 5.26%	18 47.34%	13 34.19%	1 2.63%
Group B (18)	---	2 11.12%	2 11.12%	9 49.94%	4 22.24%	1 5.56%

The majority of respondents in both groups agreed that tuberculosis nursing experience should be included in collegiate nursing programs. The neutral or negative reactions of Group B were greater by 15.25 per cent. The percentages of both groups strongly agreeing with statement #2 were very similar, however. Item #5 drew general disagreement from the respondents. Eleven and ninety-five hundredths per cent more of Group A strongly disagreed with the statement.

Should students be given opportunity to select some of their nursing courses? Statement #3 on the questionnaire suggested offering tuberculosis nursing as an elective experience for students in collegiate programs. Item #4 proposed that diploma students be offered tuberculosis nursing experience on an elective basis. Reactions of the responding faculty members to these possibilities are presented in Table V.

TABLE V
 GROUP RESPONSES TO ITEMS RELATED TO OFFERING
 TUBERCULOSIS NURSING EXPERIENCE ON AN ELECTIVE BASIS

Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Omitted
3						
Composite	2 3.56%	11 19.58%	5 8.9%	31 55.18%	7 12.46%	---
Group A	---	7 18.41%	1 2.63%	25 65.75%	13 13.15%	---
Group B	2 11.12%	4 22.24%	4 22.24%	6 33.36%	2 11.12%	---
4						
Composite	3 5.34%	14 24.92%	6 10.68%	28 49.84%	5 8.9%	---
Group A	1 2.63%	7 18.41%	3 7.89%	22 57.86%	5 13.15%	---
Group B	2 11.12%	7 38.92%	3 16.68%	6 33.36%	---	---

Negative responses were indicated by the majority of all participants toward both items. This could imply that at least half of the respondents favor including tuberculosis nursing experience as a requirement, rather than presenting it to students on an elective basis. Some disparity of opinion was noted between Groups A and B regarding the items being discussed. Although 33.36 per cent of Group B did agree with statement #3, both groups tended to reject the idea of tuberculosis nursing being only an elective experience for collegiate students. Exactly half of Group B accepted the possibility of offering diploma students the choice of whether or not they would receive tuberculosis nursing experience. The predominant reaction of Group A in this matter was one of disagreement.

Item #10 from the questionnaire reads thus:

"Tuberculosis nursing experience should be required for all students who plan to do public health nursing." Almost half of the participants in each group "strongly agreed" with this assertion. Two individuals in Group A (5.26 per cent) and one in Group B (5.56 per cent) disagreed. Slightly over 5 per cent of each group remained neutral, leaving 88.89 per cent to 89.42 per cent of the respondents in agreement with this statement.

The most probable determinants of whether or not tuberculosis nursing experience is included in the basic

nursing curriculum are explored by these statements:

Item #12: The Oregon State Board of Nursing should require that tuberculosis nursing experience be a part of the curriculum of all the basic nursing programs in the state.

Item #13: The faculty of each school of nursing in the state should decide for itself whether or not tuberculosis nursing experience will be a part of the curriculum in that school.

Table VI presents the group responses to Items #12 and #13.

TABLE VI
 GROUP REACTIONS TO ITEMS RELATIVE TO
 WHETHER OR NOT THE STATE BOARD OF NURSING SHOULD REQUIRE
 TUBERCULOSIS NURSING EXPERIENCE FOR ALL STUDENT NURSES IN OREGON

Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Omitted
12						
Composite	4 7.12%	27 48.06%	7 12.46%	12 21.36%	4 7.12%	2 3.56%
Group A	3 7.89%	20 52.6%	5 13.15%	7 18.41%	2 5.26%	1 2.63%
Group B	1 5.56%	7 38.92%	2 11.12%	5 27.8%	2 11.12%	1 5.56%
13						
Composite	---	21 37.38%	10 17.8%	21 37.38%	3 5.34%	1 1.78%
Group A	---	13 34.19%	6 15.78%	15 39.45%	3 7.89%	1 2.63%
Group B	---	8 44.48%	4 22.24%	6 33.36%	---	---

A relatively high percentage of omissions or neutral responses were received from respondents on both of the above statements. A majority of all participants accepted Item #12, although less than half of Group B indicated agreement. The possibility of each school making the decision concerning the inclusion of tuberculosis nursing in the curriculum rather than following the requirements as set forth by an official regulatory body received fewer positive responses from Group A. An equal number of participants in Group B accepted both Item #12 and Item #13.

Three respondents made realistic comments regarding Item #12. They all pointed out that such a requirement is not possible in Oregon at the present time, since the clinical facilities providing tuberculosis nursing experience for student nurses are currently being used to maximum capacity. Two schools of nursing do not now avail themselves of these facilities. If a requirement such as suggested in statement #12 became effective, additional areas for student experience in this type of nursing would have to be located. This is not beyond the range of possibility.

Third Aspect: What should be the length of tuberculosis nursing experience for basic students? The data gathering tool contained two statements pertinent to the

above question. One statement (#16) suggested eight to twelve weeks of experience in this clinical area. The other statement (#17) proposed a period of four to six weeks of instruction and practice in tuberculosis nursing.

Responses from all participants toward the proposed eight to twelve weeks of experience were largely negative. In Group A, six faculty members (15.78 per cent) agreed with the suggestion, four members were neutral, and the remaining twenty-eight (73.64 per cent) disagreed--seven of them strongly. No one in Group B agreed with Item #16. Two in the group (11.12 per cent) were neutral, thirteen (72.28 per cent) indicated disagreement and three (16.68 per cent) strongly disagreed.

Acceptance of four to six weeks of tuberculosis nursing as adequate experience for basic students was expressed by a majority of all participants. Five individuals in Group A (13.15 per cent) disagreed with this possibility, while five remained neutral. One faculty member from Group B (5.56 per cent) omitted this item; one disagreed, and two (11.12 per cent) were neutral.

Fourth Aspect: What values are gained from a learning experience in tuberculosis nursing? Such a question was much too broad to be investigated in this study; therefore, only a few of the possible strengths and weaknesses were selected and presented as statements in the data gathering instrument.

Item #8 suggested that tuberculosis nursing is largely routine care which students could learn to give quickly. Over half of Group B (61.16 per cent) agreed with this statement; one participant (5.56 per cent) indicated strong agreement. Two of the group (11.12 per cent) remained neutral. The remaining five persons, 27.8 per cent of the group, responded negatively to this item on the questionnaire.

The opinions of participants in Group A were somewhat more divided than those of Group B regarding the above statement. Strong agreement was registered by 10.52 per cent (4) of the faculty members in Group A, while 34.19 per cent (13) agreed with the item and 13.15 per cent (5) were neutral. Thirty-nine and forty-five hundredths per cent, or fifteen of the group, were in disagreement with the statement. One individual (2.63 per cent) strongly disagreed with the suggestion that tuberculosis nursing was simply routine care.

The following items, as quoted from the questionnaire, presented more specifically some of the values which might be gained by students receiving tuberculosis nursing experience. The first two statements suggested general principles and broad application of same into wide areas of nursing. Items #9 and #18 set forth a more narrow range of learning gained through care of the tuberculous.

Item #7: Nursing principles common to the care of many patients with long-term illness can be taught during a tuberculosis nursing experience.

Item #11: Educational experience in the care of tuberculous patients helps students to acquire knowledge of principles and skills in patient care which can be employed in many fields of nursing.

Item #9: Tuberculosis nursing experience is of value only to those nurses who intend to work in tuberculosis hospitals.

Item #18: The primary purpose of an experience in tuberculosis nursing is to give students an opportunity to learn isolation technique and to develop skill in using this procedure.

The first two statements were given strong endorsement by the members of Group B. One member did not respond to Item #7, while one was neutral to Item #11. The reactions of Group A were quite similar to those of Group B, although the strength of positive responses showed some variation.
(See Table VII)

TABLE VII
 RESPONSES TO ITEMS REGARDING SOME POSSIBLE
 VALUES TO BE GAINED FROM EXPERIENCE IN TUBERCULOSIS NURSING

Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Omitted
7						
Composite	17 30.26%	34 60.52%	2 3.56%	2 3.56%	---	1 1.78%
Group A	15 39.45%	19 49.97%	2 5.26%	2 5.26%	---	---
Group B	2 11.12%	15 83.4%	---	---	---	1 5.56%
11						
Composite	14 24.92%	39 69.42%	1 1.78%	1 1.78%	1 1.78%	---
Group A	9 23.67%	27 71.01%	---	1 2.63%	1 2.63%	---
Group B	5 27.8%	12 66.32%	1 5.56%	---	---	---
9						
Composite	---	2 3.56%	2 3.56%	34 60.52%	18 32.04%	---
Group A.	---	2 5.26%	---	25 65.75%	11 28.93%	---
Group B	---	---	2 11.12%	9 49.94%	7 38.92%	---
18						
Composite	1 1.78%	13 23.14%	1 1.78%	32 56.96%	8 14.24%	1 1.78%
Group A	---	7 18.41%	1 2.63%	22 57.86%	7 18.41%	1 2.63%
Group B	1 5.56%	6 33.36%	---	10 55.6%	1 5.56%	---

The statement inferring that only nurses who intended to work in tuberculosis hospitals would profit from tuberculosis nursing experience drew negative responses from a preponderant number in both groups. Two individuals from Group A indicated agreement with Item #9. Two participants from Group B gave neutral responses to this item.

A majority of all respondents were in disagreement with the assertion made in Item #18.

Fifth Aspect: What do faculty members feel are their responsibilities in relation to tuberculosis nursing experience received by students? Almost half of the items on the data gathering tool were concerned with this question.

Curriculum planning and revision are faculty responsibilities. Through these activities, each faculty member has some voice in planning the total educational experiences of each student in the school. In view of this, it was considered worthwhile to ascertain the opinions of clinical instructors regarding the placement of tuberculosis nursing in the sequence of learning experiences received by student nurses. Related items are quoted from the questionnaire:

Item #21: The majority of faculty members know the pre-requisites for students accepted for tuberculosis nursing at the University State Tuberculosis Hospital.

Item #25: Knowledge of the pre-requisites for various clinical experiences is of value only to administrative faculty.

Item #24: Student nurses need only medical and surgical nursing before they begin their experience in tuberculosis nursing.

Item #26: Each student's background should include medical and surgical nursing, operating room, diet therapy and psychiatric nursing before she begins her experience in tuberculosis nursing.

Item #27: Tuberculosis nursing should not be offered before the students' senior year in the school of nursing.

Item #30: Students would gain similar value from tuberculosis nursing regardless of whether they were freshmen or seniors in the school of nursing when they received their experience.

By responding negatively to Item #25, a majority of all participants indicated that they felt clinical instructors as well as administrative faculty should be aware of the pre-requisites for various clinical areas. Considerable divergence of opinion existed between Groups A and B regarding statement #21. Half of the members of Group B disagreed with this statement, while 52.6 per cent of the respondents in Group A reacted positively. Such a discrepancy is not surprising, however, for the faculty personnel comprising Group B have little association with the experience designed for student nurses at the University State Tuberculosis Hospital because their students do not affiliate at this institution for tuberculosis nursing experience. Accordingly, information concerning

pre-requisites for the course is not pertinent to their function as faculty members.

TABLE VIII
 REACTIONS TO ITEMS CONCERNING FACULTY
 INFORMATION REGARDING PRE-REQUISITE FOR TUBERCULOSIS
 NURSING EXPERIENCE AT UNIVERSITY STATE TUBERCULOSIS HOSPITAL

Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Omitted
21						
Composite	1 1.78%	23 40.94%	12 21.36%	17 30.26%	---	3 5.34%
Group A	---	20 52.6%	8 21.04%	8 21.04%	---	2 5.26%
Group B	1 5.56%	3 16.68%	4 22.24%	9 49.94%	---	1 5.56%
25						
Composite	---	3 5.34%	1 1.78%	41 72.98%	9 16.02%	2 3.56%
Group A	---	1 2.63%	1 2.63%	29 76.27%	5 13.15%	2 5.26%
Group B	---	2 11.12%	---	12 66.32%	4 22.24%	---

Faculty opinions regarding the preparation which students should have before beginning their tuberculosis nursing experience varied somewhat. (See Table IX)

Respondents in Group B largely rejected the rather limited preparation suggested in Item #24 and strongly favored the more extensive background in the companion statement. The instructors in Group A also rejected Item #24 by a majority; however, their reactions to Item #26 were somewhat more divided. Comments from the latter group provided a clue to the increase in negative responses. Three remarks suggested that student preparation of the sort indicated in Item #26 would be valuable but not realistic.

Item #27 received positive responses from a majority of the members of Group B. Respondents in Group A showed less favor toward this statement, as 42.08 per cent disagreed and 26.3 per cent were neutral regarding the assertion. Over half of all participants indicated negative reactions to the final item (#30) of the data gathering tool.

(Table IX)

This comment from a respondent proposed a rather fitting conclusion to the foregoing discussion. "The more varied the student's background, the more value she should draw from each new experience, but what determines the experience to be left to the last?"

TABLE IX

GROUP REACTIONS TO ITEMS RELATIVE TO THE PREPARATION NEEDED
BY STUDENTS BEFORE BEGINNING AN EXPERIENCE IN TUBERCULOSIS NURSING

Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Omitted
24						
Composite	---	7 12.46%	5 8.9%	38 67.64%	5 8.9%	1 1.78%
Group A	---	5 13.15%	5 13.15%	23 60.49%	4 10.52%	1 2.63%
Group B	---	2 11.12%	---	15 83.4%	1 5.56%	---
26						
Composite	7 12.46%	28 48.84%	7 12.46%	11 19.58%	1 1.78%	2 3.56%
Group A	4 10.52%	15 39.45%	7 18.41%	9 23.67%	1 2.63%	2 5.26%
Group B	3 16.68%	13 72.28%	---	2 11.12%	---	---
27						
Composite	3 5.34%	21 37.38%	11 19.58%	20 35.6%	---	1 1.78%
Group A	1 2.63%	11 28.93%	10 26.3%	16 42.08%	---	---
Group B	2 11.12%	10 55.6%	1 5.56%	4 22.24%	---	1 5.56%
30						
Composite	---	3 5.34%	7 12.46%	35 62.3%	11 19.58%	---
Group A	---	3 7.89%	5 13.15%	22 57.86%	8 21.04%	---
Group B	---	---	2 11.12%	13 72.28%	3 16.68%	---

What are the opinions of faculty personnel regarding the purposes for offering tuberculosis nursing experience and the relationship of those purposes to the over-all aims of each school of nursing? Related statements from the questionnaire are these:

Item #14: The purposes of tuberculosis nursing experience should be in agreement with the over-all objectives of the schools of nursing in which the students are enrolled.

Item #15: The objectives of tuberculosis nursing experience should be mutually agreed upon and accepted by the home school faculty as well as the instructors who teach tuberculosis nursing.

Item #28: Each faculty member is responsible for just her own teaching program.

Item #29: Planning between the instructors in tuberculosis nursing and faculty members in the schools of nursing regarding tuberculosis nursing experience would be worthwhile for all concerned.

As shown in Table X, Items #14, #15 and #29 received endorsement from nearly all participants. Strong disagreement with each statement was registered by at least one respondent. The declaration made by Item #28 drew negative responses from a large portion of each group, with approximately one-third of all participants indicating strong disagreement.

TABLE X
 REACTIONS TO ITEMS REGARDING THE
 PURPOSES FOR OFFERING TUBERCULOSIS NURSING EXPERIENCE

Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Omitted
14						
Composite	13 23.14%	38 67.64%	2 3.56%	1 1.78%	2 3.56%	---
Group A	9 23.67%	25 65.75%	2 5.26%	---	2 5.26%	---
Group B	4 22.24%	13 72.28%	---	1 5.56%	---	---
15						
Composite	19 33.82%	32 56.96%	3 5.34%	---	2 3.56%	---
Group A	11 28.93%	25 65.75%	1 2.63%	---	1 2.63%	---
Group B	8 44.48%	7 38.92%	2 11.12%	---	1 5.56%	---
28						
Composite	---	4 7.12%	1 1.78%	31 55.18%	19 33.82%	1 1.78%
Group A	---	2 5.26%	---	23 60.49%	12 31.56%	1 2.63%
Group B	---	2 11.12%	1 5.56%	8 44.48%	7 38.92%	---
29						
Composite	19 33.82%	33 58.74%	2 3.56%	---	1 1.78%	1 1.78%
Group A	14 36.82%	20 52.6%	2 5.26%	---	1 2.63%	1 2.63%
Group B	5 27.8%	13 72.28%	---	---	---	---

Participation in pre-affiliation orientation of student nurses might be another activity which would relate faculty members more directly to the tuberculosis nursing experience received by their students. To obtain instructors' opinions regarding their relationship to an area in which they do not teach, the following statements were used:

Item #19: Even though they do not teach tuberculosis nursing, members of the home school faculty should participate in orienting students to this experience.

Item #22: Faculty members outside the tuberculosis unit are not responsible for pre-affiliation orientation of their students to tuberculosis nursing.

Item #20: Most faculty members are aware of what is being taught to students during their nursing experience at the University State Tuberculosis Hospital.

Item #23: It is not important for faculty members outside of the tuberculosis unit to know what is being taught in that area.

Except for Item #23, a fairly high percentage of neutral responses were drawn by this segment of items. (See Table XI) A majority of the participants concurred with Item #19, although 12.04 per cent of Group A were neutral and 15.78 per cent indicated disagreement of varying strengths. The converse of Item #19 was stated in #22. A majority of each group rejected the latter assertion. The number of individuals disagreeing with the second statement did not correspond to the number who

accepted the former item.

It is possible that Item #20 was interpreted as seeking a fact rather than an opinion. Consequently, the reactions within each group as well as between the groups were quite divergent.

Statement #23 elicited negative responses from most of the participants. This seems to indicate that most faculty members feel responsible for having a general knowledge of all material presented to the students throughout the curriculum.

TABLE XI

GROUP RESPONSES TO ITEMS CONCERNING INDIVIDUAL FACULTY
ACTIVITIES RELATED TO TUBERCULOSIS NURSING EXPERIENCE FOR THEIR STUDENTS

Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Omitted
19						
Composite	4 7.12%	31 55.18%	11 19.58%	7 12.46%	1 1.78%	2 3.56%
Group A	3 7.89%	19 49.97%	8 21.04%	5 13.15%	1 2.63%	2 5.26%
Group B	1 5.56%	12 66.32%	3 16.68%	2 11.12%	---	---
22						
Composite	2 3.56%	11 19.58%	6 10.68%	33 58.74%	3 5.34%	1 1.78%
Group A	1 2.63%	7 18.41%	3 7.89%	25 65.75%	1 2.63%	1 2.63%
Group B	1 5.56%	4 22.24%	3 16.68%	8 44.48%	2 11.12%	---
20						
Composite	---	19 33.82%	11 19.58%	21 37.38%	2 3.56%	3 5.34%
Group A	---	13 34.19%	9 23.67%	12 31.56%	2 5.26%	2 5.26%
Group B	---	6 33.36%	2 11.12%	9 49.94%	---	1 5.56%
23						
Composite	---	1 1.78%	---	39 69.42%	16 29.48%	---
Group A	---	1 2.63%	---	27 71.01%	10 26.3%	---
Group B	---	---	---	12 66.32%	6 33.36%	---

CHAPTER IV

SUMMARY, CONCLUSIONS AND SUGGESTIONS FOR FURTHER STUDY

Summary

In January 1958, questionnaires were mailed to sixty clinical instructors who were employed in basic schools of nursing in the state of Oregon at the time the data gathering tool was distributed. Responses were received from fifty-six of this group, giving a 93.3 per cent return of the questionnaires.

Participants in the study represented all of the basic professional nursing programs in this state. Twenty-three of the respondents were teaching in collegiate schools of nursing. Thirty-three of the group were employed in hospital schools.

The data gathering instrument was intended to sample the opinions of the group of faculty members regarding the following aspects of tuberculosis nursing experience for student nurses:

1. Should basic professional students receive experience in tuberculosis nursing?
2. What should determine whether or not tuberculosis nursing experience is included in the basic nursing curriculum?

3. What should be the length of tuberculosis nursing experience for basic students?
4. What values are gained from a learning experience in tuberculosis nursing?
5. What do faculty members feel are their responsibilities in relation to tuberculosis nursing experience developed for their students?

Data were tabulated numerically. The number and percentage of positive or negative responses to each statement were compiled and then discussed in this report as they related to each of the previously described aspects of student experience in tuberculosis nursing.

A number of faculty personnel who contributed to this study were employed in schools of nursing which do not include tuberculosis nursing experience in their curricula. In order to detect any differences which might exist in the sampled opinions of these instructors as opposed to the expressed attitudes of instructors whose students do receive tuberculosis nursing experience, the following division was made of the respondents to the questionnaire:

Group A: Faculty members employed by schools of nursing where the curricula include tuberculosis nursing experience for student nurses.

Group B: Faculty members employed in schools of nursing where the curricula do not include tuberculosis nursing experience for students.

Conclusions

A majority of the clinical instructors who participated in this study indicated that they favor the suggestion that all basic professional students receive tuberculosis nursing experience. In the opinion of many of these instructors, the Oregon State Board of Nursing should require that all students have tuberculosis nursing experience. However, several participants feel that the faculty of each school of nursing should decide for itself whether or not tuberculosis nursing experience is to be a part of the curriculum in that school.

Faculty members in Group A generally reject proposals to present tuberculosis nursing experience as an elective to students in either the diploma or degree programs. Half of the instructors in Group B favor offering this learning experience on an elective basis to students in hospital schools of nursing.

A large percentage of all respondents concur that students planning to enter the field of public health nursing should be required to have experience in the care of the tuberculous.

Acceptance of four to six weeks of tuberculosis nursing as adequate experience for basic students is expressed by a majority of all respondents.

Over half of the faculty members whose students do not receive tuberculosis nursing experience feel that this type of nursing is routine care which students can learn quite quickly. Though not a majority, several instructors from Group A also share this opinion.

There is general agreement among the faculty personnel studied that the principles of patient care gained during an educational experience in tuberculosis nursing have broad application in other areas of nursing. A majority of all participants feel that instruction and practice in isolation technique are not the primary purposes of clinical experience in care of the tuberculous.

Placement of student experience in tuberculosis nursing in the senior year of the curriculum, thus allowing for increased maturity and greater depth of experience, is favored by a majority of the clinical instructors in Group B. Faculty members employed by schools of nursing whose curricula include tuberculosis nursing experience concur that students should have a fairly broad background before beginning tuberculosis nursing experience. They are less emphatic than Group B about the placement of this course in the curriculum.

Most participants feel that the purposes of individual courses or learning experiences should be consistent with the general objectives of the home school. They also concur that mutual planning and understanding of the objectives of experience in tuberculosis nursing would be worthwhile for everyone concerned.

There is general feeling that faculty members should have knowledge concerning the pre-requisites and content of all courses which make up the total learning experiences of their students.

Participation by individual faculty members in pre-affiliation orientation of students to their experience in tuberculosis nursing is generally regarded with approval by the respondents of this study.

Suggestions for Further Study

1. An analysis should be made of the teaching-learning opportunities available in the care of patients with long-term illnesses. Since facilities in Oregon are not now organized in such fashion as to permit all student nurses to receive experience in tuberculosis nursing, a study such as suggested might reveal other ways by which student nurses could develop concepts and skills in the care of patients with long-term illness.

2. Inquiry into the efforts being made by faculty

personnel to teach or consciously develop positive student attitudes, especially regarding the care of chronically ill patients, would be a rather difficult, but none the less rewarding undertaking.

3. A most useful study would be one which ascertained the nature of the pre-affiliation orientation received by students preceding their experience in tuberculosis nursing. If no orientation has been planned, development of one which could be used by several schools of nursing might be quite helpful to all concerned.

4. Investigation of the mechanics for better communication between the faculty members in the schools of nursing and the instructors in the tuberculosis unit.

BIBLIOGRAPHY

1. Allport, Gordon W. "Attitudes," Handbook of Social Psychology. Worcester, Massachusetts, Clark University Press, 1935.
2. Banning, Evelyn. "Teacher Attitudes Toward Curriculum Change," The Journal of Experimental Education, 23:133-146, 1954.
3. Bird, Charles. Social Psychology. New York, Appleton-Century Co., 1940.
4. Davis, Robert A. Educational Psychology. New York, McGraw-Hill Book Co., 1948.
5. Douglass, Frances M. "Some Contributions of the Teacher to the Student's Philosophy of Life," Education, 75:24-28, 1954.
6. Downey, Eileen. "Tuberculosis Nursing in Hospitals," Nursing Outlook, 4:635-637, 1956.
7. Dutton, Wilbur H. "Attitudes of Prospective Teachers Toward Arithmetic," The Elementary School Journal, 52:84-90, 1951.
8. Ferguson, Helen V. "Introducing Students to Tuberculosis Nursing," Nursing Outlook, 2:487-488, 1954.
9. Fritz, Edna L. Toward Better Nursing Care of Patients with Long-Term Illness, New York, National League for Nursing, Division of Education, 1956.
10. Gregerson, Lucile. Lecture in the course Curriculum in Schools of Nursing, Portland, Oregon, April 4, 1956.
11. Harper, Manly H. Social Beliefs and Attitudes of American Educators. Contributions to Education #294, New York, Bureau of Publications, Teachers College, Columbia University, 1927.
12. Hartmann, George W. Educational Psychology. New York, American Book Company, 1941.

13. Hiatt, Barbara G. "An Analysis of the Expressed Attitudes of Student Nurses Toward a Tuberculosis Nursing Experience." Unpublished masters thesis, University of Oregon Medical School, 1957.
14. Hoey, Jane M. "Tuberculosis Today," Nursing Outlook, 4:181-183, 1956.
15. Jones, Julia M. "Tuberculosis Among the Aged," Nursing Outlook, 4:675-678, 1956.
16. Justman, Joseph and Wrightstone, J. Wayne. "The Expressed Attitudes of Teachers Toward Special Classes for Intellectually Gifted Children," Educational Administration and Supervision, 42:141-148, 1956.
17. Lichtenstein, Arthur. Can Attitudes Be Taught? The Johns Hopkins University Studies in Education #21, Baltimore, The Johns Hopkins Press, 1934.
18. Manske, Arthur J. The Reflection of Teachers' Attitudes in the Attitudes of Their Pupils. Contributions to Education #702, New York, Bureau of Publications, Teachers College, Columbia University, 1936.
19. Marple, Clara H. "The Comparative Susceptibility of Three Age Levels to the Suggestion of Group versus Expert Opinion," Journal of Social Psychology, 4:176-184, 1933. As reported in Manske, Arthur J.
20. Minutes of the Tuberculosis Nursing Advisory Service, New York City, January 3, 1957.
21. Monroe, Walter S. Encyclopedia of Educational Research. New York, The Macmillan Co., 1950.
22. National Health Education Committee. Facts on the Major Killing and Crippling Diseases in the United States Today. New York, National Health Education Committee, Inc., 1955.
23. National League for Nursing, Committee on the Future. Nurses for a Growing Nation. New York, National League for Nursing, 1957.
24. Oregon State Board for the Examination and Registration of Graduate Nurses. Minimum curriculum requirements for professional schools of nursing. Adopted November 3, 1955.

25. Phillips, Elisabeth C. Nursing Aspects in Rehabilitation and Care of the Chronically Ill. New York, National League for Nursing, 1956.
26. Pressy, Sidney L. and Robinson, Francis P. Psychology and the New Education. New York, Harper and Brothers, 1944.
27. Ramseyer, Lloyd L. "Factors Influencing Attitudes and Attitude Change," Educational Research Bulletin, 18:9-14, 1939.
28. Resolution of Steering Committee, Division of Nursing Education. National League for Nursing, January 1955.
29. Sherif, Muzaffer and Cantril, Hadley. "The Psychology of 'Attitudes'," Part I, The Psychological Review, 52:295-319, 1945.
30. Sherif, Muzaffer and Cantril, Hadley. "The Psychology of 'Attitudes'," Part II, The Psychological Review, 53:1-24, 1946.
31. Skinner, Charles E. Educational Psychology. New York, Prentice Hall, Inc., 1951.
32. South, Jean and Williams, Mary J. "New Era in Nursing," National Tuberculosis Association Bulletin, 42:127-128, 1956.
33. Spalding, Willard B. Lecture in the course Curriculum Foundations, Portland, Oregon, November 6, 1956.
34. Trow, William C. Educational Psychology. Boston, Houghton Mifflin Co., 1950.
35. Wago, Helen. "An Analysis of the Expressed Attitudes of Registered Professional Nurses Toward Tuberculosis Nursing and the Implications of These Attitudes," Nursing Research, 3:11-22, 1955.
36. Wandt, Edwin. "The Measurement of Teacher Attitudes Toward Groups Contacted in the Schools," Journal of Educational Research, 46:113-122, 1952.
37. West, Margaret and Hawkins, Christy. Nursing Schools at the Mid-century. New York, National Committee for the Improvement of Nursing Service, 1950.

38. Whitney, Frederick L. The Elements of Research.
New York, Prentice Hall, Inc., 1956.
39. Woollard, Helen M. "New Problems in Tuberculosis
Nursing," Nursing Outlook, 4:228-230, 1956.

PART II

Instructions: Below are a number of declarative statements and a discrimination scale. After reading each statement, indicate by an (X) in the appropriate column of the scale, the extent to which you agree or disagree with the statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Every student nurse should have tuberculosis nursing experience included in his or her basic program.					
2. Tuberculosis nursing experience should be a required part of the basic curriculum in collegiate schools of nursing.					
3. Experience in tuberculosis nursing should be offered as an elective to basic students in collegiate nursing programs.					
4. Tuberculosis nursing experience should be offered as an elective to students in hospital schools of nursing.					
5. Students from hospital schools of nursing do not need tuberculosis nursing experience as a part of their program.					
6. Tuberculosis nursing should not be included in the basic program, but should be offered as a specialty to graduate nurses desiring this experience.					
7. Nursing principles common to the care of many patients with long-term illness can be taught during a tuberculosis nursing experience.					
8. A large part of tuberculosis nursing is routine which can be learned in a short time.					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9. Tuberculosis nursing experience is of value only to those nurses who intend to work in tuberculosis hospitals.					
10. Tuberculosis nursing experience should be required for all students who plan to do public health nursing.					
11. Educational experience in the care of tuberculous patients helps students to acquire knowledge of principles and skills in patient care which can be employed in many fields of nursing.					
12. The Oregon State Board of Nursing should require that tuberculosis nursing experience be a part of the curriculum of all the basic nursing programs in the state.					
13. The faculty of each school of nursing in the state should decide for itself whether or not tuberculosis nursing experience will be a part of the curriculum in that school.					
14. The purposes of tuberculosis nursing experience should be in agreement with the overall objectives of the schools of nursing in which the students are enrolled.					
15. The objectives of tuberculosis nursing experience should be mutually agreed upon and accepted by the home school faculty as well as the instructors who teach tuberculosis nursing.					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
16. Student nurses should receive eight to twelve weeks of experience in tuberculosis nursing.					
17. Four to six weeks of tuberculosis nursing is adequate experience for basic students.					
18. The primary purpose of an experience in tuberculosis nursing is to give students an opportunity to learn isolation technique and to develop skill in using this procedure.					
19. Even though they do not teach tuberculosis nursing, members of the home school faculty should participate in orienting students to this experience.					
20. Most faculty members are aware of what is being taught to students during their nursing experience at the University State Tuberculosis Hospital.					
21. The majority of faculty members know the prerequisites for students accepted for tuberculosis nursing at the University State Tuberculosis Hospital.					
22. Faculty members outside the tuberculosis unit are not responsible for pre-affiliation orientation of their students to tuberculosis nursing.					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
23. It is not important for faculty members outside of the tuberculosis unit to know what is being taught in that area.					
24. Student nurses need only medical and surgical nursing before they begin their experience in tuberculosis nursing.					
25. Knowledge of the pre-requisites for various clinical experiences is of value only to administrative faculty.					
26. Each student's background should include medical and surgical nursing, operating room, diet therapy and psychiatric nursing before she begins her experience in tuberculosis nursing.					
27. Tuberculosis nursing experience should not be offered before the students' senior year in the school of nursing.					
28. Each faculty member is responsible for just her own teaching program.					
29. Planning between the instructors in tuberculosis nursing and faculty members in the schools of nursing regarding tuberculosis nursing experience would be worthwhile for all concerned.					
30. Students would gain similar value from tuberculosis nursing regardless of whether they were freshmen or seniors in the school of nursing when they received their experience.					

APPENDIX B
LETTER FROM THESIS ADVISER TO
SCHOOL OF NURSING DIRECTORS

January 8, 1958

Director
School of Nursing

Dear

Enclosed you will find a communication and a questionnaire from Miss Margaret Brown who is undertaking, as partial fulfillment of the requirements for a Master of Science degree, a study of the opinions of the faculty in the schools of nursing in Oregon concerning tuberculosis nursing as an experience for students enrolled in basic professional programs.

We hope your faculty will want to help Miss Brown with this study. We are full well aware of the many demands of this type made on schools of nursing today, accordingly, both Miss Brown and I wish to express our sincere appreciation for your assistance.

Sincerely yours,

Lucile Gregerson
Assistant Director in charge of
Teaching and Supervision Programs

LG:bjg
Encs.

APPENDIX C
LETTER FROM INVESTIGATOR TO
SCHOOL OF NURSING DIRECTORS

January 8, 1958

Director
School of Nursing

Dear

As a graduate student in the Department of Nursing Education of the University of Oregon Medical School, I am writing a thesis as part of the requirement for a Master of Science degree. This study concerns the place of tuberculosis nursing as a specific clinical experience for student nurses. This information must necessarily be gathered directly from the persons concerned, and therefore, the accompanying questionnaire is being sent to clinical instructors in all of the schools of nursing in Oregon.

I realize how very often requests of this kind are made of your faculty. I would like to express my appreciation to you for your cooperation in this undertaking and also to thank your faculty members for their participation.

Sincerely,

Margaret Brown, R. N.

APPENDIX D
EXPLANATORY LETTER ENCLOSED
WITH QUESTIONNAIRE

January 8, 1958

Dear

As a graduate student in the Department of Nursing Education of the University of Oregon Medical School, I am writing a thesis as part of the requirement for a Master of Science degree. This study concerns the place of tuberculosis nursing as a specific clinical experience for student nurses. This information must necessarily be gathered directly from the persons concerned. Therefore, the accompanying questionnaire is being sent to clinical instructors in all of the schools of nursing in Oregon.

The material you provide will be of much value in the area being studied, and your contribution will be greatly appreciated. Results of the study will be available in the Medical School Library when the thesis reaches final form.

You will find the questionnaire simple to complete; it will take only a few minutes of your time to complete. You need not sign your name. I would very much appreciate receiving your completed questionnaire by January 17, 1958.

A stamped, self-addressed envelope is enclosed for your convenience in returning the material. A postal card indicating that you have mailed the questionnaire is also included. Thank you very much for your participation and interest.

Sincerely,

Margaret Brown, R. N.

APPENDIX E
FOLLOW-UP LETTER SENT TO
NON-RESPONDENTS

January 24, 1958

Dear

About two weeks ago I sent a questionnaire to you regarding tuberculosis nursing experience for student nurses. As yet I have not received your response. I realize that you are besieged by requests for information, and early in the quarter you are so busy that each thing must take its turn. However, your contribution to the study being undertaken will be most valuable, and I therefore hesitate to proceed until I have received your completed questionnaire. I will greatly appreciate hearing from you at your earliest convenience.

I have received three responses that were not accompanied by the postal card. If one of these is yours, or if your questionnaire is in the mail, please disregard the above request.

Thank you very much for your participation.

Most sincerely,

Margaret Brown, R. N.

APPENDIX F
 MASTER TABULATION OF DATA OBTAINED
 FROM QUESTIONNAIRE

Part I of Questionnaire

Total number of respondents to questionnaire: 56

Number of respondents who teach in:
 Diploma schools of nursing: 33
 Degree schools of nursing: 23

Number of respondents who have had tuberculosis nursing experience:
 as student nurses: 21
 since becoming registered nurses: 9
 both as basic students and since graduation: 7

Number of respondents who have taught tuberculosis nursing to basic students: 2

Number of respondents who have not had tuberculosis nursing experience: 19

Number of respondents who teach in schools of nursing where the curricula
 do include tuberculosis nursing experience for students: 38
 do not include tuberculosis nursing experience for students: 18

Number of respondents who have been licensed as registered nurses for the following lengths of time:

0 - 5 years: 12
 6 - 10 years: 15
 11 - 15 years: 7
 16 - 20 years: 8
 over 20 years: 11

Number of respondents who have served as nurse educators for the following periods of time:

0 - 5 years: 31	16 - 20 years: 5
6 - 10 years: 17	over 20 years: 0
11 - 15 years: 3	

Part II of Questionnaire

1. Every student nurse should have tuberculosis nursing experience included in his or her basic program.
- | | |
|----|-------------------|
| 13 | Strongly Agree |
| 27 | Agree |
| 4 | Neutral |
| 12 | Disagree |
| 0 | Strongly Disagree |
2. Tuberculosis nursing experience should be a required part of the basic curriculum in collegiate schools of nursing.
- | | |
|----|-------------------|
| 16 | Strongly Agree |
| 29 | Agree |
| 6 | Neutral |
| 10 | Disagree |
| 0 | Strongly Disagree |
3. Experience in tuberculosis nursing should be offered as an elective to basic students in collegiate nursing programs.
- | | |
|----|-------------------|
| 2 | Strongly Agree |
| 11 | Agree |
| 5 | Neutral |
| 31 | Disagree |
| 7 | Strongly Disagree |
4. Tuberculosis nursing experience should be offered as an elective to students in hospital schools of nursing.
- | | |
|----|-------------------|
| 3 | Strongly Agree |
| 14 | Agree |
| 6 | Neutral |
| 28 | Disagree |
| 5 | Strongly Disagree |
5. Students from hospital schools of nursing do not need tuberculosis nursing experience as a part of their program.
- | | |
|----|-------------------|
| 1 | Strongly Agree |
| 5 | Agree |
| 4 | Neutral |
| 27 | Disagree |
| 17 | Strongly Disagree |
- 2 Did Not Respond

6. Tuberculosis nursing should not be included in the basic program, but should be offered as a specialty to graduate nurses desiring this experience.
- | | | |
|-------------------|----|-------------------|
| | 6 | Strongly Agree |
| | 4 | Agree |
| 1 Did Not Respond | 3 | Neutral |
| | 28 | Disagree |
| | 14 | Strongly Disagree |
7. Nursing principles common to the care of many patients with long-term illness can be taught during a tuberculosis nursing experience.
- | | | |
|-------------------|----|-------------------|
| | 17 | Strongly Agree |
| | 34 | Agree |
| 1 Did Not Respond | 2 | Neutral |
| | 2 | Disagree |
| | 0 | Strongly Disagree |
8. A large part of tuberculosis nursing is routine which can be learned in a short time.
- | | | |
|--|----|-------------------|
| | 5 | Strongly Agree |
| | 23 | Agree |
| | 7 | Neutral |
| | 20 | Disagree |
| | 1 | Strongly Disagree |
9. Tuberculosis nursing experience is of value only to those nurses who intend to work in tuberculosis hospitals.
- | | | |
|--|----|-------------------|
| | 0 | Strongly Agree |
| | 2 | Agree |
| | 2 | Neutral |
| | 34 | Disagree |
| | 18 | Strongly Disagree |
10. Tuberculosis nursing experience should be required for all students who plan to do public health nursing.
- | | | |
|--|----|-------------------|
| | 27 | Strongly Agree |
| | 23 | Agree |
| | 3 | Neutral |
| | 1 | Disagree |
| | 2 | Strongly Disagree |

11. Educational experience in the care of tuberculous patients helps students to acquire knowledge of principles and skills in patient care which can be employed in many fields of nursing.

14 Strongly Agree
 39 Agree
 1 Neutral
 1 Disagree
 1 Strongly Disagree

12. The Oregon State Board of Nursing should require that tuberculosis nursing experience be a part of the curriculum of all the basic nursing programs in the state.

4 Strongly Agree
 27 Agree
 2 Did Not Respond 7 Neutral
 12 Disagree
 4 Strongly Disagree

13. The faculty of each school of nursing in the state should decide for itself whether or not tuberculosis nursing experience will be a part of the curriculum in that school.

0 Strongly Agree
 21 Agree
 1 Did Not Respond 10 Neutral
 21 Disagree
 3 Strongly Disagree

14. The purposes of tuberculosis nursing experience should be in agreement with the overall objectives of the schools of nursing in which the students are enrolled.

13 Strongly Agree
 39 Agree
 2 Neutral
 1 Disagree
 2 Strongly Disagree

15. The objectives of tuberculosis nursing experience should be mutually agreed upon and accepted by the home school faculty as well as the instructors who teach tuberculosis nursing.

19 Strongly Agree
 32 Agree
 3 Neutral
 0 Disagree
 2 Strongly Disagree

16. Student nurses should receive eight to twelve weeks of experience in tuberculosis nursing.

0 Strongly Agree
 6 Agree
 6 Neutral
 34 Disagree
 10 Strongly Disagree

17. Four to six weeks of tuberculosis nursing is adequate experience for basic students.

7 Strongly Agree
 35 Agree
 7 Neutral
 6 Disagree
 0 Strongly Disagree

18. The primary purpose of an experience in tuberculosis nursing is to give students an opportunity to learn isolation technique and to develop skill in using this procedure.

1 Strongly Agree
 13 Agree
 1 Neutral
 32 Disagree
 8 Strongly Disagree
 1 Did Not Respond

19. Even though they do not teach tuberculosis nursing, members of the home school faculty should participate in orienting students to this experience.

4 Strongly Agree
 31 Agree
 11 Neutral
 7 Disagree
 1 Strongly Disagree
 2 Did Not Respond

20. Most faculty members are aware of what is being taught to students during their nursing experience at the University State Tuberculosis Hospital.

	0	Strongly Agree
	19	Agree
3 Did Not Respond	11	Neutral
	21	Disagree
	2	Strongly Disagree

21. The majority of faculty members know the prerequisites for students accepted for tuberculosis nursing at the University State Tuberculosis Hospital.

	1	Strongly Agree
	23	Agree
3 Did Not Respond	12	Neutral
	17	Disagree
	0	Strongly Disagree

22. Faculty members outside the tuberculosis unit are not responsible for pre-affiliation orientation of their students to tuberculosis nursing.

	2	Strongly Agree
	11	Agree
1 Did Not Respond	6	Neutral
	33	Disagree
	3	Strongly Disagree

23. It is not important for faculty members outside of the tuberculosis unit to know what is being taught in that area.

	0	Strongly Agree
	1	Agree
	0	Neutral
	39	Disagree
	16	Strongly Disagree

24. Student nurses need only medical and surgical nursing before they begin their experience in tuberculosis nursing.

	0	Strongly Agree
	7	Agree
1 Did Not Respond	5	Neutral
	38	Disagree
	5	Strongly Disagree

25. Knowledge of the pre-requisites for various clinical experiences is of value only to administrative faculty.
- | | | |
|-------------------|----|-------------------|
| | 0 | Strongly Agree |
| | 3 | Agree |
| 2 Did Not Respond | 1 | Neutral |
| | 41 | Disagree |
| | 9 | Strongly Disagree |
26. Each student's background should include medical and surgical nursing, operating room, diet therapy and psychiatric nursing before she begins her experience in tuberculosis nursing.
- | | | |
|-------------------|----|-------------------|
| | 7 | Strongly Agree |
| | 28 | Agree |
| 2 Did Not Respond | 7 | Neutral |
| | 11 | Disagree |
| | 1 | Strongly Disagree |
27. Tuberculosis nursing experience should not be offered before the students' senior year in the school of nursing.
- | | | |
|-------------------|----|-------------------|
| | 3 | Strongly Agree |
| | 21 | Agree |
| 1 Did Not Respond | 11 | Neutral |
| | 20 | Disagree |
| | 0 | Strongly Disagree |
28. Each faculty member is responsible for just her own teaching program.
- | | | |
|-------------------|----|-------------------|
| | 0 | Strongly Agree |
| | 4 | Agree |
| 1 Did Not Respond | 1 | Neutral |
| | 31 | Disagree |
| | 19 | Strongly Disagree |
29. Planning between the instructors in tuberculosis nursing and faculty members in the schools of nursing regarding tuberculosis nursing experience would be worthwhile for all concerned.
- | | | |
|-------------------|----|-------------------|
| | 19 | Strongly Agree |
| | 33 | Agree |
| 1 Did Not Respond | 2 | Neutral |
| | 0 | Disagree |
| | 1 | Strongly Disagree |

30. Students would gain similar value from tuberculosis nursing regardless of whether they were freshmen or seniors in the school of nursing when they received their experience.

0	Strongly Agree
3	Agree
7	Neutral
35	Disagree
11	Strongly Disagree