

A SURVEY OF STUDENT ADJUSTMENT PROBLEMS
IN A SELECTED COLLEGIATE
SCHOOL OF NURSING
IN OREGON

by
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CHAPTER I

INTRODUCTION

Within the past fifty years there has been a rapidly growing interest in the development and implementation of student guidance services in schools of nursing. The student is being recognized more and more as a whole person with physical, social, personal, and spiritual as well as intellectual needs which must be met if she is to succeed in her vocation and develop into a well-adjusted, happy, useful citizen. Nursing education has followed the trend of general education in consideration of the needs of the whole student. A competent nurse who is successful in her profession is adjusted to more than the nursing situations; she is satisfactorily adjusted to life.

A number of disciplines have influenced and accelerated the guidance movement. Psychology has made a contribution through the study of individual differences. Psychiatry and psychoanalysis have stressed the clinical approach to human relationships and adjustment. Mental Hygiene has shown the interrelationships of mind and body and the importance of social and personal adjustment to intellectual achievement. The increased tensions, stress and strain of living in today's world point up the importance of special attention

to the individual student's personal and social needs.

The school of nursing that seriously tries to provide for the needs of its students must first have knowledge of the present adjustment problems faced by the students. The school should also attempt to determine the extent to which it is helping these young students satisfy their needs.

The literature reflects much of the effort that has been made to advance along lines of sound educational principles and, as guidance services have advanced in other educational settings, schools of nursing have developed similar guidance services. Triggs specifically states that schools of nursing are attempting to give personalized assistance in the development of the individual and goes on to state that:

A school of nursing, like other educational institutions, faces the same challenge and responsibility of so guiding and stimulating each individual in its selected student body that she will develop to the maximum her potentialities. This is not only the school's responsibility to the student; it is also the school's responsibility to society. (20)

Wolf states that no adolescent girl, irrespective of her mental ability and social development, fits herself into the nursing school environment without some strain and emotional upheaval. The self-disciplined student will naturally adjust at a more rapid rate than the undisciplined one, but each will need time, understanding, and intelligent guidance to help her find the way to optimum adjustment. (21)

Froelich states that the guidance program can assist those who have responsibility for planning the curricular development of the school. The guidance program can identify the needs and requirements of each of the students. Their problems are not all personal nor all unique. Some can be met only through counseling, but others can be met by the institutional services of the school. (5)

The first and most important thing for the student who is having difficulties and emotional tensions because of her intellectual incapacity, her emotional immaturity, her social inexperience, or her inability to plan or utilize her time wisely, is to understand that success or failure depends upon her as an individual and upon the effort she is willing to make to solve her problems. The instructor can do much to individualize her teaching to meet the student's needs but the student must cooperate by facing her problems and by initiating action to solve them. As the student learns to utilize the guidance services available in her school, she will feel more secure in her new environment and will develop the ability to meet the problems associated with her growth and adjustment in the school.

The Problem

The purpose of this study will be to make a survey of student problems in a selected collegiate school of nursing

during the school year 1958. It will be limited to the third quarter students in this school. These are beginning students in nursing although actually college juniors since they have previously completed five or six quarters of liberal arts and sciences at a general college or university. The purpose will be to determine possible implications for the improvement of student guidance services in the school. The survey will try to answer the following questions: (1) What are the specific problems that confront students for which the school should attempt to provide effective counseling assistance; and (2) how adequately is the present guidance program providing assistance to students in the solution of these problems?

Specifically, the study will try to discover opinions of the students as to:

- a. The problems which they feel to be currently their own and are willing to admit,
- b. Whether specific current problems are of serious concern to the student,
- c. Whether constructive staff help is available or being received for such problems,
- d. The general effectiveness of the services of the school for helping students with adjustment problems,

- e. What the students consider to be the best features of the guidance services of the school,
- f. Their suggestions for improvement of these services.

Assumptions

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

1. The student guidance services for schools of nursing exist for the purpose of meeting the guidance and adjustment needs of the student.
2. The study of student problems is a starting point for determining the needs of the student.
3. While student nurses have problems similar to women in other colleges, they have problems peculiar to their profession.
4. The personal adjustment problems of student nurses in classroom, clinical area, and extra-curricular life are significant factors in their achievement.

Justification

The results of the survey should furnish a limited basis for evaluation of selected aspects of the guidance program as offered by the school. Nearly all authorities

in the field of guidance agree there is a general need for continuing research and evaluation.

Student opinion regarding the nature, prevalence, and seriousness of student problems, and the availability of help on these problems could be indicative of the degree of sensitivity of the staff to student problems.

Judgments of the students (as far as the beginning students are able to judge the effectiveness of the program in solving their problems) regarding the effectiveness of the guidance services, the best features of these services, and suggestions for their improvement could have some value to the school.

Limitations

The study will be limited to information that can be obtained through the administration of the Mooney Problem Check List: Form for Schools of Nursing and a supplementary student-opinion sheet to one group of third-quarter nursing students (actually college juniors) in a selected collegiate school of nursing in the state of Oregon.

Sources of Data

Data for this study will consist of replies to the Check List and the supplementary questionnaire distributed to a group of third-quarter nursing students in a selected

collegiate school of nursing. Secondary sources of data will include selected references.

Procedures for Collection of Data

It is proposed to carry out this study through the use of the Mooney Problem Check List: Form for Schools of Nursing and a supplementary questionnaire. This tool consists of a number of items having to do with thirteen major problem areas:

1. Health and Physical Development
2. Finances and Living Conditions
3. Social and Recreational Activities
4. Social-Psychological Relations
5. Personal-Psychological Relations
6. Courtship, Sex, and Marriage
7. Home and Family
8. Morals and Religion
9. Adjustment to School of Nursing
10. The Future: Professional and Educational
11. Curriculum and School Program
12. Adjustment to Human Relationships in Nursing
13. Adjustments to Administration of Nursing Care

These headings are not printed in the body of the Check List. The items are divided into groups of four, each group having to do with problems in one of the major areas.

The student will be asked to go through the list and underline those problems which are of concern to her, and make a summary interpretation in her own words. She is then asked to re-read the list and circle the number of those items which seem to be of the most concern to her.

The list of problems is followed by several summarizing questions which attempt to ascertain the student's general reactions to the list and to discover whether she feels the need of guidance. On the supplementary sheet the student will be asked to circle the problems on which she feels she is receiving constructive help from the school staff, or believes she could receive such help if she would seek it; to rate the school on its services for helping students with adjustment and guidance problems; and to indicate her suggestions for improvement of the school's services for helping students with guidance and adjustment problems.

It will be pointed out to the students that the Check List is not a test but a list of troublesome problems. To gain their cooperation and interest, the students will be told that the lists will be kept anonymous in order that the information gained will not interfere with their status in the school or influence grades. It is hoped that the information gained in this manner will form a more useful basis upon which the guidance program can be evaluated

for further development and/or implementation.

Validation of Instrument

Reviews of the Check List in the Third and Fourth Mental Measurements Yearbook by Buros indicated that, in general, the Check List is felt to be valuable because it helps to locate the areas of student problems and gives a quick overview of the student's felt needs, and that

Since the list is not designed to produce "scores" and no normative or correlational data are supplied, it cannot be assessed with regard to the usual concepts of reliability and validity. Chief attention is directed to the individual items as the significant data. Persons who mark an exceptionally large number of items may be likely candidates for counseling, but the selection of such cases rests upon local conditions and not on adjustment norms, which the authors regard as inapplicable. (4)

According to the author of the Form for Schools of Nursing, this revised form of the Mooney Problem Check List: College Form was developed as a survey instrument for "ascertaining the problems of students which will supplement those technics already in use, such as the Pre-Nursing and Guidance Test Service." (11) Miss L. Morison prepared the first form by revising the College Form of the Mooney Problem Check List, administering it, and studying the results. The weaknesses were observed and the tentative list revised in the light of the results. (12)

The questionnaire and the supplementary student-opinion sheet will be reviewed and discussed by selected members of the faculty and a group of graduate students interested in guidance. Their suggestions for content and administration will be incorporated in the revised questionnaire and directions for administration.

A copy of the Mooney Problem Check List: Form For Schools of Nursing and the supplementary questionnaire, a letter explaining the purpose of the survey and requesting participation of the school will be submitted to the Director of the selected school of nursing. (Appendix C) All information received from the school and students will remain anonymous.

Administration

Prior to distribution of the Check List and the supplementary questionnaire, the class adviser will be contacted and arrangements made to administer the survey immediately following a scheduled class period in order to reach every student. Because discussion of the items between students might bias the results, it seemed best to have the questionnaire filled out under supervision. A brief explanation will be made to the entire group to gain rapport and their support, and the administrator will collect each questionnaire and Check List as it is completed.

Treatment of Data

Data received will be analyzed comparatively in terms of the objectives of this study. Calculations will be made of the frequency of problems underscored in each of the problem areas on the Check List. These problem areas will then be arranged in rank order according to the frequency of the problems underscored. Areas in rank-position 1, 2, 3, and 4 will be referred to as high-ranking areas; those in positions 5, 6, and 7 as middle-ranking areas; and those in positions 8, 9, 10, 11, 12, and 13 as low-ranking areas. These terms do not imply that the problems of a particular type in any area are any more or less important or serious to those concerned than the problems in any other area. However, the arrangement of problem areas in rank positions will give a fair idea of the relative prevalence of certain types of problems.

Calculations will be made also of the frequency of problems circled in each of the problem areas, and the areas will likewise be arranged in order according to the frequency of the problem circled. This will help to show the prevalence of the different types of problems felt to be of greatest concern to the students.

Supplementary Sheet

Students will be asked to place an "x" mark in front of their circled problems on the Check List on which they claim to be receiving constructive help from the school staff or believe they could receive such help if they asked for it.

Students will also be asked to list the best features and to make suggestions for improvement of the School of Nursing's guidance program for helping students with adjustment problems. These will be grouped and listed also.

Conclusions will then be drawn, and recommendations, if any, will then be made.

It is hoped that the list will give the students an opportunity to express their problems and ask for help in the areas of expressed problems. The results may aid the Student Personnel Services Committee of the school by forming a basis for revising the existing guidance program; may aid the classroom teachers by forming a basis for revising course content and modifying teaching procedures to meet individual needs; and may also be used as an aid in fusing teaching, counseling, and guidance work.

CHAPTER II

REVIEW OF THE LITERATURE

Some of the problems of nursing students are inherent in the program in nursing; others are those of growing up, while still others are relatively unique to individuals. Most of the difficulties of students' adjustment to schools of nursing come when the students not only have a very heavy class schedule, but at the same time have actual experiences in learning nursing through directed and supervised care of the sick. Acquiring nursing skills, meeting nursing responsibilities, making the application of nursing principles in the actual care of the sick, seeing critical illness and death, attending classes, studying and taking part in school activities are some of the experiences to which nursing students must adjust in their new environment.

If the student is unprepared to make the adjustments to her new way of life, she may develop emotional tensions, anxieties, and feelings of frustration which may retard her scholastic achievements and disturb her relationships with the faculty, classmates, and patients. (16) Guidance programs can aid in preventing these maladjustments by offering help in a way and at the time the student needs it,

and as she learns to utilize this service, she will feel more secure in her new environment and will develop the ability to meet the problems associated with her growth and adjustment in school. (21)

Recently, the personal adjustment problems of nursing students have become increasingly important to the school. The relationship of these problems to student withdrawals and to the educational objectives of the school are self-evident. The early establishment of good study habits, the satisfaction of social needs, and the importance of a good, continuing orientation are being given serious attention. Lack of appropriate motivation, loneliness, a poorly-balanced scholastic-recreational program, or unsatisfactory living conditions are now known to affect the adjustment of the new student. These problems may vitally affect her classroom and clinical performance, and her length of stay in the program.

Doris A. Peters, in her thesis done at the School of Nursing at Florida A. and M. College, made the statement that the results of investigations of the number of students who withdraw from schools of nursing each year show that out of every 100 students enrolled, only sixty remain to graduate. She goes on to point out that careful initial selection is made of these students and that the cause of withdrawals is not the inability to carry

the scholastic work as much as the inability to solve the conflicts that come as a result of the dual roles the student must play. (13)

The nursing profession is making an effort to solve these problems. The personnel point of view is developing and guidance programs in schools of nursing are increasing. To meet the educational trend of total development, an effective teaching program must provide not only the opportunity for the intellectual growth of the student, but it must also make provisions for the emotional, spiritual, and social aspects of the personality. (6) Administrators and faculty members in schools of nursing throughout the country are showing their desire to help students develop into emotionally mature, competent, professional persons through the continuing development of their guidance programs.

Morison makes the statement that modern trends in schools of nursing demand the consideration of the individual student

. . . her background, her potentialities, her adjustments to various phases of life--and the establishment of adequate guidance to assist her development as a happy, useful woman of well-rounded personality, as well as a successful nurse. This conviction has led to a survey of instruments available for the guidance of student nurses and the study of a device for ascertaining problems of students which will supplement those technics already in use. (11)

The student problems approach of this study is based on the assumption that the guidance services of any school of nursing should exist for the purpose of meeting the adjustment needs of the students and that the study of student problems is a starting point for determining student needs. Guidance services may thus serve the students through the analysis of their problems and the establishment of specific facilities to meet their needs. A very important justification for guidance services is that they can be shown to meet the needs of the students in that particular school. These needs include both the basic psychological needs of all young people and the specific needs that are the result of the nursing school experience.

According to Roeber et al, in planning for guidance services, the preliminary phase of a master plan for a well-organized guidance program should attempt to find the answers to three rather basic questions:

- (1) What are the guidance needs of the pupils?
 - (2) To what extent are their needs being met under present conditions?
 - (3) How can the school better meet their needs?
- The first question refers to the kinds of problems which pupils encounter in daily living and planning for the future. The next question considers the types and effectiveness of assistance which the school and other institutions of society are providing for pupils. And the last question is concerned with ways in which the school in general and guidance services in particular may better aid pupils in their planning and adjustments.

Ordinary survey methods can yield valuable data which may partially answer the first two questions proposed for the master plan. One of the more useful standardized inventories for surveying pupil problems and needs is the Mooney Problem Check List. (15)

In Principles and Procedures in Student Counseling,

Robinson refers to the use of the Mooney Problem Check List in the statement that:

Students show a wide range of problems and needs. Thus many are marginally adjusted or skilled, i.e., almost happy, or not quite as effective as they would like. These may represent skill deficiencies, religious worries, social problems, vocational indecisions, personal anxieties, health problems, financial worries, problems of emancipation from the home, etc. These problems are numerically frequent and respond readily to counseling help; furthermore, early treatment of small problems may prevent the later development of severe maladjustments. (14)

Robinson goes on to state that

At Ohio State, the average client checks about 25 problems in the Mooney Problem Check List as bothering him. Adjustment to College Work ranked first, with Personal-Psychological Relations (2) and Vocational and Educational Future the 3rd. (14)

According to Ross L. Mooney, author of the Mooney Problem Check List,

Students' problems have been recognized for some time as of vital importance to the design and conduct of personnel work and have been accepted as basic consideration in the construction of curricula. (10)

In discussing the uses of the Check List, Mooney goes on to say that

The check lists may be used by a variety of persons for a variety of purposes. They may be employed by counselors in guidance interviews to aid the student in getting a perspective on his problems and to aid the counselor in securing quickly a picture of problems which are the expressed concern of the student. When given to groups of students, the check lists can easily be sorted and summarized to aid: (a) counselors in discovering those students who most want and need counsel, (b) personnel administrators in planning and operating a coordinated guidance program, (c) curricular committees in getting leads to needed revisions in the curriculum, (d) committees on extra-curricular activities in locating students who most desire the kind of help which such activities can give, (e) home-room, group-guidance, and orientation teachers in discovering the kinds of activities which would be most pertinent for their particular groups of students, (f) regular class-room teachers in individualizing and personalizing their instruction, (g) administration in discovering the extent of student dissatisfaction with various elements in the school program and in tracing down the sources of dissatisfaction, and (h) research workers in discovering patterns of problems which tend to be associated with given problems or particular factors. (10)

In The Fourth Mental Measurements Yearbook, Harold E.

Jones (University of California, Professor of Psychology)

says that the Mooney Problem Check List is designed primarily as an aid to counseling:

. . . to acquaint the student with topics that may be discussed, to help her in reviewing some of her own problems, and also to give counselors some preliminary notion as to matters of concern. (4)

In the same publication, Morris Krugman (Assistant Superintendent in charge of Guidance, Board of Education,

New York) says that

The Mooney Problem Check List is a valuable aid in guidance for adjustment if used in conjunction with an interview. As an independent instrument it has value mainly for research purposes. (4)

R. E. Bedell (Professor of Educational Psychology and Measurements, The University of Nebraska) in The Third Mental Measurements Yearbook says that

The traditional concepts of reliability and validity are not appropriately applied to the lists. Inconsistency in marking the items is neither good nor bad, but merely represents new information to be used in following the changes in an individual or group. (3)

J. F. Lents (Washington University) also in the same book, recommends two major subdivisions of function:

- (a) aid to individual interview; and
- (b) group projects to furnish guidance for students, personnel agencies, administrators, teachers and research workers.

The reviewer knows of no alternative or comparable instrument designed for the same purpose. It seems to constitute a unique contribution to our counseling aids and techniques. It is an instrument for an area of research which must not be overlooked. As it stands, the instrument is highly commendable to the serious practitioner of guidance or the research scientist in social psychology. (3)

It is admitted that a group survey of student problems based on a problem check-list study is seriously limited in what it can show regarding the problems and needs of students. For example, it will not reveal those problems

which the individual is unwilling to admit either to herself or to others, nor will it provide a measure of the depth or intensity of a particular problem. Also, some very important problems may not have been recognized by the individual herself at that particular time, nor can it always show what the real problem is by a mere statement of the situation out of which it arises or by a general description of the problem itself. (7)

Concerning the Mooney Problem Check List, McDaniel says that "It is important, in planning and evaluating guidance services, to have information on the common problems of students." Such information can be discovered by making a survey of problems of individuals in a group in order to determine which problems occur frequently. As an instrument for discovering and understanding common problems, the Mooney Problem Check List has real value. (9)

Strang states that in a number of interesting studies made of the problems reported by college students, the three problems most frequently mentioned are: budgeting time, making friends, and adjusting to a situation in which an individual is only one of many gifted or previously popular students. These problems would seem to be those of the nursing student also. Strang goes on to state that:

A detailed classification of adjustment problems is of value to teachers in at least three ways: (1) in indicating the kind of difficulties students are meeting; (2) in preventing problems that might arise if certain changes in the environment were not made; and (3) in evaluating the relative importance of existing problems. (17)

This would seem to be an important implication for the faculty of the nursing school since most of these teachers are responsible for guidance functions.

Another author who subscribes to the use of the problem check list as a valuable guidance technique is Arbuckle, who defines student personnel services as

. . . those services which are concerned with the well-being of the whole student, and an evaluation of student needs should indicate the extent of the need for student personnel services. (2)

In 1942, Wrenn and Bell used a problem check list to secure reports on problems from 5,038 freshmen and transfer students in thirteen colleges and universities. (22) The cooperating institutions were located in various parts of the United States and included five state universities, one privately controlled university, two women's colleges, and five coeducational liberal arts colleges. An average of 62 per cent of the eligible students responded.

The ten problems most frequently checked as a whole fell into the four-fold classification: (1) study habits, (2) vocational choice, (3) curricular adjustment, and (4) self-support.

The authors concluded that

The data indicate what students see as their problems and are significant as such. It is quite likely, however, that study habits or curricular problems would in many cases be clinically analyzed as having their origin in, or being closely related to, social or emotional adjustment problems. It is not likely that students would see that their difficulty in concentrating upon assignments might have its origin in lack of social adjustment or worry about financial resources, and yet a careful diagnosis might reveal many instances of this sort. (22)

The ten most frequent problems were also the ten most troublesome ones. However, from a fourth to a fifth of the students who checked such low-frequency problems as "emotional upset," "poor health," and "failure to make friends," also indicated one of these as "the most difficult problems." In this connection the authors stated:

The seriousness of a difficulty for any given student is not to be interpreted in terms of its frequency in a group. This admonition to personnel workers and college administrators particularly applies to the consideration of survey data such as are given in this report. The high frequency of problems may suggest a necessary emphasis on the personnel program, but such a program should include emphasis upon needs that are crucial in their intensiveness as well as extensiveness. (22)

The liberal arts colleges as compared with the universities have significantly more students concerned with "difficulty in budgeting time" and "uncertainty about vocational goal." In this connection the authors stated:

The mere fact of a small campus and a compact student body does not contribute greatly to the planning of a daily schedule or the making of a vocational choice for an individual student. Small institutions have a splendid opportunity to counsel students in a friendly and personal way, but they often lack an adequately trained staff for doing so. Students want more than friendly relationships; they want information, skillful diagnosis, and careful counseling. (22)

Since nursing schools usually have a small campus and a compact student body, the implications for guidance become apparent. In summary, it was noted that

. . . the problems and needs of new students are manifold and . . . no simple solution is possible. New students as a group in any institution face the major problems of isolating and strengthening their most ineffective study habits, making vocational choices that are based upon an intelligent appraisal of their aptitudes and of vocational opportunities, knowing the value of courses and the basis of choosing a given curriculum, and supporting themselves in school without injury to their health or all-round development. Some of these problems are very acute for one student, while other problems are quite serious to another individual. Social and emotional adjustment problems, when they exist for a student, may have overwhelming significance for happiness or stability. (22)

In 1956, Alvin Allen, using the Mooney Problem Check List: College Form, did a doctoral study of the Student Problems and Personnel Services in a Selected Group of Small Colleges. In this study it was found that the survey-of-student-problems as a start toward determining student needs as a basis for improving student personnel services

was substantiated. The results for the different problem areas reported were as follows: "Adjustment to College Work," with few exceptions, was the highest-ranking problem area for every group in every college, and with one exception, No. 41 ("Not knowing how to study effectively") was the leading ranking problem for the total students in all seven colleges. Special needs revealed by student problems indicated a need for more help in adjustment to college work, particularly with respect to proper methods, techniques, and habits in connection with study, reading, and budgeting time, according to Dr. Allen. (1)

Several nursing studies have been made based on the principles and use of the various forms and adaptations of the Mooney Problem Check Lists. In general, the conclusions reached showed a need for a counseling program or for improvement of the one in existence. Some of the proposals and recommendations could be carried over to almost any program.

Hilda Torrop, at Columbia University in 1939, reported a study concerning the problems of nursing students in the freshman and senior years. Although not based specifically on the Mooney Problem Check List, which was not developed until 1940, the areas the students considered important were similar to those now found in the Check List. These included social, professional, educational, vocational,

financial, health and family problems. The results of this study showed that there was a resemblance of problems between the freshman and senior students; that health problems were many, and that senior students had more difficulty establishing satisfactory interpersonal relationships than did the freshmen. She makes the following statements concerning her study:

The guidance asked for by the younger student is, for the most part, a request for assistance in adjusting to the adult responsibilities of professional and social living and, above all, in budgeting of time and energy The fact that so many students mention feelings of social inadequacy on a problem is worrying . . . , surely we need to do a better job in eliminating some of the causes of maladjustment and unhappiness in giving students some help toward thinking their problems through and finding solutions. (18)

Based on a modification of the Mooney Problem Check List for College Students, Frances Triggs and Ellen Bigelow did a study of the problems of 295 five-year nursing students at the University of Minnesota and 112 students who were affiliating there at the time. The findings showed that the problems reported most frequently by the University students were in the area of social-psychological relations, religion, and finance, while the affiliating students reported more problems in health and personal-psychological areas. In summary, she said that the students do not seem to be receiving as much helpful

advice on problems as they should to make their preparation as constructive as it should be. (19)

The Morison Problem Check List: Form for Schools of Nursing was adapted in 1945 by Luella J. Morison from the Mooney Problem Check List: College Form developed by Ross L. Mooney. This form was given to 321 nursing students to obtain data for a study in which the stated aims were:

1. To develop a check list of problems as a counseling instrument for students in schools of nursing.
2. To study the problems of the first-year student nurses as compared with third-year student nurses in six schools of nursing.
3. To study the problems of students in one school as compared with another.
4. To determine, as a result of the study how the instrument can be used by schools of nursing in the counseling of individual students and in the establishment of guidance programs.

Four of the conclusions of this study were as follows:

1. The most frequent problems faced by student nurses are those involving social and recreational activities.
2. . . . and there is strong evidence that the students need for their personal and professional development a program of training in nursing which is more sensitive to the development of the students as individual personalities than schools are now providing.
3. The problems marked by 25% or more of the students are predominantly problems showing limitations on time and correlated pressures

on the students in schools of nursing. Problems relating to the home; to morals and religion; to courtship, sex, and marriage are concerns of comparatively few of the student nurses.

4. The freshman students indicated problems mainly in the areas relating to adjustment in the school of nursing, while the seniors marked problems primarily centered around their future in their professional and educational programs. (11)

In 1946, another survey in which the problem check list for schools of nursing was used, was made by Madeline Dill in four schools of nursing located in different types of hospitals in the Commonwealth of Massachusetts. The population used as sources for data were 300 student nurses, which total included twenty-five students in each of the three years in the four schools. Some of the conclusions reported in this study showed that:

1. There is a definite willingness on the part of nursing students to cooperate with administrators in their attempt to organize better counseling services.
2. Only students themselves can furnish the information on the nature and importance of their problems.
3. An inservice training program in guidance, based on the needs of the faculty should be initiated.
4. An analysis should be made to reveal what is in the existing program that is real guidance and how it might be built upon.

In 1951, Doris A. Peters completed a study in which she used the Mooney Problem Check List in attempting to determine the relationship of nursing student problems to an external high withdrawal rate at the Florida A. and M. College. Examination of these problems as reported by the students revealed that:

1. "Adjustment to College Work" and "Curriculum and Teaching Procedures" are areas in which problems persist although these are distributed differently in significance to the student in various program years. First and fourth-year students consider "Adjustment to College Work" primary in significance. Whereas, second and third-year students rank it third and fourth, respectively. Sophomore students report more problems in the area of "Curriculum and Teaching Procedures" than any other classes.
2. Specific problems stated by students (which show close relationship with the major cause for withdrawal) are concerned with basic principles of reading and writing, not knowing how to study effectively, nor to utilize time, desire to improve physically and mentally and a need to know how to approach problems with a method to solve them.

On the basis of the findings of her study, it was recommended that:

1. More co-ordinating measures be established between the guidance services of the college and secondary schools.
2. The Division of Nursing Education recognize its responsibility to the nursing profession and make every effort to secure authorization for more careful selection of students by a comprehensive program of pre-testing.
3. The orientation program for nursing students be a continuing process planned to assist students in a wide variety of areas.

In conclusion, she states that:

It is obvious that better plans for developing good study techniques are needed as well as remedial reading measures for those who need them The needs of the students should also be interpreted by the counselor so that assignments are adjusted somewhat to ability. . . . There is furthermore, a need for more cooperative planning of social and recreational activities in relation to student interests.

To identify those adjustment problems which some of the students have, necessitates psychiatric help. Available help of this nature would aid those particular students with their problems and tend to prevent further maladjustments which might, in the future, create more serious ones in mental health. (13)

According to Goldie R. Kaback, in her Guidance and Counseling Perspectives for Hospital Schools of Nursing, many of the problems that students present during guidance and counseling sessions are based on unmet needs which produce tensions and anxieties that interfere with daily adjustment to self and others. The problems most often reported by nursing students in a study recently completed by Miss Kaback include: relationship with faculty, patients, roommates and others; grades, achievements, and study habits; homesickness; relationships with parents and boy friends; and vocational and educational plans. (8)

It is to be expected that changes will occur in the type, number, and seriousness of problems as the student proceeds through her nursing school experience.

Theoretically, the number of problems should be reduced, and the seriousness of prevailing ones diminished. Otherwise, it can be possible that the nursing school environment itself is the actual cause of new problems and/or the persistence of old ones.

In Nursing, Lulu K. Wolf says that:

Most of the difficulties and emotional tensions experienced by students in schools of nursing appear to be common problems of adolescents and college freshmen everywhere, but just because they are universal problems which every immature, undisciplined student must meet, it does not follow that they are easy to solve or that there is a universal antidote for them. Individuals meet problems in many different ways and the issues become simplified or complicated depending upon their habit of thinking, feeling, and acting. (21)

In conclusion, among the problems which might be expected and for which similar groups frequently needed counseling assistance are: adjustment to the school and clinical situation, establishing a feeling of belonging, learning problems, underachievement in school subjects, recreational needs and opportunities, deficiencies in study skills, and other problems often leading to withdrawal from school.

CHAPTER III
PROCEDURE AND ANALYSIS OF DATA

The Mooney Problem Check List was developed in the early 1940's by Ross L. Mooney to help students express their personal problems, and to provide assistance in understanding the problems expressed. The principal contribution of the check list is to be found in the extent to which it increases the understanding of the problems marked by the student.

In 1945, Luella J. Morison developed a Form for Schools of Nursing, an adaptation of the Problem Check List: College Form by Ross L. Mooney. (12) That form is used in this study.

Procedure of the Study

The first task in approaching the problem was to determine and develop the survey form. After consulting the literature and conferring with advisers, it was decided to use the well-known Mooney Problem Check List: Form for Schools of Nursing, along with a supplementary student-opinion sheet approved by the advisers. (Appendix A and B)

To gain the cooperation of the school, the Director was contacted and presented with the survey forms and an explanation of the proposed study and the value the findings

might suggest for improving the guidance services of the school.

The advisers of the selected group were contacted and given explanations of the proposed study, and their suggestions for administration of the study elicited.

The group chosen were third-quarter students in their freshman year at the School of Nursing. These students had already previously completed five or six quarters of liberal arts and science courses at a general college or university, and thus actually were juniors.

The questionnaire and the supplementary student-opinion sheet were reviewed and discussed by selected members of the faculty and a group of graduate students interested in guidance. Their suggestions for content and administration were incorporated in the revised questionnaire, supplementary sheet, and directions for administration.

The validity of the instrument was ascertained through consulting the Mental Measurements Yearbooks by Buros (3, 4) and by consulting the validation procedures as set forth by Miss Morison, the author of the Form for Schools of Nursing. (12)

Prior to the distribution of the Check List and the Supplementary student-opinionnaire, the class adviser was contacted and arrangements were made to administer the survey immediately following a scheduled class period. Upon

administration, a brief explanation was made to the students emphasizing that the Check List was not a test, but a check list of troublesome problems. In order to gain their cooperation and interest, the students were told that the lists were to be kept completely anonymous in the hope that the answers would be more valid and more valuable.

Following the administration of the instrument, the data were tabulated and analyzed comparatively in terms of the objectives of the study.

Degree of Problems of All Students

Twenty students underscored 800 problems, which indicates an average of forty problems per student. The number of problems circled totalled 277, or an average of 13.85 problems which were of the most concern to the students. The problems underscored ranged from twelve to 123, while those circled ranged from two to 72 per student.

Table I shows the rank order of problems by specific area as underscored by the students:

TABLE I
FREQUENCY OF PROBLEMS UNDERLINED

Rank	Problem Area	Problems Underlined
1	Personal-Psychological Relations	101
2	Social and Recreational Activities	83
3	Adjustment to School of Nursing	81
4	Adjustments to Administration of Nursing Care	69
5	Health and Physical Development	68
6	Curriculum and School Program	67
7	The Future: Professional and Educational	64
8	Morals and Religion	58
9	Social-Psychological Relations	57
10	Courtship, Sex, and Marriage	57
11	Adjustment to Human Relationships in Nursing	35
12	Finances and Living Conditions	33
13	Home and Family	27
	Total	800
		N: 20
	Problems per student	Average: 40

The largest number of problems underscoring was in the area of "Personal-Psychological Development." One hundred and one, or 13 per cent, of the problems were reported in this area. The next area with the largest number of underscoring problems was "Social and Recreational Activities." This area totalled 83 problems, or 10.4 per cent. "Adjustment to School of Nursing" was the third area underscoring

with a total of 81, or 10.1 per cent, of the total problems underscored by all of the students. "Adjustments to Administration of Nursing Care" was the fourth area most frequently underscored with a total of 69, or 8.7 per cent of the problems. "Health and Physical Development" totalled 68 problems with a percentage of 8.5. "Curriculum and School Program" was the sixth area underscored with a total of 67, or 8.3 per cent, of the total problems underscored by the students. The seventh area underlined with a total of 64, or 8 per cent, was "The Future: Professional and Educational." "Morals and Religion" was the eighth area underscored with a total of 56, or 7.2 per cent, of the total problems underscored. "Social-Psychological Relations" and "Courtship, Sex, and Marriage" were ninth and tenth with a total of 57 problems each, or 7.1 per cent, of all the problems underlined. "Adjustment to Human Relationships in Nursing" was the eleventh area underscored with a total of 35, or 4.3 per cent, of the total problems underlined by the students. The twelfth area underscored with a total of 33, or 4.1 per cent, was "Finances and Living Conditions." The least area underscored as being troublesome was that of "Home and Family" with a total of 27, or 3.4 per cent, of all the problems underscored.

Table II shows the rank order of problems by specific area as circled by the students.

TABLE II
FREQUENCY OF PROBLEMS CIRCLED

Rank	Problem Area	Problems Circled
1	Personal-Psychological Development	41
2	Adjustment to School of Nursing	28
3	Curriculum and School Program	24
4	Adjustments to Administration of Nursing Care	23
5	Social-Psychological Relations	22
6	The Future: Professional and Educational	21
7	Morals and Religion	20
8	Social and Recreational Activities	20
9	Health and Physical Development	19
10	Courtship, Sex, and Marriage	16
11	Home and Family	9
12	Adjustment to Human Relationships in Nursing	8
13	Finances and Living Conditions	6
	Total	277
		N: 20
	Problems per student	Average: 13.85

As shown by Table II, the largest number of problems circled was also in the area of "Personal-Psychological Development." Forty-one, or 14.4 per cent, of the problems were reported in this area. The next area with the largest

number of circled problems was "Adjustment to School of Nursing." This area totalled 28 problems, or 10.1 per cent. "Curriculum and School Program" was the third area with a total of 24, or 8.7 per cent, of the total problems circled by all of the students. "Adjustments to Administration of Nursing Care" was the fourth area circled with a total of 23, or 8.3 per cent, of the problems. "Social-Psychological Relations" was the fifth area circled with a total of 22, or 7.9 per cent, of the total problems circled. The sixth area with a total of 21, or 7.6 per cent, of the problems circled was "The Future: Professional and Educational." "Morals and Religion" was the seventh area circled with a total of 20, or 7.2 per cent, of the problems circled. "Health and Physical Development" was the ninth area circled with a total of 19, or 6.8 per cent of the problems circled. "Courtship, Sex, and Marriage" was the tenth area circled with a total of 16, or 5.7 per cent of the problems circled. "Home and Family" was the eleventh area circled with a total of nine, or 3.2 per cent, of the problems. "Adjustment to Human Relationships in Nursing" was the twelfth area circled with a total of 8, or 2.9 per cent, of the total problems circled by the students. The problems least circled were in the area of "Finances and Living Conditions," with a total of 6, or 2.2 per cent, of the total problems circled by the

students as being the most troublesome.

As shown by Table III, the items checked by the largest number of students in the area of "Personal-Psychological Development" included "Afraid of making mistakes," "Lacking self-confidence," "Nervousness," and "Moodiness, having the 'blues'."

TABLE III
PERSONAL-PSYCHOLOGICAL DEVELOPMENT

Problems Underlined	Number	Per Cent
Afraid of making mistakes	10	50
Lacking self-confidence	9	45
Nervousness	9	45
Moodiness, having the "blues"	8	40
Taking things too seriously	6	30
Forgetting things	6	30
Can't make up my mind about things	6	30
Too easily discouraged	5	25
Worrying about unimportant things	5	25
Carelessness	5	25
Losing my temper	4	20

As shown by Table IV, the items checked by the largest number of students in the next highest ranking area of "Social and Recreational Activities" were "Not having enough time for recreation," "Too little chance to enjoy art and music," and "Too little time for sports."

TABLE IV
SOCIAL AND RECREATIONAL ACTIVITIES

Problems Underlined	Number	Per Cent
Not enough time for recreation	13	65
Too little chance to enjoy art and music	10	50
Too little time for sports	8	40
Too little chance to read what I like	6	30
Missing former social life	6	30
Not enough time for myself	5	25
Too little social life	5	25
Lacking a place to entertain friends	4	20

In the area of "Adjustment to School of Nursing," the items underlined the most were those of "Worrying about examinations," "Unable to concentrate well," and "Fear of failure in school of nursing." This is shown in Table V.

TABLE V
ADJUSTMENT TO SCHOOL OF NURSING

Problems Underlined	Number	Per Cent
Worrying about examinations	9	45
Unable to concentrate well	8	40
Fear of failure in school of nursing	7	35
Getting low grades	6	30
Unable to express myself in words	6	30
Don't know how to study effectively	6	30
Poor memory	5	25
Afraid to speak up in class discussions	5	25
Can't get lessons in the time I have for study	5	25
Unable to obtain reading references in library	5	25
Weak in logical reasoning	4	20
Slow in reading	4	20

As shown in Table VI, the area of "Adjustments to Administration of Nursing Care," the item marked by the most students was "Failing to organize my work well." This item was also marked by the most students as being an area in which staff help was being received or could be received if sought.

TABLE VI
ADJUSTMENTS TO ADMINISTRATION OF NURSING CARE

Problems Underlined	Number	Per Cent
Failing to organize my work well	12	60
Not observant enough in bedside care	8	40
Afraid of becoming a "hard-boiled nurse"	8	40
Unable to perform procedures effectively	4	20
Too little credit given for good nursing care	4	20
Too little chance to know the patient as a "whole"	4	20

In the middle-ranking areas, "Not getting enough outdoor air and sunshine" was the item marked by the most students in the area of "Health and Physical Development." (Table VII) Other items marked included "Not getting enough sleep," "Tiring very easily," and "Being overweight."

TABLE VII
HEALTH AND PHYSICAL DEVELOPMENT

Problems Underlined	Number	Per Cent
Not getting enough outdoor air and sunshine	13	65
Not getting enough sleep	9	45
Tiring very easily	6	30
Being overweight	6	30
Poor complexion	5	25
Not getting enough exercise	4	20
Having menstrual disorders	4	20

In the area of "Curriculum and School Program," as shown in Table VIII, the item marked most frequently was "Tests often unfair."

TABLE VIII
CURRICULUM AND SCHOOL PROGRAM

Problems Underlined	Number	Per Cent
Tests often unfair	11	55
Hard to study in living quarters	7	35
Too tired from nursing duties to study	7	35
Too much work required in some courses	6	30
Dull classes	5	25
Too much repetition of some topics	5	25
Instructors partial to some students	4	20
Grades unfair as measures of ability	4	20

That vocational guidance is necessary would seem to be shown by the number of students who marked the item "Needing to know my professional abilities" in the area of "The Future: Professional and Educational" shown below in Table IX.

TABLE IX
THE FUTURE: PROFESSIONAL AND EDUCATIONAL

Problems Underlined	Number	Per Cent
Needing to know my professional abilities	11	55
Wanting to get out of school and on my own	9	45
Wondering if I'll be successful in life	5	25
Afraid I'll not be adequately prepared for nursing	5	25
Not knowing what I really want	4	20
Need information about future fields of nursing	4	20

In the low-ranking areas, the item marked by 50 per cent of the students was in the area of "Social-Psychological Relations" shown in Table X.

TABLE X
SOCIAL-PSYCHOLOGICAL RELATIONS

Problems Underlined	Number	Per Cent
Talk shop too much	10	50
Shyness	5	25
Feeling inferior	5	25
Hurting people's feelings	4	20
Being watched by other people	4	20
Wanting a more pleasing personality	4	20
Too easily led by other people	4	20
Speaking or acting before I think	4	20

All of the problems indicated by the items have not been mentioned. As noted previously, the number of problems found has a wide variation.

In ranking the problem items according to their importance, "Not enough time for recreation" and "Not getting enough outdoor air and sunshine" were marked by the most students. This is shown in the following table:

TABLE XI
RANKING OF PROBLEMS ACCORDING TO IMPORTANCE

Problems Underlined	Number	Per Cent
Not enough time for recreation	13	65
Not getting enough outdoor air and sunshine	13	65
Failing to organize my work well	12	60
Tests often unfair	11	55
Needing to know my professional abilities	11	55
Afraid of making mistakes	10	50
Too little time to enjoy art and music	10	50
Talk shop too much	10	50

Reactions of the Students to the

Summarizing Questions of the Mooney Check List

At the end of the Mooney Problem Check List there are four questions which the students were asked to answer. The answers to these questions, as given by them, seem to be a good indication of what the student thought about the check list, as well as giving her an opportunity to express any thoughts that might be of particular importance.

In answer to question (1), "Do you feel that the items you have marked on the list give a well-rounded picture of your problems?", 65 per cent of the students checked "yes." The second part of this question states that "If any additional items or explanations are desired, please indicate them here."

The statements are as follows:¹

Lighting in dorm rooms poor for studying purposes.

I think we need more time to be able to do what is assigned in order to do it well.

More time should be set aside for extra activities--sports, etc. Time only for work and study if desiring a good grade.

Instructors inconsistent in that you're to be done with all your patients in a couple of hours, but yet you're suppose to find out emotional problems, etc. (This takes more time than just shoving their bath water at them.)

Too much material covered in too short a time. Its [sic] impossible to study adequately and still get enough sleep after an 8 h day. Sometimes you tend to just not do anything, rather than to half do.

--wondering about nursing care--feel don't have enough positive remarks from instructors.

Problem of being satisfied with oneself.

Since I am married I have a home to think of as well as nursing. This is not a great problem, however, since my husband is attending school also.

All of the students summarized problems in answer to question (2), "How would you summarize your chief problem in your own words? Write a brief summary." Comments made by the nursing students concerning this question are as follows:¹

¹No attempt has been made to edit the students' comments.

I think I am adjusted to the different routine here at nursing school by now. One of my biggest problems now is to find time in addition to working to read outside references, study effectively, etc. It's hard to plan social time around study time and to have the right amount of time for each. Right now the floor I am working on is making it extremely hard for us students by checking nursing care given and constant criticism and blaming for poor nursing care.

Feel too dependent upon parents for finances. Feel a greater need of clear and definite religious beliefs. Problems with wanting to meet standards set by self (sexually, morally, and in nursing abilities). Want to be a 'good' nurse yet be intelligent and interesting in other fields.

The chief problems at the present time are instructors. Our exams have a great tendency to be testing our ability to answer confusing and vague questions, rather than our ability as nurses. We are criticized much more than we are praised in our work, and I have many times had the feeling that my nursing care is getting worse rather than improving, although in my opinion such is not the case.

My chief problems are those of religious beliefs, being unsure; sex, knowing too much about it; self-control--lacking; self-confidence --lacking.

My major problem is that of not mixing well with the opposite sex partly, I think, because of my height. I miss being able to spend my recreation time enjoying some good culture and in being able to delve into assigned subjects as much as I would like to now. It does not content me to think I'll have to wait until I graduate to have time to really get the reading and thorough understanding I want.

Sometimes the instructors contradict what another one has taught us, and we are criticized for something that we 'should know at this level.' No matter how hard we try sometimes, it seems

that we can't do anything right--according to the instructors. At times the whole class has been so depressed that we all wonder just what ever made us decide to go into nursing. It seems sometimes that the instructors treat us like small children, and yet at the same time they criticize us for not taking enough responsibility, and some of them just cannot see our viewpoint on some questions.

Chief problems are not enough opportunities for social life due to pressure of studies; not enough time to have really adequate religious worship; not being able to read good books (other than nursing book) or to see good art or hear good music. In other words--'getting in a rut' and nursing becoming the only thing I know. No place is available here on the hill where you can go and have a cup of coffee and talk with other people about other things (not medicine). I also miss the 'campus life' at school and all the people I knew so well. I miss the unity which our school lacks.

Having a feeling of being a prisoner here because of the closing hours inflicted upon us. Not enough late leaves to permit getting out for social affairs and going home too. I don't feel that I am learning and remembering things pertinent to nursing because of the lack of time allowed to learn them.

My main problem is being able to face the situation of my parents' divorce Watching some nurses and their actions towards patients makes me afraid that I too may turn that way. But knowing some of their reasons and trying to take a different approach to the problem helps me to learn how to be a more pleasant one.

I have trouble talking to people I don't know very well, or with whom I have nothing in common. However, this does not carry over to patients as I have no trouble talking with them.

My problem at the present time is one consisting mostly of worry over grades. The testing over

the units do not contain questions on the essential, most important information. I find myself trying to learn just what the instructor will ask instead of complete picture. Also am trying to do work which will please instructors on ward and tending to think instructor is more important than the patients. Need more time to take care of self, socially, and to get away from usual routine of work, classes, and study. If more sports we could play hard and relieved of routine.

Too much material covered in too short a time. Its [sic] impossible to study adequately and still get enough sleep after an 8 hour day. Sometimes you tend to just not do anything, rather than to half do. [sic] Organization is hard because instructors tend to try to help too much at times and succeed only in being in the way.

At present I am most troubled with my grades. I feel I am learning a lot but they are not too good. Harder studying and concentration on my part should help this. I feel I learn the most when I learn something in a class and soon take care of a patient with this problem. It also bothers me that I don't retain enough of what I've learned without practicing it soon after it is learned in class. Feel sometimes I don't know enough about what I'm attempting to do at the bedside.

Chief problems, having too many large assignments (along with work) that don't have time to properly study and learn what's necessary. Some problem with finding enough time to get outdoors and having enough social life, although I am engaged and could go if studies weren't quite so pressing.

Confusion! Being a carefree child, dependent upon mother and dad, with certain vague concepts of what nursing was. Finding myself suddenly assuming much responsibility and along with this new role, finding myself changing faster than I can hardly realize--my views on life, death, religion, morals, ethics, the future, and nursing itself. I find myself at one minute extremely

happy and elated, self-content and confident, then a few days later I become very pessimistic and confused as to what my feelings on these matters are.

My chief problem is that of organizing my work on the wards effectively and carrying out my work with some measure of self-confidence. I would also enjoy a quiet room where I could study more efficiently, allowing me more time for art, music, and literature and also would enjoy better planning of my schedule to allow more convenient days off.

My chief problem is working in such a way that I can be satisfied with myself. I want a well-rounded education, as well as a good nursing education. There is too little chance to expand one's knowledge, too little free time to really enjoy oneself, and sometimes, too little opportunity. My future bothers me because I have no plan, not because I am worried about it. My finances are a strain on the family, but not an undue strain; they are necessarily limited. My grades aren't very low, but they're lower than I'd like them to be.

My problems stem mostly from the fact that I am an inadequate personality--perhaps I had imagined when I became a student nurse my other problems would not be so important--only now I realize these basic problems only cause added problems in my work and progress. I am primarily too self-centered--lack confidence--am dishonest to 'save face'--and am frightened of not improving my patient care.

My chief problem is a lack of self-confidence. With help I am overcoming it, however.

I tend to be more nervous than necessary on the floor. I'm always afraid I won't be able to give good nursing care and get finished.

Eighty per cent of the students answered, "Yes," to question number (3), "Have you enjoyed filling out the list?" Ten per cent answered, "No," and 10 per cent were

undecided. All of the students answered, "Yes," to question number (4), "Whether you have or have not enjoyed filling out the list, do you think it has been worth while doing?" The second part of the same question, "Could you explain your reaction?" was commented on by the students as follows:¹

It was interesting and indicated that other people might have a knowledge of our problems and feelings.

It's worthwhile if it helps the school know how students think--but I don't feel I've gained anything from it.

Perhaps some of the problems I have other students also have. Therefore if there are enough complaints something might be done to rectify the situation.

Makes one think of what a combination your problems really are. Realize problems are more than just nursing.

It brought to light many of my problems. I was quite surprised that they could be pinpointed so well, so effectively and so completely.

Whether or not it has been worthwhile depends on what will be done with it.

I think it was worthwhile filling out because it makes one realize that the problems we feel are unique to us and impossible to verbalize are realized by others.

It helps get rid of some pent-up emotions and may get something done about improving some of the problems.

¹No attempt has been made to edit the students' comments.

Sometimes I don't sit down to think through why things aren't as they should be or as I would like them to be. Maybe listing them, I can see in black and white and do something to help myself feel these are no longer problems.

Perhaps through this list and research, improvement could be made as to the wishes of the majority.

I think it is worthwhile because maybe by correlating data from other students' opinions various conclusions could be made on how to remedy the situation.

I can see where if many people had the same problem; maybe something could be done to help the situation.

. . . If it is for improvement of counseling and for research in nursing then I feel it has been worthwhile doing.

It gives you a lot to think about.

. . . This form has probably showed many of us some of our problems by just letting us think about them and maybe how we can overcome them.

Sixty per cent of the students answered, "Yes," to the question (5), "If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty?" The remaining 40 per cent answered, "No," to the question. The second part of the question, "If so, do you know the particular person(s) with whom you would like to have these talks?" Twenty-five per cent of the students answered, "Yes," and 75 per cent, "No."

A total of eight instructors were named. Comments made were:¹

I haven't felt anyone on the nursing faculty I know was interested or could give me usable advice on my problems.

I would like to talk to someone outside of nursing because what I might say may reflect back on me, their opinions of me, and consequently on my success at this school.

Our biggest help concerning school comes from the older students.

In view of the foregoing comments and answers to the questions, it can be assumed that the students reacted favorably to the check list. They seemed, in many instances, to welcome it as a means of being able to express problems which had been troubling them for some time.

Supplementary Sheet

On this sheet, the students were asked to answer questions also.

On question (1), "Please put an 'x' mark in front of the item number on the Mooney Check List for all problems you have circled on which you are receiving constructive help from the school staff, or believe you could receive such help if you would seek it," the item marked most frequently was "Failing to organize my work well." Items

¹No attempt has been made to edit the students' comments.

also marked by more than one student include "Unable to perform procedures effectively," and "Not observant enough in bedside care." (Table XII)

TABLE XII
PROBLEMS RECEIVING CONSTRUCTIVE HELP

Problems Circled and Checked	Number
Failing to organize my work well	6
Unable to perform procedures effectively	3
Not observant enough in bedside care	3
Afraid of making mistakes	3
Needing to know my professional abilities	2
Moodiness, having the "blues"	2
Unable to express myself in words	2
Afraid of becoming a "hard-boiled nurse"	2
Carelessness	2
Too much repetition of some topics	2
Too tired from nursing duties to study	2

Question (2), "How would you rate your school in its services for helping students with guidance and adjustment problems?", was answered as follows:

Excellent	:	5 per cent
Good	:	40 per cent
Fair	:	50 per cent
Poor	:	5 per cent
Unsatisfactory:		0

The students' comments on question (3), "What do you consider the best features of the school for helping

students with guidance and adjustment problems?", included the following:¹

The willingness of the instructors to listen to your problems and trying to help you.

If you do have a problem, someone is always willing to help you, but you must make the first move.

Conferences [sic] with instructors

Supervisor and student conferences [sic].-- where she can tell you exactly where not meeting standard. student can explain why she choose [sic] to do as she did.

The willingness of the staff to sit and listen when you want to talk, and to try to find ways to help you.

Having individual conferences with our ward instructors. Also having a class adviser to talk to.

No best feature. Instructors which are understanding can do much with nurses' problems. Class advisers also help.

The program of class advisers is very beneficial. They are a great help and place themselves on a more personal relationship with the students than do the supervisors, etc. There is also plenty of encouragement to talk things over with advisers.

That of student-instructor conferences on the ward and also the opportunity to see the Director of the basic program whenever any problems in actual nursing ability, vacation time, grades, etc. arise.

The housemothers seem very willing to help, as do several members of the faculty.

¹No attempt has been made to edit the students' comments.

The fact that everyone is willing to help.

The individual conferences with the instructor on the floor on which you are working.

Our individual ward conferences have helped the most if the instructor gives specific instructions. Instead of waiting for you to go to them they many times will see your problem and come to you first. They will do anything that is in their power to help a deserving student.

Our contact with class advisers is one of the best features of the school for helping students with guidance and adjustment problems.

Outside of the conferences with the faculty, I don't know any. This would depend on the faculty member as to whether it is a good feature or not.

Psychiatric dept at state [sic]

They are usually good to counsel you if there is a danger of your grades becoming too low, this is done early enough to be of value.

- (1) Starting regular scheduled conferences with Nursing Ed. Director.
- (2) Ward conferences
- (3) Individual conferences with ward instructors.

I don't know anything about the guidance program. I don't feel the students feel free to talk to those in a position to help even if the [sic] are good.

The last question, "What suggestions do you have for improvement of the school's services for helping students with guidance and adjustment problems?", elicited the following:¹

¹No attempt has been made to edit the students' comments.

A counselor who is not attached directly to the school of nursing, with whom we would have no professional or social contact--in other words a psychiatrist with a slightly different connotation.

Maybe a regular designated person to be an advisor and counselor rather than the head of the school. The class advisors should be encouraged to get to know the girls better--see them frequently and help if necessary.

Regular coffee hours, etc. when all instructors would come--put on entertainment etc.

We apparently have a fine psychiatric unit--could work in vocational guidance, aptitude [sic] tests to be done for those students who have doubts about nursing abilities--or for students who [sic] instructors doubt this ability--if students could talk with the psychiatrists about serious personal problems --perhaps fewer would have to leave school

Make them better known

Perhaps, if feasible, they could set up a regular guidance program, with personell [sic] who are not connected with the school of nursing and who are "neutral" and objective.

At the beginning of the year we met with a doctor from the psychiatric department and viewed our "gripes." I thought this was an excellent service and it did bring results, however, it is no longer available--at least to my knowledge.

On some of the wards it seems that the good or convenience of the ward comes before the teaching of the student. For instance when the students have to work almost every weekend without an instructor it seems that she isn't learning as much as if she were on during the weekday with instruction.

More specific suggestions in ward class as to how to improve your work and a clue now and then to some of the things you are doing well

or correct. Frankly I don't see how they could start taking up everyone's personality problems.

Maybe more social functions with the opposite sex to relax more and learn how to act, be at ease, get along with others, and enjoy free time better.

A little less "supervision" when unneeded.

Have more informal affairs where students and faculty can get to know each other as persons and not just people to whom grades are given and wondering whether this individual likes the kind of work you're doing, or whether she'll criticize you for some minor detail that you've overlooked.

I feel first of all a more personal relationship between student and faculty member could better serve the student. Perhaps a program of faculty advisors having from 5-10 students apiece would best accomplish this.

The instructors need to be on a more personal relationship with the students, so that we will not be so grade-conscious and thus afraid to discuss these problems with them.

Chance to know instructors and advisors more personally.

Having more time to talk with these persons perhaps even as a whole class.

Five of the students had no suggestions for the improvement of the school's services; of these five, three students rated the school as being "fair" in its services, and the other two rated the school as being "good."

CHAPTER IV

SUMMARY, CONCLUSIONS, AND SUGGESTIONS FOR FURTHER STUDY

Summary

In December 1958, the Mooney Problem Check List, Form for Schools of Nursing along with a supplementary student-opinion sheet was administered to a group of third-quarter freshmen nursing students in a selected collegiate school of nursing. Responses were received from every student in the group, giving a 100 per cent return of the questionnaires and supplementary sheets.

The data-gathering instrument was intended to discover opinions of the students as to:

- a. The problems which they felt to be currently their own and were willing to admit,
- b. Whether specific current problems were of serious concern to the student,
- c. Whether constructive staff help was available or being received on such problems,
- d. The general effectiveness of the services of the school for helping students with adjustment problems,
- e. What the students considered to be the best features of such services,

- f. Their suggestions for improvement of these services.

Data were tabulated numerically and analyzed comparatively in terms of the objectives of this study. Calculations were made of the frequency of problems underscored and circled in each of the problem areas on the Mooney List in order to discover the prevalence of the different types of problems felt to be of greatest concern to the students. The number, rank order, and percentages of these marked problems were compiled and then discussed in this report.

On the supplementary sheet the students were asked to mark the problems on which they claim to be receiving constructive help from the school staff or believed they could receive such help if they asked for it. They were also asked to rate the effectiveness of the school for helping students with adjustment problems; to list the best features; and to make suggestions for improvement of the School of Nursing's guidance program for helping students with their adjustment problems.

Twenty students underscored 800 problems, which indicated an average of forty problems per student. The number of problems circled totalled 277, or an average of 13.85 problems which were of the most concern to the students. The problems underscored ranged from twelve to

123, while those circled ranged from two to 72.

The largest number of problems underscored was in the area of "Personal-Psychological Development." One hundred and one, or 13 per cent, of the problems were reported in this area. The least area underscored was that of "Home and Family" with a total of twenty-seven, or 3.37 per cent, of all the problems underscored.

The largest number of problems circled as being of the most concern to the students were also in the area of "Personal-Psychological Development." Forty-one, or 14.4 per cent, of the more serious problems were reported in this area. The least problems circled were in the area of "Finances and Living Conditions," with a total of six, or 2.2 per cent of the total problems circled by the students.

The items marked by the largest number of students included "Not getting enough time for recreation," "Not getting enough outdoor air and sunshine," "Failing to organize my work well," "Tests often unfair," "Needing to know my professional abilities," "Afraid of making mistakes," "Too little time to enjoy art and music," and "Talking shop too much."

In answer to the question of whether the students felt that the items marked on the list gave a well-rounded picture of their problems, 85 per cent of the students checked "Yes." All of the students summarized their

problems briefly in their own words; 80 per cent of the students indicated they enjoyed filling out the list; and all of the students felt that the study was worth doing.

Sixty per cent of the students indicated they would like to talk over their problems with someone on the nursing faculty, of which 25 per cent indicated they knew the particular person(s) with whom they would like to have these talks.

Eighty-five per cent of the students seemed to feel they were receiving some constructive help from the school staff, or believed they could receive such help if they would seek it. A total of forty-seven separate items were marked. The item marked most frequently was "Failing to organize my work well."

The students rated their school to be "fair" in its services for helping students with guidance and adjustment problems. They listed as the best features of their school: student-supervisor conferences, conferences with the nursing education director, and student-instructor conferences. Class advisers were listed as the best feature by 15 per cent of the students. Suggestions for improvement of the school's services for helping students with guidance and adjustment problems included improved interpersonal relations between staff and students, more social functions, better supervisory practices, continued

group meetings with a psychologist, and the setting up of a more formal guidance program with personnel who are not connected with the school of nursing.

Conclusions

The purpose of this study was to make a survey of student problems in a selected collegiate school of nursing. It was limited to the third-quarter students in this school. These were beginning students in nursing, although actually college juniors. It was found that:

1. The problems which seemed to be of the most concern were in the area of "Personal-Psychological Development," while the problems of least concern were in the areas of "Home and Family" and "Finances and Living Conditions."

2. The item checked by the most students as being of greatest concern to them was "Not enough time for recreation."

3. Most of the students seemed to feel they were receiving some constructive help from the school staff, or believed they could receive such help if they would seek it. The item marked most frequently in this area was "Failing to organize my work well," which was also one of the problems marked by the most students as being of the greatest concern to them.

4. The students rated their school to be "fair" in its services for helping with their guidance and adjustment problems and suggested more student-faculty activities as a means of promoting better interpersonal relations in this area, better supervisory practices, continued group meetings with the psychologist for discussing their problems, and the setting up of a more formal guidance program with personnel not connected with the school of nursing.

5. As the best feature of their school's guidance program, the students listed the student-supervisor conferences, conferences with the nursing education director, and student-instructor conferences.

6. The findings of this study, when compared with reports of previous studies, indicate that a difference seems to exist between the problems of the group of nursing students and students on a larger campus of a general college or university. The latter students seemed to be more concerned about adjusting to college life and overcoming poor study habits, while the nursing students seem to miss the recreational and social opportunities offered on the larger campus of which they had previously been a part.

Recommendations and Suggestions for Further Study

In view of the findings and tentative conclusions, the following recommendations could be made:

1. To be considered for further study is the possibility of repeating this study with the same group of students in their late senior year in order to determine changes, if any, in the nature of their problems. Such a study should help the guidance committee to keep in touch with possible changing situations and indicate possible differences in student problems between the freshman and senior years.
2. The study could also be repeated with a subsequent group of freshmen students to determine if these particular problems seem to be found consistently among freshmen nursing students in this school, or were unique to the group tested.
3. The study could be extended to other schools of nursing in Oregon to determine if the problems appear to exist in all the schools or are unique to this one.
4. A follow-up study of the withdrawals from this class could be made to determine the relationship, if any, between student problems and the number of withdrawals.
5. The faculty of this school of nursing could explore ways of identifying the depths of the students'

problems to discover if possibly the majority of these problems were not those of maturation.

BIBLIOGRAPHY

1. Allen, Alvin. The Problems and Personnel Services in a Selected Group of Small Colleges. Ed. D. Thesis. Corvallis: Oregon State College, 1956.
2. Arbuckle, Duclid S. Student Personnel Services in Higher Education. New York: McGraw-Hill Book Company, Inc., 1953.
3. Buros, Oscar K., Editor. The Third Mental Measurements Yearbook. New Brunswick: Rutgers University Press, 1949.
4. Buros, Oscar K., Editor. The Fourth Mental Measurements Yearbook. New Jersey: The Gryphon Press, 1953.
5. Froelich, Clifford P. Guidance Services in Smaller Schools. New York: McGraw-Hill Book Company, Inc., 1950.
6. Gordon, M. Phoebe, Densford, Katherine J., and Williamson, E. G. Counseling in Schools of Nursing. Philadelphia: W. B. Saunders Company, 1945.
7. Jones, Arthur J. Principles of Guidance and Pupil Personnel Work. 4th ed. New York: McGraw-Hill Book Company, Inc., 1951.
8. Kaback, Goldie R. Guidance and Counseling Perspectives for Hospital Schools of Nursing. New York: National League for Nursing, Inc., 1958.
9. McDaniel, Henry B. Guidance in the Modern School. New York: The Dryden Press, 1956.
10. Mooney, Ross L. "Exploratory Research on Students' Problems." Journal of Educational Research, 37:218-224, 1943.
11. Morison, Luella J. "A Problem Check List." The American Journal of Nursing, 47:4:248-251, April, 1947.

BIBLIOGRAPHY (CONTINUED)

12. Morison, Luella J., Price, Mary Alice, and Mooney, Ross L. Manual To Accompany the Problem Check List, Form for Schools of Nursing. Columbus, Ohio: Bureau of Educational Research, 1948.
13. Peters, Doris A. A Study of the Need for Improved Counseling and Guidance Services for Students in Nursing at Florida A. and M. College. Master's Thesis. Boston, Mass.: Boston University School of Nursing, August, 1951.
14. Robinson, Francis P. Principles and Procedures in Student Counseling. New York: Harper and Brothers, Publishers, 1950.
15. Roeber, Edward C., Smith, Glen E., and Erickson, Clifford E. Organization and Administration of Guidance Services. 2nd ed. New York: McGraw-Hill Book Company, Inc., 1955.
16. Stoops, Emery and Wahiquist, Gunnar L. Principles and Practices in Guidance. New York: McGraw-Hill Book Company, Inc., 1958.
17. Strang, Ruth. The Role of the Teacher in Personnel Work. New York: Bureau of Publications, Teachers College, Columbia University, 1935.
18. Torrop, Hilda M. "Guidance Programs in Schools of Nursing." The American Journal of Nursing, 39:2:176, February, 1939.
19. Triggs, Frances and Bigelow, Ellen. "What Student Nurses Think About Counseling." The American Journal of Nursing, 43:7:669, July, 1943.
20. Triggs, Frances O. Personnel Work in Schools of Nursing. Philadelphia: W. B. Saunders Company, 1945.
21. Wolf, Lulu K. Nursing. New York: D. Appleton-Century Company, 1947.
22. Wrenn, C. Gilbert and Bell, Reginald. Student Personnel Problems. New York: Farrar and Rinehart, 1942.

APPENDIX A

PROBLEM CHECK LIST:
FORM FOR SCHOOLS OF NURSING

PROBLEM CHECK LIST

FORM FOR SCHOOLS OF NURSING

(Adapted from Problem Check List:
College Form, by Ross L. Mooney)

By LUELLA J. MORISON

Please fill out these blanks:

Date of birth.....

Name of the School of Nursing.....

Class in School of Nursing.....
(Preclinical, Senior, etc.)

Name of the person to whom
you are to turn in this paper.....

Your name or other identification,
if desired.....

Date.....

DIRECTIONS FOR FILLING OUT THE CHECK LIST

This is not a test. It is a list of troublesome problems which often face students in schools of nursing—problems of health, social life, relations with people, studying, and the like. You are to go through the list, pick out the particular problems which are of concern to you, indicate those which are of most concern, and make a summary interpretation in your own words. More specifically, you are to take these three steps:

- (1) Read the list slowly, pause at each item, and if it suggests something which is troubling you, *underline* it, thus, "1. Tiring very easily." Go through the whole list, underlining the items which suggest troubles (difficulties, worries) of concern to you.
- (2) After completing the first step, look back over the items you have underlined and *circle the numbers* in front of the items which are of *most concern* to you, thus, "1. Tiring very easily."
- (3) After completing the first and second steps, answer the summarizing questions on pages 5 and 6.

105. Afraid I may contract disease
106. Poor posture
107. Poor complexion
108. Not very attractive physically
109. Needing money for education beyond nursing course
110. Having to watch every penny I spend
111. Family worried about finances
112. Disliking financial dependence on family
113. Missing former social life
114. Slow in getting acquainted with people
115. Nothing interesting to do in spare time
116. Not enjoying many things others enjoy
117. Hurting people's feelings
118. Being watched by other people
119. Being left out of things
120. Being criticized by others
121. Not doing anything well
122. Too easily discouraged
123. Unhappy too much of the time
124. Worrying about unimportant things
125. Disturbed by ideas of sexual acts
126. Insufficient knowledge about sex matters
127. Wondering if I'll ever get married
128. Afraid of losing the one I love
129. Friends not welcomed at home
130. Home life unhappy
131. Family quarrels
132. Feeling I don't really have a home
133. Missing spiritual elements in my present life
134. Wanting more chances for religious worship
135. Failing to go to church
136. Science conflicting with religion
137. Not fundamentally interested in books
138. Having too many subjects at one time
139. Getting low grades
140. Fear failure in school of nursing
141. Not physically fit to practice nursing
142. Dread leaving school and starting on my own
143. Wanting advice on steps after leaving school
144. Doubt ability to take part in professional organizations
145. Classes too large
146. Too few chances to express ideas or opinions
147. Instructors lacking interest in students
148. Having an unfair instructor
149. Having difficulty in following doctors' orders
150. Unable to please the doctors
151. Trouble in figuring out what the doctor wants
152. Maintaining loyalty to the doctor
153. Unable to handle embarrassing situations
154. Not observant enough in bedside care
155. Needing to cultivate a well modulated voice
156. Finding it hard to be dignified on duty
157. Being clumsy and awkward
158. Being too short
159. Being too tall
160. Having weak eyes
161. No regular source of income
162. Too little money for recreation
163. Having financial dependents
164. Too many financial problems
165. Unsure of social etiquette
166. Wanting to learn how to dance
167. Not knowing what to do on a date
168. Feeling my personal appearance is unsatisfactory
169. Being snubbed
170. Being called "high-hat"
171. Losing friends
172. Not getting along with other people
173. Daydreaming
174. Forgetting things
175. Afraid when left alone
176. Not taking things seriously enough
177. Going with a person my family won't accept
178. Being in love
179. Deciding whether I'm in love
180. Afraid of close contact with opposite sex
181. Heavy home responsibilities
182. Sickness in the family
183. Parents expecting too much of me
184. Too dependent on my family
185. Being forced to go to church
186. Failing to see relation of religion to life
187. Rejecting earlier religious beliefs
188. Doubting value of worship and prayer
189. Unable to express myself in words
190. Afraid to speak up in class discussions
191. Wanting to change to another school
192. Unable to get scientific subjects
193. Afraid I'll never become an "R.N."
194. Being told I'll fail in practice as an "R.N."
195. Doubting happiness as an "R.N."
196. Doubting economic value of "R.N." degree
197. Being without a counselor
198. Instructors partial to some students
199. Grades unfair as measures of ability
200. Not getting adequate education for present nursing
201. Discouraged by pessimism of "R.N.'s"
202. Afraid of some of the doctors
203. Afraid the patients won't like me
204. Can't deal with the patient's friends and visitors
205. Afraid of becoming a "hardboiled" nurse
206. Afraid of causing pain when giving treatments
207. Afraid to administer medicines
208. Can't take unpleasant odors or sights

209. Having frequent sore throat
 210. Having frequent colds
 211. Nose or sinus trouble
 212. Speech handicap (stammering, etc.)
213. Living quarters unsatisfactory
 214. Lacking privacy in living quarters
 215. Living with unsatisfactory roommates
 216. Noise in home interfering with sleep
217. Not enough time for myself
 218. Too much social life
 219. Failing to have fun in school activities
 220. Desiring more cooperation among students
221. Disliking certain persons
 222. Being disliked by certain persons
 223. Getting into arguments
 224. Being jealous
225. Losing my temper
 226. Stubbornness
 227. Carelessness
 228. Laziness
229. Breaking up a love affair
 230. Choice of continuing training or marrying
 231. Thinking too much about sex matters
 232. Competition in a love affair
233. Not telling my parents everything
 234. Parents not trusting me
 235. Being treated like a child at home
 236. Being an only child
237. Having a guilty conscience
 238. Yielding to temptations
 239. Getting a bad reputation
 240. Can't forget some mistakes I've made
241. Too easily distracted during classes
 242. Absent from classes too often
 243. Tardy for classes too often
 244. Wanting to leave nursing
245. Not knowing what I really want
 246. Not able to decide what nursing field to enter
 247. Need information about future fields of nursing
 248. Need education beyond nursing course
249. Courses too unrelated to each other
 250. Too much repetition of some topics
 251. Tests often unfair
 252. Assigned study periods unsatisfactory
253. Dislike caring for demanding patients
 254. Dislike caring for patients with certain diseases
 255. Dislike caring for male patients
 256. Can't be firm with patients
257. Routines in some departments hard to learn
 258. Failure of departments to orient students
 259. Nursing care checked to unreasonable degree
 260. Too little credit given for good nursing care
261. Having poor teeth
 262. Having poor hearing
 263. Tired feet
 264. Frequent headaches
265. Infrequent all-night or late permits
 266. Not fitting into the group with which I live
 267. Living conditions don't provide "home" environment
 268. Not getting along with the House Mother
269. Too little time for sports
 270. Too little chance to enjoy art or music
 271. Too little chance to listen to the radio
 272. Too little chance to go to shows
273. Wanting a more pleasing personality
 274. Too easily led by other people
 275. Picking the wrong kind of friends
 276. Speaking or acting before I think
277. Afraid of making mistakes
 278. Can't make up my mind about things
 279. Lacking self-confidence
 280. Can't see the value of things I do
281. Putting off marriage
 282. Engagement
 283. Absence of boy friend
 284. Religious differences preventing marriage
285. Clash of opinions between me and parents
 286. Having been "spoiled" at home
 287. Not getting along with brother or sister
 288. Not getting along with a step-parent
289. Too little chance to develop my own religion
 290. Disliking church services
 291. Lessened fervor in religious practices
 292. Losing faith in religion
293. Not smart enough in scholastic ways
 294. Trouble in outlining or note-taking
 295. Weak in writing
 296. Slow in catching on to theory
297. Afraid I'll not be adequately prepared for nursing
 298. Afraid of unemployment after graduation
 299. Trying to combine marriage and a career
 300. Concerned about entering military service
301. Instructors lacking understanding of students
 302. Too much work required in some courses
 303. Hard to study in living quarters
 304. No suitable place to study in school
305. Prefer working alone to working with other students
 306. Depend too much on others for assistance
 307. Too willing to "cover-up" for co-workers
 308. Too many people "passing the buck"
309. Seniority rule carried too far
 310. Too difficult for students to get doctor's care
 311. Rule against accepting patient's gifts unfair
 312. Rule against accepting patient's invitations unfair

- 313. Having menstrual disorders
- 314. Having digestive troubles
- 315. Not getting enough to eat
- 316. Not eating a well-balanced diet

- 317. Tiring of same meals all the time
- 318. Not being trusted outside Nurses' Home
- 319. Inadequate discipline in Nurses' Home
- 320. Too much discipline in Nurses' Home

- 321. Unable to lead a well-rounded life
- 322. Too little chance to do what I want to do
- 323. Too little chance to read what I like
- 324. Having no hobby

- 325. Talk too much about personal affairs
- 326. Talk shop too much
- 327. Tend to complain too much
- 328. Being too gullible

- 329. Too many personal problems
- 330. Feeling that nobody understands me
- 331. Having no one to tell my troubles to
- 332. Afraid of a "nervous breakdown"

- 333. Wanting love and affection
- 334. Disappointed in a love affair
- 335. Petting and necking
- 336. Venereal disease

- 337. Getting home too seldom
- 338. Living too close to home
- 339. Wishing I had a better family background
- 340. Afraid of someone in the family

- 341. Moral code weakening
- 342. Sometimes being dishonest
- 343. Drinking
- 344. Trying to break off a bad habit

- 345. Can't get lessons in the time I have for study
- 346. Slow in reading
- 347. Unable to obtain reference readings in library
- 348. Don't know how to study effectively

- 349. Fear I won't get a good recommendation from school
- 350. Afraid I will lack experience in some fields of nursing
- 351. Don't know how to apply for a position
- 352. Doubt ability to handle a good position

- 353. Too tired from nursing duties to study
- 354. Classrooms improperly ventilated and lighted
- 355. Inability to remain awake in classes
- 356. Instructors too theoretical

- 357. Can't acquire a professional vocabulary
- 358. Get too friendly with subordinates
- 359. Unable to direct subordinate workers
- 360. Feel dominated by nurse attendants

- 361. Hospital insisting on routine at any price
- 362. Can't get used to constant hurry
- 363. Too little chance to know the patient as a "whole"
- 364. Disillusioned in nursing ideals

Second Step: Look back over the items you have underlined and circle the numbers in front of the problems which are troubling you most.

Third Step: Answer the following five questions:

SUMMARIZING QUESTIONS

1. Do you feel that the items you have marked on the list give a well-rounded picture of your problems?
Yes.No.

If any additional items or explanations are desired, please indicate them here.

Cir.	Tot.
1—HPD	
2—FLC	
3—SRA	
4—SPA	
5—PPR	
6—CSM	
7—HF	
8—MR	
9—ASN	
10—FPE	
11—CSP	
12—AHR	
13—AAN	
TOTAL....	

(Questions are continued on next page →)

APPENDIX B

SUPPLEMENTARY SHEET

Student-opinion survey of student problems and guidance services.

When you have completed pages 2, 3, 4, 5, and 6 of THE MOONEY CHECK LIST, please answer the following:

1. Please put an "X" mark in front of the item number on the Mooney Check List for all problems you have circled on which you are receiving constructive help from the school staff, or believe you could receive such help if you would seek it.

(Example: " X 100. Slow in reading.")

2. How would you rate your school in its services for helping students with guidance and adjustment problems? (Check)

_____ Excellent _____ Fair _____ Very Unsatisfactory
 _____ Good _____ Poor

3. What do you consider the best features of the school for helping students with guidance and adjustment problems?

4. What suggestions do you have for improvement of the school's services for helping students with guidance and adjustment problems? Please leave out critical reference to particular persons.

Thank you for your cooperation.

APPENDIX C

LETTER TO THE DIRECTOR OF THE SCHOOL OF NURSING

1605 S. W. Montgomery
Portland 1, Oregon
December 1, 1958

Dear Director:

As a graduate student enrolled at the University of Oregon Medical School, School of Nursing, I am preparing a thesis in partial fulfillment of the requirements for a Master of Science Degree. Because I am especially interested in student guidance and adjustment policies, I have defined my research topic as "A Survey of Student Adjustment Problems in a Selected Collegiate School in Oregon."

The purpose of this study is to make a survey of student problems, and it will be limited to the third-quarter freshmen students in this school. It is hoped that this information will prove valuable in determining possible implications for the improvement of student guidance services in this school.

I have enclosed a copy of the Mooney Problem Check List: Form for Schools of Nursing and the supplementary student-opinion sheet designed to collect the necessary data. It is my hope that you will be willing to participate in this survey. All information will be considered confidential. A copy of the thesis will be placed in the University of Oregon Medical School Library and will be available for inter-library loan.

Sincerely,

(Mrs.) Martha L. McCarthy

MLM:fs

Typed by
Freida M. Smith