

INVESTIGATION
of
STUDENT NURSE PERCEPTIONS
of
NURSE-PATIENT RELATIONS

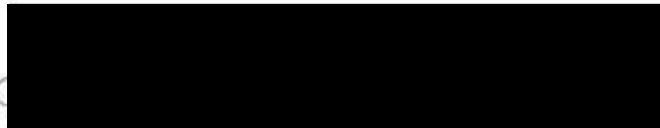
by
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A Thesis

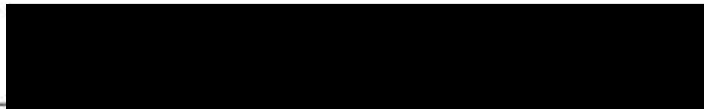
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PREFACE

The subject for this study was chosen because of the belief that the student nurse's perceptions of herself, her patients, and other nurses have implication for her future professional effectiveness, and that an understanding of these perceptions is essential for a basis on which learning experiences can be planned or modified.

Mary B. Duby

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CHAPTER I

INTRODUCTION

Statement of the Problem

The broad goal of nursing education is to prepare nurses to help patients and their families, through cooperative enterprise, to meet biological, psychological, and social needs. To this end, schools of nursing are accepting a holistic frame of reference throughout their programs with emphasis on integration of manual, intrapersonal, and interpersonal skills. With increasing recognition that the role of the nurse involves much more than nursing procedures and overt technical operations, attention is directed more precisely to what goes on between the nurse and the patient, especially to covert behavior. A change in curriculum content and philosophy necessitates evaluation and investigation of the ways by which students are applying the skills designated above.

As students continue their education, beside acquiring knowledge, skills, and concepts, they develop special ways of thinking about themselves, their patients, other nurses, and their profession. According to social scientists, (20) who refer to this process as "socialization," the individual is inducted into his culture, or a subculture such as nursing, through the acquisition of attitudes and values, of skills and behavior patterns making up roles established in the social structure. In this process, the individual is integrating knowledge, skills, attitudes and values so he can perform his culturally defined role acceptably. This social role acquisition proceeds by both direct and indirect learning. Direct learning is involved in didactic teaching and overt prescription of role-connected behavior of one sort or

another, while indirect learning refers to those attitudes, values, and behavior patterns which are acquired as by-products of contact with others: peers, patients, instructors, and team members. (27)

The need to go beyond the planned curriculum and examine the by-products of indirect learning is essential for the understanding of the growth of a professional person. In this connection, a study of student nurse perceptions is of importance. Research contributing to the body of knowledge concerning student learning can assist in increasing the effectiveness of learning experiences and aid in the growth of the student.

Purpose of the Study

The major purpose of the study is to obtain illustrative incidents describing student nurses' perceptions of themselves, their patients, and other nurses in the nurse-patient relationship, and to compare the results expressed by beginning or freshmen students and by more advanced or senior nursing students. The student groups consist of 71 freshmen who have completed seven months of study in a diploma school of nursing and 45 seniors in the same school with five months of study to complete before graduation. A related purpose is to develop appropriate techniques for collecting and studying these relationships.

The specific aims of the study are to seek answers to the following questions:

1. Do significant differences exist in student nurse descriptions of the nurse-patient relationship between beginning and more advanced students in a three-year diploma program?

2. What characteristics are indicated by students as contributing to their understanding of the nurse and the patient in their interpersonal interactions with each other?

Significance of the Problem

Nurse educators recognize the need for goal-directed professional relationships with patients in which the student nurse may realize how her own behavior can become therapeutically significant. Through contributions of other disciplines, an attempt has been made to deepen and broaden the student's understanding of human behavior, to develop perception of the therapeutic self, and to promote her growth toward a mature, integrated personality that will enhance her interpersonal relationships.

This study is significant because it is directed toward further understanding of nurse perceptions which have implication for how students develop, both by intent and unplanned circumstances, in their school environment. In social interactions with others in the school and hospital, students acquire values basic to their profession. The attitudes and values acquired are important to students' professional performance and how they respond toward illness.

A study appraising student growth seeks to identify desirable behavior changes. When education is effective, students express the desired behavior, fulfilling both attitudinal and technical requirements of the professional role. According to Martin, who dealt with the acquisition of attitudes by medical students, "students who feel best equipped to meet the technical demands of the role are those who find it least difficult to meet its attitudinal requirements." (25) When educa-

tion is not effective, modification of student learning experiences may be indicated. Assessment of attitudes is an important aspect of evaluation of student progress and attainment with respect to important objectives of education. Therefore, it seems appropriate to investigate student nurse perceptions of the nurse-patient relationship in order to further understanding of student's development.

Hypotheses

For the purpose of this study, it is hypothesized that measurable differences will be found between freshmen and senior student descriptions of:

1. Attributes of patient behavior and attributes of own responses to this behavior in situations which the student experiences as (a) enjoyable, (b) difficult.
2. Attributes of nurse behavior and attributes of own responses to the observed behavior in situations which the student described as (a) helpful, (b) non-helpful.

Limitations

This study is limited to self-report data obtained by the use of a form combining the critical incident technique and a rating scale. The conclusions drawn are necessarily dependent upon the reliability and validity of the measuring instrument. Consideration of these limitations has implications for temperate and tentative conclusions.

Further limitations result from the selection of only one diploma school of nursing and the 71 freshmen and 45 seniors participants who represent a sample of the universe.

Finally, the results obtained are limited to a comparison of the data presented by students beginning and finishing their experiences and differences in responses are explored for reflections of the students' learning and growth in their educational experiences.

Assumptions

For the purpose of this study, it is assumed that:

1. The form constructed for the collection of the data is sufficiently reliable for obtaining self description.
2. The differences in responses reflect the students' learning and growth in their educational experiences.

Design for Research

To obtain valid examples of perceptions of behavior, the critical incident technique, reviewed in Chapter II, was used. This technique is essentially a procedure for gathering important data concerning behavior in defined situations. The technique provides for a dichotomy of effective and ineffective behavior which has been observed and described by persons competent to evaluate a situation.

In addition to the critical incident form, a rating scale was set up for student appraisal of nurse behavior, as described in the critical incidents. Schutz' three interpersonal need areas -- inclusion, control, and affection -- were made the foundation of behavioral statements. Further description of these areas is presented in Chapter II.

Procedure

The procedure for the study emerged as follows:

1. An investigation was made of methods used to collect data on social interactions.

2. The critical incident technique was selected to obtain descriptive incidents in written form.
3. A supplementary rating scale was designed.
4. A trial run for collecting the data was made.
5. Permission to pursue the study in a selected diploma school of nursing was obtained.
6. Arrangements were made with the director of nursing education for a suitable time to collect the data.
7. Critical incidents were collected by clinical instructors on the scheduled day.
8. The descriptive materials were categorized to provide quantitative data which were analyzed according to statistical formulae to determine significant differences between groups and the findings presented.
9. Conclusions were drawn and recommendations were made.

Definitions

For the purposes of this study, a point of reference is made in describing an interpersonal need relation.

Interpersonal. The term "interpersonal" refers to a situation involving two or more persons in which these individuals take account of each other for some purpose. The situation is described from a particular point of reference, either that of one of the participants, or that of an outside observer.

Need. A need is defined as a condition or situation of an

individual, which requires fulfillment, when it is not realized, anxiety results. An interpersonal need may be satisfied only through the attainment of a satisfactory relation with other people.

Inclusion. The interpersonal need for inclusion is defined as the need for satisfactory relations between people and the self with respect to interaction and association. The flavor of inclusion is transmitted by behavior involving attention, acknowledgement, understanding, participation, interest, prominence, recognition. In comparison with the following descriptions of two other needs, it is unlike control in that the pre-occupation is with prominence, not dominance; it is unlike affection in that it does not involve strong emotional attachments to individual persons.

Control. The interpersonal need for control is defined as the need for satisfactory relations between people and the self with respect to power and control. The flavor of control is transmitted by behavior involving influence, leadership, power, accomplishment, authority, achievement, independence, dependence, rebellion, resistance, coercion, dominance, and submission.

Affection. The interpersonal need for affection is defined as the need for satisfactory relations between others and the self and refers to close personal emotional attachments with an element of confiding innermost anxieties, wishes, and feelings.

The foregoing definitions are based on Schutz' interpretation of the three need areas. According to Schutz, with respect to an interpersonal relation, inclusion is concerned primarily with the formation of the relation, while control and affection deal with relations already formed. (32)

Overview of the Study

The remainder of the thesis is organized and presented as follows:

Chapter II contains a review of the literature pertinent to the present study and a review of related studies.

Chapter III gives an account of the procedure, the development of the procedure, and the findings.

Chapter IV is the summary with conclusions and recommendations for further study.

CHAPTER II

REVIEW OF LITERATURE AND RELATED STUDIES

Socialization

An interdisciplinary approach to the literature was used. In recent years, the social-psychological processes through which people tend to acquire the culture and subculture of the groups with which they are affiliated have become the object of scientific inquiry. Research endeavors in the professions have directed particular attention to professional schools as complex environments and to the context of education as maturation. Professional groups are aware that professional schools and the hospital comprise a unique and highly distinctive world. A special identity and culture are reserved for their school members. (3) According to Frank:

Every professional school operates with certain beliefs and assumptions about human nature and human behavior and also the relations of the individual in the social order. These assumptions are not recognized nor explicitly stated; nevertheless, they operate as preconceptions and assumptions to guide the training of students and later their professional work when they enter on the practice of their profession. (15)

Referring to the Columbia University Seminar on the Professions, Merton (26) states that the group concluded that while the professional school constitutes the major formative influence upon the development of the professional person, little systematic knowledge is available about the social and psychological environments provided by the school in the various professions or about the relation of the processes and results of learning to these environments. As a result of their inquiry, the group felt that a sociological study of the medical school might afford a prototype for comparable studies in other professions.

Merton (26) pointed out that only lately have professional educators begun to examine the social processes involved in their teaching and the educational environment they were creating for adults.

For a considerable time, studies of socialization were largely confined to the early years in the life cycle of the individual; more recently increasing attention has been directed to the process as it continues, at varying rates, through the life cycle. This has given rise to theoretical and empirical analysis of adult socialization. (26)

Katz (19) points out that a somewhat different process from childhood socialization takes place when adults enter a new group or organization. The individual will often take over and internalize the values of the group. According to Katz, a combination of four factors are probably operative for internalization. These are:

1. The values of the new group may be highly consistent with existing values central to the personality. The girl who enters nursing profession finds it congenial to consider herself a good nurse because of previous values of the importance of contributing to the welfare of others.
2. The new group may in its ideology have a clear model of what the group members should be like and may persistently indoctrinate group members in these terms ...
3. The activities of the group in moving toward its goal permit the individual genuine opportunity for participation. To become ego-involved so that he can internalize group values, the group member must find one of two conditions. The group activity open to him must tap his talents and abilities so that his chance to show what he is worth can be tied to the group effort. Or else the activities of the group must give him active voice in the group decisions ... (some opportunity for self-expression and self-determination is important for the psychological economy of the individuals themselves.)
4. Finally, the individual may come to see himself as a group member if he can share in the rewards of group activity which includes his own efforts. (19)

The term "socialization" designates the processes by which people selectively acquire the values and attitudes, the interests, skills, and knowledge current in the groups of which they are or seek to become a part. As the master process, it refers to the learning of social roles whereby the individual comes to be at home in his own society. With reference to the nursing student, it is the process through which the student develops her professional self, with its characteristic values and attitudes, knowledge and skills, and fuses them into a fairly consistent set of dispositions which control her behavior in the student situation and have implications for her future professional behavior. (26)

(27)

Context of Professional Relationships

The socialization of an adult for a professional role takes place in a social environment provided by the school. In the study of any professional relationship, it becomes necessary to understand that the school, of which this relationship is a part, is a social institution, and, as such, possesses characteristics common to other social structures. As a social institution, the school of nursing is an organization possessing a definite structure which functions to realize an established purpose, namely, that of preparing beginning practitioners. As stated by Lamberton (21):

Professional education prepares one to become a practitioner, rather than to be a practitioner. The implication is that continued growth and development is the responsibility of the professional practitioner, and that the intellectual skills he acquires as a result of the educational process equip him for a leadership role in society.

Just as any other social institution, the nursing school has a formal and an informal organization, both of which must be taken into

consideration in the understanding of the milieu provided for the student. The formal structure is established by the rules and regulations of a group founded on its code of ethics. Finer expresses it thus:

Every administrative organization requires the recognition of its ethos as the source, the strength, and the limitation of its line of command, designed to produce coherence in the efforts of many. (10)

The informal structure develops and interacts with the formal one. According to Finer: "No organization can be better than the people who serve it." (10) When the positions in the formal structure are filled, the interactions of human beings evolve in the form of small informal associations based on various factors, such as: mutual interests, personal preference, mutual security, social and economic similarities. Despite the attempts made for objectivity, personal evaluations are made by each individual and each group. Even though formal organization emphasizes equality, students are arranged into a variety of hierarchies by the informal system. As a social system, the school of nursing is made up of individuals -- teachers, students, patients, nurses, doctors, practical nurses, and others in conjunction with the hospital -- with different roles, statuses, prestige and power interacting to provide a service to individuals and families, while simultaneously preparing future practitioners. Its informal structure consists of the sentiment and emotion of its group members, its formal structure is built upon and operates primarily according to logical and intellectual processes. In order to have adequate understanding of a school system, Bush (7) states that:

Both the formal and the informal systems need to be studied together, as they exist side by side, each influencing the other. No sharp line can be drawn between them, because any one person occupies several different roles, one or more on the formal side and usually many on the informal one.

Within this social structure, the purposes of a professional relationship are usually clearly established. The student is to learn, the patient is to be healed, the client is to be guided. The relationships involving the learner are to promote his learning. Towle (33) referring to the professional relationship states that:

There is growing recognition among educators that, within a professional school, the individual and collective teaching, helping, and administering relationship with the student is the core of his preparation for professional relationships. We are becoming aware that this relationship, in the context of which knowledge and skills are conveyed, determines in large measure the learner's capacity to work purposefully with people in ways appropriate to the profession, whether in the helping relationship between practitioner and recipient, in collaborative work with colleagues, or in his relationship with subordinates and persons in authority within his own professional hierarchy.

The professional relationship is considered effective regardless of personal feeling, as long as it accomplishes the purposes for which it was established. In contrast to this consciously purposive relationship, the positive personal relationship emphasizes affection, acceptance, sympathy, appreciation. Bush (7) contrasts the two relationships in the following order:

Professional relations are:

- (1) clearly defined as to purpose;
- (2) objective;
- (3) continuous, regardless of changes of personnel;
- (4) hierarchical;
- (5) filled with latent aggression;
- (6) arbitrary in the persons they throw together
- (7) in a sense, public.

Personal relations:

- (1) proceed without conscious purposes and practical ends;
- (2) are based on emotion;
- (3) depend for continuity upon personal attraction between personalities;

- (4) lack hierarchy;
- (5) tend to reduce frustration;
- (6) result from personal choice;
- (7) are strictly private.

Freeman (16) writes that good professional relationships are the foundation upon which good professional services are built. A professional relationship is expected to bring about changes in behavior.

A professional relationship demands a certain degree of putting aside one's self and one's feelings and prejudices, to comprehend the values and feelings and perceptions of a family or an individual without distortion of one's own values, feelings and perceptions. (16)

The same author states that:

Personal relationships are established for the purpose of meeting some personal need -- perhaps to express love or affection, to promote easy social contacts or to gain attention or achieve a sense of power. (16)

The nature of the professional relationship is founded in the area of needs. The essence of the nurse-patient relationship is the necessary action on the part of the nurse to help the patient meet his needs satisfactorily. To fulfill her role, it is necessary for the nurse to understand that the patient's needs are demonstrated by his behavior in the nurse-patient interaction and that the interaction has an effect upon the needs of the patient. Both patient and nurse are affected by the presence of needs, and the only way in which those needs may be satisfied is through their cooperative efforts. Peplau states that:

Understanding what is involved in the nurse-patient relationship is the only basis on which learning experiences for student nurses, who will develop skill in being helpful in interpersonal situations, can be designed. (30)

Interpersonal Need Rating Scale

The rating scale, probably the most commonly used instrument for making appraisals of human judgments, is found in many

forms and uses. (2) (17) (24) (34) The rating scale directs attention to various aspects of the thing to be evaluated. The assignment of values to each of the aspects may take on the form of any of the following -- a series of numbers, a graduated line, or a series of qualitative terms, a series of named attributes, or a series of carefully phrased descriptions of states with different degrees representing each aspect to be rated. Variations of currently used scales range from a simple list of questions to be answered "Yes" or "No" to the checking of qualities by range of values. Most current scales introduce an element of graphics and provide a linear measure for each quality, with the lines marked off in segments, and labels to indicate degrees of such quality. (34)

The rating scale used in the present study was based on Schutz' (32) three interpersonal need areas. According to this author, "an interpersonal need is one that may be satisfied only through the attainment of a satisfactory relation with other people." As postulated by Schutz:

Every individual has three interpersonal needs: inclusion, control, and affection. Inclusion, control, and affection constitute a sufficient set of areas of interpersonal behavior for the prediction and explanation of interpersonal phenomena. (32)

To demonstrate that a large number of studies of interpersonal behavior could be reasonably interpreted as being consistent with the idea that inclusion, control, and affection are the three basic interpersonal need areas, Schutz presented a table, "Summary of Studies Finding Aspects of the Three Fundamental Interpersonal Needs," which will be found in the Appendix. The author stated that the postulate did not do violence to the information already at hand, that it is consistent, and that it provides a general framework within which the concepts of other investigators

can be translated in an enriched and a more meaningful way. A supplement to his literature is a forthcoming book by Hare (32), which includes an application of the present theory to a wider scope of literature on small groups.

The following definitions are given by Schutz for the three interpersonal need areas:

1. The interpersonal need for inclusion is defined behaviorally as the need to establish and maintain a satisfactory relation with people with respect to interaction and association ... On the level of feeling the need for inclusion as defined is the need to establish and maintain a feeling of mutual interest with other people ... With regard to the self-concept, the need for inclusion is the need to feel that the self is significant and worthwhile.
2. The interpersonal need for control is defined behaviorally as the need to establish and maintain a satisfactory relation with people with respect to control and power ... With regard to feeling the need for control as defined is the need to establish and maintain a feeling of mutual respect for the competence and responsibility of others. The need for control, defined at the level of perceiving the self, is the need to feel one is a competent, responsible person.
3. The interpersonal need for affection is defined behaviorally as the need to establish and maintain a satisfactory relation with others with respect to love and affection ... At the feeling level the need for affection is defined as the need to establish and maintain a feeling of mutual affection with others ... The need for affection, defined at the level of the self-concept, is the need to feel that the self is lovable.

The interpersonal nature of needs, as stressed in Schutz's formulation, requires the organism to establish a kind of equilibrium in three different areas, between the self and other people. To be anxiety-free, a person is required to find a comfortable behavioral relation with others with regard to the exchange of interaction, power and love. Satisfaction of the need is attained, not only by responses by others toward the self in a particular way, nor by acting toward others in a particular manner, but by establishing and maintaining a satisfactory balance. (32)

The Critical Incident Technique

The technique used in this study was an outgrowth of studies in the Aviation Psychology Program of the United States Army Air Force during World War II. The critical incident technique is essentially a procedure for gathering certain important data concerning behavior in defined situations, to facilitate their potential usefulness in solving practical problems and developing broad principles. Procedures are outlined for the collection of observed behaviors having special significance and meeting systematically defined criteria.

According to Flanagan's (11) interpretation, the essence of the critical incident technique is:

Simple types of judgments are required of the observer, reports from only qualified observers are included, and all observations are evaluated by the observer in terms of an agreed-upon statement for the purpose of the activity. The extent to which a reported observation can be accepted as a fact depends primarily on the objectivity of the observation. By objectivity is meant the tendency for a number of independent observers to make the same report. (11)

As defined by this author, "an incident is ... any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act." (11) To be critical, the behaviors described are those "which have been found to make the difference between success and failure in carrying out an important part of a specific assignment." (11)

A critical incident is conclusively found to make a significant contribution either negatively or positively to the general aim of an assigned activity. The main points of the technique which provide a dichotomy of extreme behavior are as follows:

- (1) actual behavior must be observed;
- (2) time period must be limited to the recent past;

- (3) observers must be oriented in terms of aims and goals of the activity;
- (4) observer must be competent to judge;
- (5) reason for judgments providing dichotomous extremes must be clearly defined; and categorization of incidents according to similarity and a classification system must be conducted, with use of judges to ensure reliability. (6)
- (11) (12)

The procedures for collecting observed behaviors are usually based on partially structured interviews with carefully phrased questions as to how an individual acted in a particular situation. This enables the participant to furnish relatively objective data in line with the criteria set up. Recent events help to ensure reliability and eliminate selective recall bias. While direct observations and relatively recent recording is preferred, when necessary precautions are taken, recalled incidents can be relied upon to provide adequate data.

Variations in procedure and modifications of record forms have been presented by Flanagan. (11) Both individual and group interviews may be used, to balance costs, time, and contacts required. In order to meet the necessary criteria, preliminary introduction, orientation and instruction is given. Standard instruction is used to avoid biases and changes inherent to reported incidents. Specific questions are prepared on special forms based on the standards set up. Observer's responses are based on the following instructions: (1) actual behavior, or what the person did is desired, (2) specifics of desired behavior regarding relevance and importance are given, (3) other necessary limits are set accordingly to ensure valid data.

The size of the sample needed for an adequate statement of requirements depends on the nature of the activity in question. Critical behaviors may be obtained from one hundred incidents or less. For

job analysis of complex activities or jobs, two or three thousand critical incidents may be required. The number of incidents required for a specific activity is best determined when the collection of data and classification is concurrently carried out. Usually, to insure more stable results, two or three thousand incidents are obtained. After collection of data, incidents are analyzed and the similar behaviors are grouped together. Descriptive statements are then formulated for each category and subarea. The data are further analyzed and categorized until behavior types are stabilized. This step involves the complex task of repeated inductive category formation and definition. At this stage greater judgment is necessary and subjectivity must be avoided. In this process of analysis, the following problems are primary:

- (a) the selection of the general frame of reference that will be most useful for describing the incidents;
 - (b) the inductive development of a set of major area and subarea headings;
 - (c) the selection of one or more levels along the specificity-generality continuum to use in reporting requirements.
- (6) (11)

Since its initiation, the critical incident technique has been used with considerable success to determine the critical requirements for specific occupational groups and activities, including foremen in industry, the air line pilot air route traffic controller, the scientist, the life insurance agency head, the teacher, the nurse, and the dentist. Summarizing the use of the critical incident technique in such studies, Flanagan states that:

In the course of these studies, a substantial amount of research and developmental work has been accomplished and it is believed that there has now been sufficient experience with the critical incident technique to demonstrate that the critical requirements of a job can be established through direct observations of

personnel engaged in the activity. The adoption of these techniques integrates the problems of job definition, selection and classification, and the development of criterion measures and makes it possible to carry out research on the criterion problems on a sound and rational basis. (11)

The critical incident technique appears to hold promise for practical application by replacing hunches and opinions with relatively objective data. Information based on sound interpretation and qualified judgments will have predictive value for job selection and placement, preparation and evaluation for performance, and guidance to meet needs as they are defined. (12) (13) (14)

Related Studies

A review of literature revealed that the critical incident technique has been used to determine critical requirements of jobs and situations through direct observation of personnel and others engaged in the activity. This review of studies is presented to illustrate the validity of the technique's use in making the study of groups more objective, and to describe in some measure the operation of methodology and implication for its use in the present study.

One such study was conducted by Carter (8) for the purpose of exploring and identifying perceptions of therapeutic patient-patient interaction on a psychiatric ward, as observed by the patients themselves. The critical incident technique was used to collect the data from patients who were asked to tell about a very recent experience in which they had observed a therapeutic patient-patient interaction and a non-therapeutic one on the ward. Both written and verbal incidents were used. From 32 behaviors requested, 19 categories were formulated.

From her study, the investigator concluded that the technique is a step forward in objectivity of the study of groups, that a more

definitive study would consist of 2,000 to 3,000 incidents. The researcher recommended that an extended study, for a more precise investigation, with the technique be made, that an action program incorporating the categories should be instituted, and that since her study shows the psychiatric patient as being interested, able, and willing to participate in studies, the patient be used more extensively as a resource person. (8)

The technique has been used to develop criterion measures of effectiveness for aides and other personnel in both general and psychiatric hospitals. (1) (6) (22) Brunkow (6) used the critical incident technique for the purpose of defining more clearly the role of the nurse aide and to identify differences expressed by patients, head nurses, staff nurses, and nurses aides in relation to their perception of the role of the nurse aide.

Brunkow developed a check list utilizing criteria of nurse aide performance for evaluation and identification of areas needing greater attention in training and supervisory programs. The findings of the study substantiated the hypotheses in that differences among four groups' perceptions of the aide's job role were identified in several different categories as defined by the critical incidents, and adequate inter-rater reliability was demonstrated by the constructed check list. The researcher concluded that the critical incident technique is a useful procedure for defining critical job requirements and for performance evaluations of the nurse aide in a general hospital. (6)

Another study concerned with the identification of behavioral criteria of professional nursing effectiveness was conducted by Bailey. (1) This researcher investigated the extent to which nursing supervisors, patients, and doctors vary in their judgments relative to nursing effectiveness. A total of 419 incidents were collected from 187 respondents, using

both individual and group interview. An analysis of the incidents through the process of category formulations resulted in seven major areas. A final analysis of effective and ineffective behaviors resulted in 27 behavioral criteria of nursing effectiveness. According to this researcher, behavioral criteria of professional nursing effectiveness can be identified by means of the critical incident technique, as pointed out by these areas and behavioral criteria. The significance of identified criterion behavior depends on the acceptance of the judgments of the patient, the nursing supervisor, and the doctor. Further, a systematically different set of criteria could be developed by beginning with different assumptions. Bailey recommended that a full scale project, using the critical incident technique for the collection of a large number of incidents supplying data on which to build a nursing aptitude test and a rating scale for the clinical evaluation of student nurses, be conducted. (1)

Jensen (18) conducted a study using the critical incident technique and attempted to define good and poor teaching more clearly. He identified three major categories. These are:

- (1) professional qualities;
- (2) personal qualities;
- (3) social qualities.

According to this researcher's viewpoint, little understanding regarding teaching effectiveness and ineffectiveness existed; therefore, a wide difference in concepts of education resulted. His sub-categories presented specific requirements of success and failure in teaching.

Spaney (31) reported on the use of the critical incident technique to obtain valid examples of behavior for the construction of the instrument used for the evaluation of nursing performance by the New

York City League of Nursing Education's Committee on Measurement and Guidance. The Committee focused attention on the two ends of a quality scale, getting examples of "good" or acceptable behavior, and of "poor" or unacceptable behavior. The examples could assist a rater in giving a quality rating for a particular performance by comparing anecdotal records of behavior with those cited in a manual.

In reference to studies pertaining to student nurses, one such study was conducted by Nahm (28) (29) during the spring of 1947, to obtain information on the satisfactions of three groups of students -- freshmen, juniors, and seniors -- at the Duke University School of Nursing. The primary purpose was to determine whether there were differences among groups of students, both in the extent of satisfaction with nursing and in the factors associated with it. The Hoppock (29) Job Satisfaction Scale was adapted to measure satisfaction with nursing. The scale is made up of four sections with seven possible responses to each section. The responses range from those indicating a high degree of satisfaction to those indicating a high degree of dissatisfaction. The sections are scored from one to seven, with total scores ranging from four to 28.

Nahm's findings suggest that there is a sharp decrease in satisfaction with nursing as students progress from the freshman to the junior year. After their nine-month period in the school of nursing, freshmen revealed that they were still enthusiastic and highly motivated. In contrast, the juniors and seniors showed many evidences of tension and frustration. In comparing the two latter groups, the researcher found that junior students have more problems in connection with classwork, and with work in clinical areas, than do seniors. From the study, it

seemed probable that the unfavorable comments of the advanced group, in contrast to the favorable comments of the freshmen, were due, in part, to a reaction against the ever-increasing responsibilities which students in nursing are expected to assume as they progress through the school of nursing. (29)

Reasonable and thoughtful suggestions made by the students, for improving nursing school programs, indicated that, if more frequent attempts were made to determine how students feel, and what they believe, the result would be of value both to the individual students and to the schools of nursing. The investigator pointed out that the source of dissatisfaction and disillusionment of the graduate nurse may be traced, to too great an extent, to the experiences which the nurse has had as a student in a school of nursing. In order that students may continue to feel about nursing much as had the freshmen at Duke University at the end of their nine-month period, the researcher deemed it essential that steps be taken to relieve students of the heavy responsibilities which they carried, and to make it possible for them to be students of nursing rather than primarily hospital workers. (29)

In utilizing the findings of the study, Nahm concluded that the student's participation, the opportunity for the expression of opinions, and of making suggestions for improvement, in itself, had a therapeutic effect. Students were stimulated to think seriously about their attitudes and personal characteristics, and to realize that they, too, have a vital stake in the future welfare of the nursing profession. (29)

Another study, "A Study of Student Nurse Perception of Patient Attitudes," was designed and developed by Rena E. Boyle. (4)
(5) The researcher used a 34-item card sort to determine the extent of agreement between the perceptions of patients and students. Three

aspects of hospital care were sampled. These were as follows:

- (1) the environment of the patient, both physical and social;
- (2) the physical care of the patient;
- (3) the information and assurance.

Card items were to be considered in terms of their importance to the patient. There were no significant differences between the "importance" scores earned by first-year students and senior students. The similarity between the groups' scores tends to support the opinion that the ability to recognize patients' attitudes is not markedly influenced by the school. According to Boyle, it might be assumed that certain students possess greater empathic ability than do others, and that any effort to improve this ability must be directed toward helping students recognize both personal and situational factors which may alter perceptions of care. (4)

In conclusion, the review of literature directs attention to the following:

1. The school environment and the school system influence the perpetuation of the profession's specific culture and sub-culture.
2. The professional relationship determines in large measure the learner's capacity to work purposefully with people in ways appropriate to the profession.
3. The preparation for professional relationship is bred through the teaching, helping and administrative relationships experienced by the student in the classroom and clinical areas -- to the extent to which the student experiences these relationships in the learning process.
4. The critical incident technique has been usefully applied to nursing problems.

5. Interpersonal need areas, as defined by Schutz, are consistent with findings of other authors.
6. Related studies indicate that if more frequent attempts were made to determine how students feel and what they believe, the result would be of value both to the students and the school of nursing.

CHAPTER III

PROCEDURE AND FINDINGS

During the spring of 1961, a form combining the critical incident technique and a special rating scale was completed by freshman and senior nursing students at an Oregon Diploma School of Nursing as the basis for the data presented in this study. A total of 71 freshmen and 45 seniors participated. The study was an inquiry into the student nurse's perception of herself and her patient in an enjoyable and in a difficult relationship and her perception of another nurse in a helpful and in a non-helpful nurse-patient relationship. The primary purpose of the study was to obtain written descriptions of these relationships and to compare the results expressed by the two groups of students. A related purpose was to develop appropriate techniques for the collection and study of the data, and to seek answers to the following questions:

1. Do significant differences exist in student nurse responses to the nurse-patient relationship as expressed by beginning and more advanced students in a three-year diploma program?
2. What characteristics were indicated by students as contributing to their understanding of the nurse and the patient?

The average age of the freshmen was 18.8, range 18 - 24; and of the seniors, 20.8, range 20 - 25. The freshmen began their program in September, 1960, with graduation scheduled for September, 1963. The seniors began their program September, 1958, and graduated in September, 1961. The senior class graduated 56 students out of a class

which started with 79. At the present time, 62 freshmen remain in the school out of a class which started with 87.

The procedure for the study was based on the critical incident technique, and a rating scale, with 25 behavioral statements. The structured form (Appendix A) focused on written descriptions of the following incidents:

- A. The student's perception of an enjoyable nurse-patient working relationship;
- B. The student's perception of a difficult nurse-patient working relationship;
- C. The student's perception of a nurse working with a patient in a helpful relationship;
- D. The student's perception of a nurse working with a patient in a non-helpful relationship.

The rating scale, consisting of 25 behavioral statements, was structured with a five-point value scale ranging from "1" (most) at one end of the pole to "5" (least) at the other end, for student rating of the nurse in relation to the 25 behavioral statements. The critical incident technique was chosen as it enables the participant to furnish relatively objective data in line with the criteria set up. The rating scale was intended to reveal information on student evaluation of the nurse's behavior in the four incidents relative to Schutz' three interpersonal needs, i.e., inclusion, control, and affection, discussed previously in Chapter II.

Prior to the use of the form for measurement of student perception, a trial run was made with registered nurses to estimate its worth as a useful tool. The results indicated that the tool was understandable and meaningful. The decision was made to use the form with-

out further revision on the student nurses selected for this study.

Arrangements were made with the Director of Nursing Education for the use of the form as a test of student perception in the context of nurse-patient relationships. The test was administered by clinical instructors. Preliminary orientation for the students included the following:

1. Students were told that they had been selected for participation in a research study of nurse-patient relationships.
2. Clinical instructors gave the initial instructions and were available for further instruction, if necessary.

Students followed instructions given on the test, and did not seek further clarification.

In Incidents A and B, students were asked to consider a recent experience and to select a patient with whom they had enjoyed working, and a patient with whom they found it difficult to work, and to tell as much as they could remember about the patient. In these incidents, the form was structured with questions in an effort to gain information about the student's activity, her thinking, behavior or attitude. In Incidents D and C, students were asked to describe their most recent experience in which they had observed a nurse working with a patient where they thought the nurse was helpful, and one where they thought the nurse was not helpful, and to tell what took place, what was done, what was said, why they thought it was helpful or non-helpful, and what could have been done differently. In addition to these four incidents, the student was asked to rate herself and the observed nurse in relation to

behavioral statements and value scale for each of the incidents recorded. The student was also asked to list other behaviors not included in the rating scale, and to explain which incident contributed the most to her understanding of the patient and the nurse, for each incident, with an explanation for her choice being given in each case.

In analyzing the responses of the two groups, the principles of category formulation, as described by Flanagan, were applied. The following steps were taken:

1. Attributes were studied relative to the purpose of the study.
2. A rough classification of major areas was formulated.
3. Major areas were reclassified and revisions made where necessary.
4. The steps were repeated and attributes within major areas were studied for the formulation of sub-areas.
5. Descriptive statements were presented for clarification.

The descriptions submitted were reviewed, categorized, and transcribed to work sheets under specific headings. Work sheets were devised to facilitate classification and identification of the data. To eliminate possible inconsistencies, another judge was used to evaluate and check the category system. After an independent sample of cases scored by the judge revealed relative agreement of the content scoring system, the data were unitized and categorized, unit by unit, by one experimenter.

The content scoring procedure included the stipulation that units were to be applied to the categories by the judges with a minimum degree of inference, and from the viewpoint of the student reporter. That is, the coding under this system represented a reference to the patient or nurse, as described by the student, without consideration of involvement of the students' psychological defenses.

The descriptive unit of measurement utilized for dividing the written content into countable units was defined as a reference containing a single idea describing the patient or nurse, and could be expressed by a descriptive word, phrase, or statement. For definition and quantification of the descriptive units used in the category system, see Appendix C.

The system provided a dimension for technical aspects of the nurse-patient relationship and a dimension for personality attributes of the patient and nurse representing an adaptation of the three interpersonal need areas devised by Schutz, namely, inclusion, control, and affection. The positive and negative dimensions of the three need areas were included for differentiation of positive and negative statements of behavior denoting extremes of a dichotomous continuum.

To provide a framework for integration of the written content, the parameters chosen were as follows:

1. Reference: A unit of measurement referring to the patient or nurse need or to technical aspects of the situation. The reference to an interpersonal need describing the action or feeling of the patient was categorized under Patient Need; those references describing the action or feeling of the nurse were

categorized under Nurse Need. Technical references, considered non-interpersonal, were categorized under the area of Technical.

2. Interpersonal Status: The classification of a unit of measure describing the action or feeling of the nurse and the patient in the area of inclusion, control, or affection.
3. Differential Dimensions: The representation of positive and negative statements of behavior expressing opposite poles of a dichotomous continuum under the three interpersonal needs, inclusion, control, and affection. Positive inclusion, control, or affection is expressed in a satisfactory need relation; negative inclusion, control, or affection is expressed in an unsatisfactory need relation.

The resulting system was considered particularly suited to the purposes of the study because of the technical and interpersonal reference presented in the content. The three interpersonal need areas were chosen to represent important behavioral characteristics.

To provide a measure of reliability for the unitizing and categorizing processes, the data were analyzed twice. The first analysis involved the transcription of descriptive words, phrases, or statements into a unit of measure representing an idea which was classified under one of three major headings, namely Technical, Patient Need, and Nurse Need Reference. The attributes within these major areas were then studied and subareas were formed. The second time the data were analyzed, the statements, phrases, or word units were transcribed as written by the students to work sheets, and classified under the specific

heading which seemed most appropriate. The major areas were the same as in the first analysis; subareas were not formed. A grand total of the units was taken for each incident and a comparison of the grand totals for the two analyses was made. Table 1 presents a reliability test comparison of the grand totals.

TABLE 1

UNIT RELIABILITY: COMPARISONS OF TWO ANALYSES OF
DESCRIPTIVE DATA FOR FOUR INCIDENTS PRESENTED BY
71 FRESHMEN AND 45 SENIORS ENROLLED IN AN OREGON
SCHOOL OF NURSING

	First Analysis							
	Freshmen				Seniors			
	A	B	C	D	A	B	C	D
Grand totals	709	591	458	417	405	329	325	269
	Second Analysis							
	A	B	C	D	A	B	C	D
Grand totals	716	607	464	428	420	341	329	281
Difference	7	6	6	11	15	12	4	12
% Difference	+01	+01	+01	+03	+04	+04	+01	+04

The results indicate a minimal increase of units for the second analysis. The percent increase in units ranged from +01 to +04 percent and is used as a measure of reliability for the unitizing processes.

Table 2 shows the percentage comparison of total units for the three major categories for the two analyses.

TABLE 2

CATEGORY RELIABILITY: COMPARISONS OF TOTAL
DESCRIPTIVE UNITS FOR THREE CATEGORIES ACCORDING
TO TWO ANALYSES FOR FOUR INCIDENTS PRESENTED BY
71 FRESHMEN AND 45 SENIORS ENROLLED IN AN
OREGON SCHOOL OF NURSING

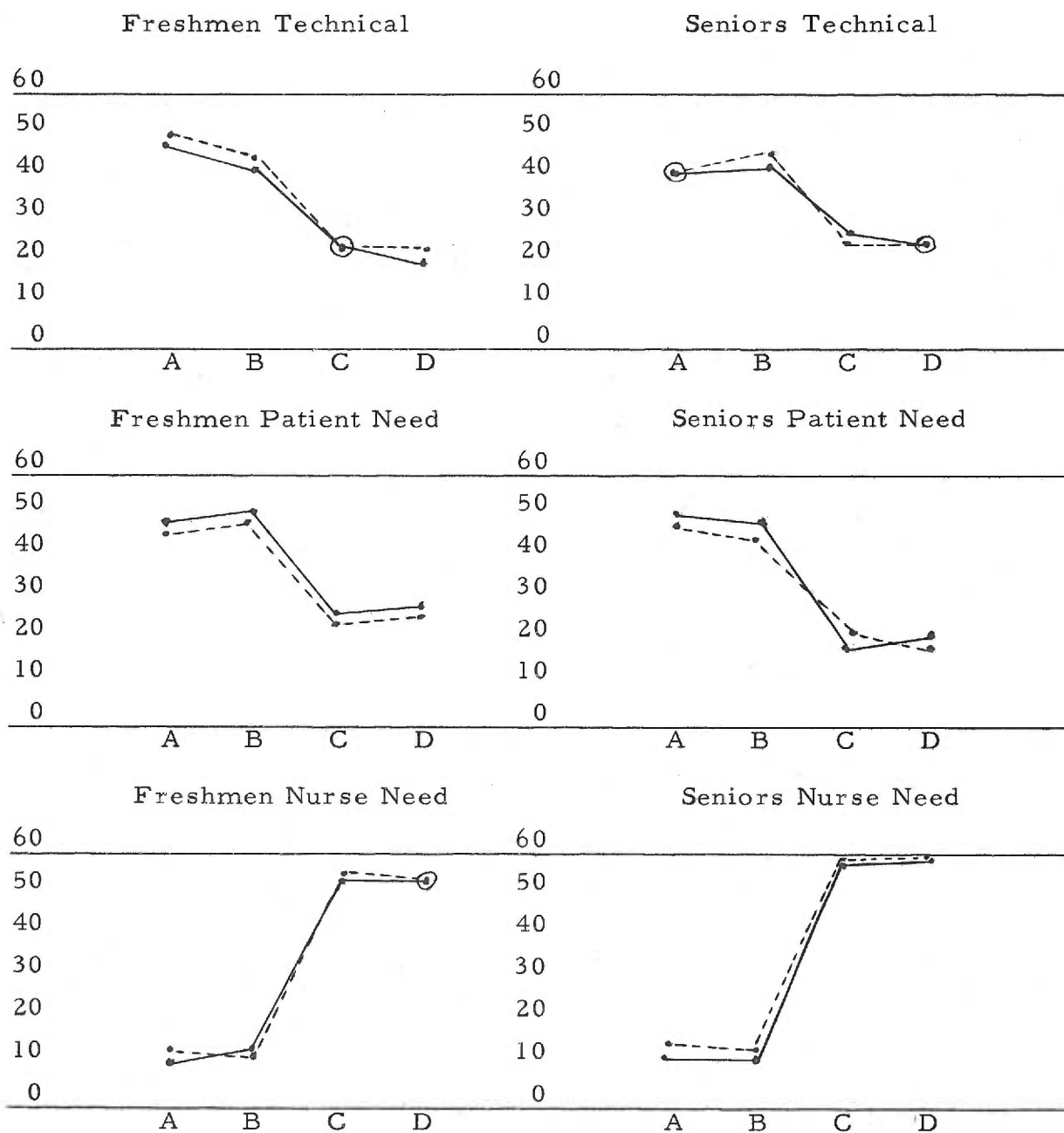
First Analysis								
Category	Freshmen				Seniors			
	A	B	C	D	A	B	C	D
Technical	47%	40%	22%	20%	40%	41%	27%	24%
Patient Need	46	48	26	27	49	48	17	19
Nurse Need	07	12	52	53	11	11	56	57
	100%	100%	100%	100%	100%	100%	100%	100%
Second Analysis								
Category	Freshmen				Seniors			
	A	B	C	D	A	B	C	D
Technical	48%	43%	22%	21%	40%	44%	22%	24%
Patient Need	44	46	25	26	46	44	20	17
Nurse Need	08	11	53	53	14	12	58	59
	100%	100%	100%	100%	100%	100%	100%	100%

Percentage difference -05 to +03%

The percentage difference between the two analyses for the three major areas ranged from a -05 to a +03 percent difference, which was an indication that the second time the data were analyzed fewer units by percentage value were found in the second analysis in certain categories, and more in other categories, ranging from -05 to +03 percent. The percent of agreement between the two analyses for the three categories was used as a measure of reliability for the unitizing and categorizing processes. See Figure 1 for a linear comparison of the two analyses which were conduct-

FIGURE 1

RELIABILITY TEST PERCENTAGE COMPARISONS OF THREE
CATEGORIES FOR FOUR INCIDENTS ACCORDING TO
71 FRESHMEN AND 45 SENIORS ENROLLED IN AN
OREGON SCHOOL OF NURSING



First Analysis



Second Analysis



ed for reliability purposes.

For statistical analysis of the data, various techniques were used. Raw frequency scores (number of units coded for the categories) were converted into percentages so comparisons would not be affected by differences in unqualified unit numbers. The Chi-square technique was used to compare the results of student's responses and to indicate the probability of getting a difference equal to or greater than that which was observed. The analysis of variance was used to test the homogeneity of student groups' ratings with respect to 3 need areas, between and within 4 incidents. Correlation was used to establish the degree of similarity between student's ratings of themselves and the nurse they observed in relation to the 3 need areas. See Appendix D for statistical formulae.

Tests of significance were applied to provide a descriptive measure of strength of the relationships between variables. By establishing an arbitrary point, referred to as the probability, an individual accepts a difference of a given magnitude as having sufficiently low probability of having arisen by chance alone as to be more significant in interpretation than a difference of lesser magnitude. The levels of significance commonly used are the probabilities of 1 in 20 (significant) called the 5 percent, and 1 in 100 (very significant) called the 1 percent levels of significance. The tests are directed toward the null hypothesis that the outcome may reasonably be regarded as the result of chance influences, and hence that it gives no assurance that the experimental treatment had any measurable effect. A significant result is one of low chance probability and it leads to rejection of the hypothesis being tested.

The findings are based on information collected from 116 students, 71 freshmen and 45 seniors, who contributed a total of 441

incidents and rated the nurse in these incidents in 434 cases. Students did not give any explanation for omitting ratings for the incidents. Table 3 presents the total number of incidents described and rated by the groups for the 4 incidents.

TABLE 3
THE NUMBER OF INCIDENTS DESCRIBED AND RATED BY
71 FRESHMEN AND 45 SENIORS IN AN OREGON
SCHOOL OF NURSING

	Freshmen (71)		Seniors (45)	
	Described	Rated	Described	Rated
Incident A (Enjoyable)	71	71	45	44
Incident B (Difficult)	71	71	44	42
Incident C (Helpful)	66	64	45	44
Incident D (Non-helpful)	60	60	39	39
Total	268	266	173	168

In most instances, students gave an explanation for not describing an incident. Freshmen stated that they did not have the experience, were not in position to observe, or could not recall an incident. Seniors indicated that they had not observed a recent incident because of the rotation system or that they did not know any. Three freshmen and 1 senior gave no explanation for omitting incidents.

A summary of the major findings for the category system is tabulated in Tables 4, 5, and 6. Table 4 shows the total number of descriptive units contributed for the 4 incidents, according to each category, and the grand totals for each incident. Table 5 presents the percentages between categories of the 4 incidents and Table 6 shows the percentages within the categories. Attention is drawn to the similarities and differences between the two groups for the 4 incidents as a whole.

TABLE 4

TOTAL NUMBER OF DESCRIPTIVE UNITS FOR FOUR
INCIDENTS ACCORDING TO THREE MAJOR CATEGORIES
CONTRIBUTED BY 71 FRESHMEN AND 45 SENIORS IN AN
OREGON SCHOOL OF NURSING

	<u>Freshmen (71)</u>				<u>Seniors (45)</u>			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>Technical</u>								
Physical	144	116	85	70	77	69	73	61
Other	20	3	0	3	16	9	4	0
Biographical	<u>174</u>	<u>118</u>	<u>13</u>	<u>8</u>	<u>68</u>	<u>54</u>	<u>10</u>	<u>4</u>
Totals	338	237	98	81	161	132	87	65
<u>Patient Need</u>								
I +	155	29	22	27	102	5	15	5
I -	34	88	12	33	12	65	7	19
C +	61	11	29	3	41	0	5	0
C -	23	116	47	46	9	73	22	26
A +	46	7	8	0	28	0	1	0
A -	<u>5</u>	<u>31</u>	<u>3</u>	<u>5</u>	<u>4</u>	<u>13</u>	<u>4</u>	<u>1</u>
Totals	324	283	121	114	196	156	54	51
<u>Nurse Needs</u>								
I +	31	25	152	13	29	8	91	5
I -	3	6	1	112	6	4	2	76
C +	9	9	75	3	6	5	77	1
C -	1	25	1	74	3	20	2	59
A +	3	3	10	0	4	2	12	0
A -	<u>0</u>	<u>4</u>	<u>0</u>	<u>20</u>	<u>0</u>	<u>2</u>	<u>0</u>	<u>12</u>
Totals	47	72	239	222	44	41	184	153
GRAND TOTALS	709	591	458	417	403	329	325	269

* For Inclusion, Control, Affection -- an I, a C, and an A are used as superscripts with a plus (+) or minus (-) designation for positive and negative dimensions.

TABLE 5

PERCENTAGE DISTRIBUTION OF DESCRIPTIVE UNITS
BETWEEN THREE CATEGORIES FOR FOUR INCIDENTS
ACCORDING TO 71 FRESHMEN AND 45 SENIOR STUDENTS
ENROLLED IN AN OREGON SCHOOL OF NURSING

	Freshmen (71)				Seniors (45)			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<u>Technical</u>								
Physical	20%	20%	19%	17%	19%	21%	23%	23%
Other	03	0	0	01	04	03	01	0
Biographical	<u>24</u>	<u>20</u>	<u>03</u>	<u>02</u>	<u>17</u>	<u>17</u>	<u>03</u>	<u>01</u>
Totals	47%	40%	22%	20%	40%	41%	27%	24%
<u>Patient Need</u>								
I +	22%	05%	05%	06%	25%	05%	05%	02%
I -	05	15	03	08	03	20	02	07
C +	09	02	06	01	11	0	02	0
C -	03	20	10	11	02	22	07	10
A +	06	01	02	0	07	0	0	0
A -	<u>01</u>	<u>05</u>	<u>0</u>	<u>01</u>	<u>01</u>	<u>04</u>	<u>01</u>	<u>0</u>
Totals	46%	48%	26%	27%	49%	48%	17%	19%
<u>Nurse Need</u>								
I +	05%	04%	34%	03%	07%	02%	28%	02%
I -	0	01	0	27	01	01	0	28
C +	02	02	16	01	01	02	24	0
C -	0	04	0	18	01	06	0	22
A +	0	0	02	0	01	0	04	0
A -	<u>0</u>	<u>01</u>	<u>0</u>	<u>04</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>05</u>
Totals	07%	12%	52%	53%	11%	11%	56%	57%
GRAND TOTALS	100%	100%	100%	100%	100%	100%	100%	100%

* For Inclusion, Control, Affection -- An I, a C, and an A are used as superscripts with a plus (+) or minus (-) designation for positive and negative dimensions.

TABLE 6

PERCENTAGE DISTRIBUTION OF DESCRIPTIVE UNITS WITHIN
THREE CATEGORIES FOR FOUR INCIDENTS ACCORDING TO
71 FRESHMEN AND 45 SENIORS ENROLLED IN AN
OREGON SCHOOL OF NURSING

	Freshmen (71)				Seniors (45)			
	A	B	C	D	A	B	C	D
<u>Technical</u>								
Physical	43%	49%	87%	86%	48%	52%	84%	94%
Other	06	02	0	04	10	07	05	0
Biographical	51	49	13	10	42	41	11	06
Totals	100%	100%	100%	100%	100%	100%	100%	100%
<u>Patient Need</u>								
I +	48%	10%	18%	24%	52%	03%	28%	10%
I -	10	31	10	29	06	42	13	37
C +	19	04	24	03	21	0	09	0
C -	07	41	39	40	05	47	41	51
A +	14	03	07	0	04	0	02	0
A -	02	11	02	04	02	08	07	02
Totals	100%	100%	100%	100%	100%	100%	100%	100%
<u>Nurse Need</u>								
I +	67%	35%	64%	06%	62%	20%	49%	03%
I -	06	08	0	50	12	10	01	50
C +	19	12	32	01	12	11	42	01
C -	02	35	0	34	06	49	01	38
A +	06	04	04	0	08	05	07	0
A -	0	06	0	09	0	05	0	08
Totals	100%	100%	100%	100%	100%	100%	100%	100%

* For Inclusion, Control, Affection -- An I, a C, and an A are used as supercripts with a plus (+) or minus (-) designation for positive and negative dimensions.

Tables 7 through 10 are tabulations showing the number of descriptive units, the percentages between and within categories for both student groups for each incident, in consecutive order, A, B, C, and D. Attention is drawn to the similarities and differences between the two groups for each incident as a whole. Chi-squares were obtained to establish more accurately the significance of the relationship between the variables where differences were indicated most predominately.

Table 7, Incident A, shows that there was agreement between student groups' perceptions of an enjoyable nurse-patient working relationship, according to descriptive units, between and within categories. Between the categories, both groups emphasized Technical and Patient Need most and Nurse Need least, with seniors scoring higher for Patient Need and freshmen for Technical aspects. Differences between groups were not significant. Within the categories, for Technical, freshmen emphasized biographical more than the seniors who placed more emphasis on physical aspects. Within the category for Patient Need, both groups emphasized positive inclusion most and negative affection least of the 3 need areas. Seniors had higher percentage scores in positive inclusion and positive control than the freshmen, and freshmen percentage scores were higher than the seniors in the areas of negative inclusion and negative control. Differences between groups were not significant. The percentage scores for positive and negative affection were similar for both groups. Within the category of Nurse Need, both groups emphasized positive inclusion most and negative control least. Freshmen percentage scores were higher than the seniors in the areas of positive inclusion and positive control, and seniors' percentage scores were higher than the freshmen in negative inclusion, negative control, and positive affection. Neither group contributed to negative affection. Differences between groups were not significant.

TABLE 7

COMPARISON OF DESCRIPTIVE UNITS, PERCENTAGES BETWEEN AND WITHIN THREE CATEGORIES FOR INCIDENT A (ENJOYABLE SITUATION) ACCORDING TO 71 FRESHMEN AND 45 SENIORS ENROLLED IN AN OREGON SCHOOL OF NURSING

		Freshmen (71)			Seniors (45)		
<u>Technical</u>		<u>Units</u>	<u>Percentage Between</u>	<u>Percentage Within</u>	<u>Units</u>	<u>Percentage Between</u>	<u>Percentage Within</u>
Physical		144	20	43	77	19	48
Other		20	03	06	16	04	10
Biographical		<u>174</u>	<u>24</u>	<u>51</u>	<u>68</u>	<u>17</u>	<u>42</u>
Totals		338	47%	100%	161	40%	100%
<u>Patient Need</u>							
I	+	155	22	48	102	25	52
I	-	34	05	10	12	03	06
C	+	61	09	19	41	11	21
C	-	23	03	07	9	02	05
A	+	46	06	14	28	07	14
A	-	<u>05</u>	<u>01</u>	<u>02</u>	<u>04</u>	<u>01</u>	<u>02</u>
Totals		324	46%	100%	196	49%	100%
<u>Nurse Need</u>							
I	+	31	05	67	29	07	62
I	-	3	0	06	6	01	12
C	+	9	02	19	6	01	12
C	-	1	0	02	3	01	06
A	+	3	0	06	4	01	08
A	-	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Totals		47	07%	100%	48	11%	100%

* Differences between groups were not significant.

The results indicate that both groups were stressing positive or satisfactory need resolution in the 3 interpersonal need areas, with emphasis on positive inclusion most.

A global view of descriptive statements for Incident A revealed that students seemed to be indicating that the patient and the nurse were actively involved with each other by being interested, cooperating, communicating and understanding, for positive inclusion; by being self-reliant, capable, well adjusted, gaining confidence and having control of the situation for positive control; and by being happy, cheerful, kind, with an optimistic outlook for positive affection.

In Incident B, Table 8, there was agreement between student groups' perceptions of a difficult nurse-patient working relationship, according to descriptive units between and within categories. Between categories, both groups emphasized Technical and Patient Need most, and Nurse Need least. Both groups contributed more to Patient Need than to Technical. The differences between the groups were not significant. Within the categories, for Technical, freshmen emphasis on physical and biographical were comparable; seniors had an increase in physical over biographical aspects. For both Incidents A and B, freshmen seemed to stress biographical aspects more than seniors. The differences between groups were not significant. Within the category of Patient Need, both groups emphasized the negative aspects of the 3 need areas most and positive aspects least. Both groups emphasized negative control most followed by negative inclusion. Seniors' percentage scores were higher than the freshmen in negative control and negative inclusion, and freshmen percentage scores were higher than the seniors in the areas of positive inclusion, positive control, and both positive and negative affection. These

TABLE 8

COMPARISON OF DESCRIPTIVE UNITS, PERCENTAGES BETWEEN AND WITHIN THREE CATEGORIES FOR INCIDENT B (DIFFICULT SITUATION) ACCORDING TO 71 FRESHMEN AND 45 SENIORS ENROLLED IN AN OREGON SCHOOL OF NURSING

		Freshmen (71)			Seniors (45)		
<u>Technical</u>		<u>Units</u>	<u>Percentage Between</u>	<u>Percentage Within</u>	<u>Units</u>	<u>Percentage Between</u>	<u>Percentage Within</u>
Physical		116	20	49	69	21	52
Other		3	0	02	9	03	07
Biographical		<u>118</u>	<u>20</u>	<u>49</u>	<u>54</u>	<u>17</u>	<u>41</u>
Totals		237	40%	100%	132	41%	100%
<u>Patient Need</u>							
I	+	29	05	10	5	02	03
I	-	88	15	31	65	20	42
C	+	11	02	04	0	0	0
C	-	116	20	41	73	22	47
A	+	7	01	03	0	0	0
A	-	<u>31</u>	<u>05</u>	<u>11</u>	<u>13</u>	<u>04</u>	<u>08</u>
Totals		282	48%	100%	156	48%	100%
<u>Nurse Need</u>							
I	+	25	04	35	8	02	20
I	-	6	01	08	4	01	10
C	+	9	02	12	5	02	11
C	-	25	04	35	20	06	49
A	+	3	0	04	2	0	05
A	-	<u>4</u>	<u>01</u>	<u>06</u>	<u>2</u>	<u>0</u>	<u>05</u>
Totals		72	12%	100%	41	11%	100%

differences between the groups were not significant. The results indicate a negative need resolution for inclusion, control, and affection with negative control having the highest score and negative affection the lowest. In contrast with the seniors, freshmen contributed more units than seniors in the positive areas of the 3 needs. In their descriptions, freshmen presented contrasting phrases which counter-balanced a negative phrase, for example: "represents a whiner but of kind heart," "happy but demanding," "a brave woman but unsmiling," "refused care but was considerate of the nurse." Within the category of Nurse Need, both groups emphasized negative control most, then positive inclusion, and gave minimal reference to either positive or negative affection. Seniors' percentage score was higher than the freshmen's in negative control; freshmen were higher than the seniors in positive inclusion. Freshmen scores for negative control and positive inclusion were comparable; seniors' score for negative control was more than twice their score for positive inclusion. Differences between groups were not significant. It would seem that students were indicating their interest, understanding, and participation with the patient, and a lack of control of the situation or themselves by becoming "flustered," by being "unnerved," or "afraid of the situation or patient."

A global view of descriptive statements for Incident B revealed agreement between student groups that a difficult nurse-patient working relationship was perceived when a patient expressed extreme behavior, that is, by being withdrawn, unresponsive, overactive, attention seeking, or indifferent for negative inclusion, by being too independent or dependent, demanding, worried, impatient, or afraid for negative control, and by having a negative outlook, being unhappy, distrusting, depressed, or not liking himself or the nurse for negative affection. Freshmen seemed

to qualify their statements with positive phrases. Freshmen indicated most that the nurse was cooperating or participating with the patient for positive inclusion, and both groups expressed negative control of the situation or themselves by becoming upset, frustrated, or of having fears about the existing situation, or lacking confidence. Affection did not seem to be a predominant factor.

Table 9 is a tabulation of Incident C where significant differences were found between student groups' perceptions of a nurse being helpful in a nurse-patient working relationship, according to descriptive units, within and between categories. Between the categories, both groups stressed the Nurse Need area most, freshmen emphasized Technical least, and seniors Patient Need least. The differences between the groups in emphasis on Technical and Patient Need were significant. The Chi-square was 9.85, significant at the .01 level. The results establish that a marked difference exists between the student groups' emphasis, with seniors stressing technical aspects of the situation and freshmen patient need aspects. These results may be an indication that students change as seniors by placing greater emphasis on technical aspects in their perception of a helpful nurse-patient working relationship. Within the category of Patient Need, both groups emphasized negative control most, seniors having a higher percentage score than the freshmen. Freshmen scored highest for negative control, stressed positive control over positive inclusion, with their scores gradually decreasing in negative inclusion, positive affection and negative affection. In contrast to the freshmen, seniors scored highest for negative control, then emphasized positive inclusion, scored negative inclusion over positive control, and negative affection over positive affection. Affection was not a predominate factor. The differences between groups were not significant.

TABLE 9

COMPARISON OF DESCRIPTIVE UNITS, PERCENTAGES BETWEEN AND WITHIN THREE CATEGORIES FOR INCIDENT C (HELPFUL NURSE SITUATION) ACCORDING TO 71 FRESHMEN AND 45 SENIORS ENROLLED IN AN OREGON SCHOOL OF NURSING

		Freshmen (71)			Seniors (45)		
<u>Technical</u>		<u>Units</u>	<u>Percentage Between</u>	<u>Percentage Within</u>	<u>Units</u>	<u>Percentage Between</u>	<u>Percentage Within</u>
Physical		85	19	87	73	23	84
Other		0	0	0	4	01	05
Biographical		<u>13</u>	<u>03</u>	<u>13</u>	<u>10</u>	<u>03</u>	<u>11</u>
Totals		98	22%	100%	87	27%	100%
<u>Patient Need</u>							
I	+	22	05	18	15	05	28
I	-	12	03	10	07	02	13
C	+	29	06	24	05	02	09
C	-	47	10	39	22	07	41
A	+	8	02	07	1	0	02
A	-	<u>3</u>	<u>0</u>	<u>02</u>	<u>4</u>	<u>01</u>	<u>07</u>
Totals		121	26%	100%	54	17%	100%
<u>Nurse Need</u>							
I	+	152	34	64	91	28	49
I	-	1	0	0	2	0	01
C	+	75	16	32	77	24	42
C	-	1	0	0	2	0	01
A	+	10	02	04	12	04	07
A	-	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Totals		239	52%	100%	184	56%	100%

* Between Technical and Patient Need: $X^2 = 9.85$ significance at .01 level.

* Within Category Nurse Need : $X^2 = 7.21$ significance at .01 level.

Within the category of Nurse Need, significant differences were noted. The Chi-square was 7.21, significant at the .01 level. The results indicate that both groups emphasized positive aspects of the 3 need areas, with positive inclusion receiving the highest score, and positive affection the lowest. Freshmen perceived the helpful nurse as one having positive inclusion most, with half as much positive control as positive inclusion. Seniors perceived the helpful nurse as one having positive inclusion most, with positive control almost comparable to their score for positive inclusion. These results may be indicative of student change of emphasis from inclusion as the most predominate attribute for the helpful nurse as they progress in their program. Positive affection scores were low, with seniors showing a greater percentage score than the freshmen.

A global view of descriptive statements for Incident C revealed agreement between student groups that a nurse being helpful was perceived as one being sincerely interested, understanding, one who listened to her patient, talked with the patient, discussed treatments, spent time with her patients, encouraged, reassured, went in to see patient frequently, gave the patient an explanation, and asked questions for positive inclusion; one who performed her tasks quietly and expertly, showed respect for the patient, who controlled her own distress, was realistic, used tact in getting patient to talk, created a pleasant situation, was sure of herself, was patient, and had control of the situation for positive control; and one who was kind, gentle, supportive with love and affection for positive affection. In the helpful nurse situation, the patient was perceived by freshmen as becoming less apprehensive, gaining confidence, and not being afraid of procedures, which indicates their high score in positive control. The seniors seemed to imply that the patient gained understanding, asked questions, responded, and was appreciative of the nurses' care,

which indicates their high score in positive inclusion.

In Incident D, Table 10, there was agreement between student groups' perceptions of the nurse in the non-helpful nurse-patient working relationship, according to descriptive units, between and within categories. Between categories, both groups emphasized Nurse Need most; freshmen stressed Technical least, seniors Patient Need least. The difference between Technical and Patient Need emphasis was significant. The Chi-square was 5.567, significant at the .02 level. As in Incident C, seniors' emphasis on Technical aspects may be an indication that as students progress in their program, they tend to emphasize technical aspects more in their perception of a non-helpful nurse-patient working relationship. Within the categories, differences between groups were not significant. For Patient Need, both groups emphasized negative control most, and then negative inclusion, with minimal reference given to affection. Freshmen scores for positive and negative inclusion were almost comparable. Seniors had higher percentage scores than the freshmen in negative control and negative inclusion, and freshmen had higher percentage scores in positive inclusion than the seniors. Affection was not a predominate factor. The results indicated that students perceived the patient as having negative control most, followed by negative inclusion. Freshmen seemed to imply that the patient would have understood, was interested, asked questions, would have cooperated if the nurse had used another approach, which indicates their high score in positive inclusion. For Nurse Need, both groups stressed negative aspects of the 3 interpersonal needs; the greatest proportion was in the area of negative inclusion, the least in negative affection. The differences between groups were not significant. The indication is that both groups were demonstrating negative or unsatisfactory need resolution for the non-helpful nurse in the 3 need areas.

TABLE 10

COMPARISON OF DESCRIPTIVE UNITS, PERCENTAGES BETWEEN AND WITHIN THE THREE CATEGORIES FOR INCIDENT D (NON-HELPFUL NURSE SITUATION) ACCORDING TO 71 FRESHMEN AND 45 SENIORS ENROLLED IN AN OREGON SCHOOL OF NURSING

		Freshmen (71)			Seniors (45)		
		Units	Percentage Between	Percentage Within	Units	Percentage Between	Percentage Within
<u>Technical</u>							
Physical		70	17	86	61	23	94
Other		3	01	04	0	0	0
Biographical		<u>8</u>	<u>02</u>	<u>10</u>	<u>4</u>	<u>01</u>	<u>06</u>
Totals		81	20%	100%	65	24%	100%
<u>Patient Need*</u>							
I	+	27	06	24	5	02	10
I	-	33	08	29	19	07	37
C	+	3	01	03	0	0	0
C	-	46	11	40	26	10	51
A	+	0	0	0	0	0	0
A	-	<u>5</u>	<u>01</u>	<u>04</u>	<u>1</u>	<u>0</u>	<u>02</u>
Totals		114	27%	100%	51	19%	100%
<u>Nurse Need</u>							
I	+	13	03	06	5	02	03
I	-	112	27	50	76	28	50
C	+	3	01	01	1	0	01
C	-	74	18	34	59	22	38
A	+	0	0	0	0	0	0
A	-	<u>20</u>	<u>04</u>	<u>09</u>	<u>12</u>	<u>05</u>	<u>08</u>
Totals		222	53%	100%	153	57%	100%

*Between categories -- Technical and Patient Need -- $X^2 = 5.567$, significance at .02 level.

A global view of descriptive statements for Incident D shows that there was agreement between student groups' perception that a nurse being non-helpful in the nurse-patient working relationship was one who did not listen, ignored the patient's questions, did not understand, did not take time, was inconsiderate, was loud spoken, gossiped about the patient and other nurses, did not speak to the patient, thought patient's complaints were silly, and did not reassure patient for negative inclusion; increased the patient's fears, forced patient to accept, was not tactful, showed her own anxieties, didn't anticipate patient's needs, was disrespectful, should have controlled her facial expression, rough in action, threatened the patient, frightened the patient, left patient thoroughly confused, supported negative attitudes of other staff members, lacked control of herself and the situation for negative control; didn't like the patient, didn't comfort man's crying wife, was unkind, was extremely cold and hostile toward the girl, and should have gone in with a kinder spirit for negative affection.

Tables 11 through 17 present the findings for the rating scale. Tables 11 through 14 show the percentages of distribution for each behavioral statement as rated by the two groups for the 4 incidents, in consecutive order, A, B, C, and D. Attention is drawn to the similarities and differences between the two groups. The percentages show agreement between student ratings of the 4 incidents.

TABLE 11

PERCENTAGE DISTRIBUTIONS FOR INCIDENT A
 ACCORDING TO 3 NEEDS RATED BY 71 FRESHMEN AND 45
 SENIORS ENROLLED IN AN OREGON SCHOOL OF NURSING

Inclusion	Freshmen			Seniors		
	Most 1-2	Middle 3	Least 4-5	Most 1-2	Middle 3	Least 4-5
1. Genuinely interested in others	93	07	00	98	02	00
2. Shared responsibilities	79	18	03	88	12	00
3. Was cooperative	94	03	03	93	07	00
4. Listened to others	92	07	01	95	05	00
5. Was considerate of others	94	06	00	91	09	00
6. Wanted approval	53	33	14	54	39	07
7. Did not show lack of interest	64	14	22	58	12	30
8. Did not focus attention on the self	72	19	09	60	34	06
<u>Control</u>						
1. Showed respect for others	90	10	10	93	07	00
2. Exercised wise judgment	69	27	04	75	25	00
3. Was realistic	81	12	07	84	16	00
4. Followed instructions	89	10	01	93	07	00
5. Respected others judgment	90	09	01	84	14	02
6. Recognized individual differences	88	08	04	80	20	00
7. Did not dominate others	78	20	02	66	23	11
8. Did not resist passively	48	34	18	49	28	23
9. Did not avoid the situation	75	10	15	68	09	23
<u>Affection</u>						
1. Genuinely liked others	98	01	01	93	07	00
2. Made others feel comfortable	85	15	00	88	12	00
3. Established trust	90	09	01	86	14	00
4. Directed others with kindness	89	09	02	91	09	00
5. Did not distrust others	81	15	04	80	10	10
6. Was not antagonistic	87	09	04	82	14	04
7. Was not uncomfortable with others	80	10	10	73	09	08
8. Did not reveal hostile feelings	91	03	06	78	05	17

* Rated nurse according to behavioral statements and the value scale.

TABLE 12

PERCENTAGE DISTRIBUTIONS FOR INCIDENT B
 ACCORDING TO 3 NEEDS RATED BY 71 FRESHMEN AND 45
 SENIORS ENROLLED IN AN OREGON SCHOOL OF NURSING

Inclusion	Freshmen			Seniors		
	Most 1-2	Middle 3	Least 4-5	Most 1-2	Middle 3	Least 4-5
1. Genuinely interested in others	51	31	18	45	50	05
2. Shared responsibilities	42	43	15	56	29	15
3. Was cooperative	64	28	08	52	40	28
4. Listened to others	78	16	16	62	19	19
5. Was considerate of others	72	22	06	64	26	10
6. Wanted approval	49	31	20	44	34	22
7. Did not show lack of interest	50	28	22	43	24	33
8. Did not focus attention on the self	67	17	16	50	33	17
<u>Control</u>						
1. Showed respect for others	51	33	16	43	45	12
2. Exercised wise judgment	43	34	23	33	34	33
3. Was realistic	54	29	17	48	31	21
4. Followed instructions	87	12	01	79	21	00
5. Respected others judgment	62	26	12	55	24	21
6. Recognized individual differences	74	21	05	60	28	12
7. Did not dominate others	58	28	14	43	40	17
8. Did not resist passively	35	42	23	30	49	21
9. Did not avoid the situation	35	33	32	40	22	38
<u>Affection</u>						
1. Genuinely liked others	56	28	16	56	20	24
2. Made others feel comfortable	45	36	19	38	40	22
3. Established trust	37	47	16	34	23	43
4. Directed others with kindness	62	31	07	53	33	14
5. Did not distrust others	61	22	17	51	29	20
6. Was not antagonistic	54	21	25	50	22	28
7. Was not uncomfortable with others	34	27	39	41	28	31
8. Did not reveal hostile feelings	61	23	16	45	19	36

* See note on Table 11.

TABLE 13

PERCENTAGE DISTRIBUTIONS FOR INCIDENT C
 ACCORDING TO 3 NEEDS RATED BY 71 FRESHMEN AND 45
 SENIORS ENROLLED IN AN OREGON SCHOOL OF NURSING

Inclusion	Freshmen			Seniors		
	Most 1-2	Middle 3	Least 4-5	Most 1-2	Middle 3	Least 4-5
1. Genuinely interested in others	92	08	00	93	05	02
2. Shared responsibilities	87	11	02	85	15	00
3. Was cooperative	95	05	00	98	02	00
4. Listened to others	93	05	02	95	05	00
5. Was considerate of others	98	02	00	98	02	00
6. Wanted approval	33	21	46	33	26	41
7. Did not show lack of interest	78	02	20	71	05	24
8. Did not focus attention on the self	85	07	08	83	12	05
<u>Control</u>						
1. Showed respect for others	96	02	02	91	09	00
2. Exercised wise judgment	95	00	05	95	05	00
3. Was realistic	88	12	00	95	05	00
4. Followed instructions	90	08	12	90	10	00
5. Respected others judgment	85	12	03	95	05	00
6. Recognized individual differences	91	07	02	90	10	00
7. Did not dominate others	69	23	08	58	30	12
8. Did not resist passively	65	28	07	70	11	19
9. Did not avoid the situation	80	05	15	88	02	10
<u>Affection</u>						
1. Genuinely liked others	95	05	00	100	00	00
2. Made others feel comfortable	100	00	00	98	02	00
3. Established trust	96	02	02	95	05	00
4. Directed others with kindness	95	03	02	100	00	00
5. Did not distrust others	83	10	07	85	10	05
6. Was not antagonistic	86	09	05	95	05	00
7. Was not uncomfortable with others	68	17	15	83	07	10
8. Did not reveal hostile feelings	86	07	07	81	07	12

* See note on Table 11.

TABLE 14

PERCENTAGE DISTRIBUTIONS FOR INCIDENT D
ACCORDING TO 3 NEEDS RATED BY 71 FRESHMEN AND 45
SENIORS ENROLLED IN AN OREGON SCHOOL OF NURSING

Inclusion	Freshmen			Seniors		
	Most 1-2	Middle 3	Least 4-5	Most 1-2	Middle 3	Least 4-5
1. Genuinely interested in others	04	40	56	13	21	66
2. Shared responsibilities	09	29	62	21	32	47
3. Was cooperative	05	30	65	21	25	54
4. Listened to others	12	20	68	16	13	71
5. Was considerate of others	04	22	74	04	16	80
6. Wanted approval	30	28	42	30	32	38
7. Did not show lack of interest	36	09	55	48	10	44
8. Did not focus attention on the self	32	18	50	24	21	55
<u>Control</u>						
1. Showed respect for others	02	15	83	13	03	84
2. Exercised wise judgment	02	20	78	03	10	87
3. Was realistic	09	41	50	13	11	76
4. Followed instructions	15	40	45	31	28	41
5. Respected others judgment	09	34	57	11	26	63
6. Recognized individual differences	09	28	63	11	16	73
7. Did not dominate others	18	22	60	29	24	47
8. Did not resist passively	14	43	43	36	17	47
9. Did not avoid the situation	27	18	55	39	05	56
<u>Affection</u>						
1. Genuinely liked others	07	42	51	24	21	55
2. Made others feel comfortable	02	15	83	10	10	80
3. Established trust	02	11	87	10	10	80
4. Directed others with kindness	09	23	68	13	18	69
5. Did not distrust others	25	38	37	34	32	34
6. Was not antagonistic	17	26	57	16	16	68
7. Was not uncomfortable with others	25	41	34	26	32	42
8. Did not reveal hostile feelings	16	34	50	26	13	61

* See note on Table 11.

The means of student's scores are presented in Table 15 and the analysis of variance in Table 16. The results of means indicate agreement between student groups ratings of the 3 need areas, inclusion, control, and affection, for the 4 incidents. In the analysis of variance, a significant effect was not indicated between the student groups for the 3 need areas. The F scores between the student groups for the 3 need areas were: inclusion, 0.66, not significant; control, 0.41, not significant; affection, 0.17, not significant. The results indicate that both groups of students were in agreement in their ratings of the 3 need areas. In the analysis of variance between the 4 incidents for the 3 need areas, a significant effect was noted. The F scores between the 4 incidents for the 3 need areas were: inclusion, 182.15, highly significant $P < 0.01$; control, 278.80, highly significant $P < 0.01$; affection, 221.66, highly significant $P < 0.01$. The results indicate that ratings for each incident differed greatly from the ratings in the other incidents. In the analysis of the variance for the interaction of student groups and the 4 incidents, a significant effect was not indicated. The F scores were: inclusion, 0.30, not significant; control, 1.78, not significant; affection, 1.26, not significant. The results indicate that students were in agreement in their ratings of the 3 need areas for the 4 incidents.

Table 17 shows the correlations between Incidents A and C and Incidents B and D for the student groups' ratings in the 3 need areas. (See Appendix for formula.) Positive correlations between Incidents A and C were found in areas of inclusion, control, affection. The results indicate that students rated the nurse (self) in the enjoyable situation (Incident A) and the nurse (other) in the helpful situation (Incident C) similarly.

TABLE 15

MEAN SCORES FOR RATINGS OF 3 INTERPERSONAL NEED
AREAS FOR 4 INCIDENTS RATED BY 71 FRESHMEN AND 45
SENIORS ENROLLED IN AN OREGON SCHOOL OF NURSING

<u>Inclusion</u>	Freshmen M	Seniors M	Total M
Incident A	14.8	13.6	14.4
Incident B	19.2	19.3	19.2
Incident C	14.3	13.5	14.
Incident D	28.8	28.7	28.7
Total M	19.3	18.8	19.1
<u>Control</u>			
Incident A	17.2	16.5	16.9
Incident B	22.3	23.8	22.9
Incident C	15.2	14.4	14.9
Incident D	32.8	34.5	33.5
Total M	21.9	22.3	22.1
<u>Affection</u>			
Incident A	13.0	11.6	12.3
Incident B	20.9	22.5	21.5
Incident C	12.5	11.4	12.1
Incident D	29.9	29.6	29.8
Total M	19.9	18.8	18.9

* Possible range for inclusion 8 to 40.

Possible range for control 9 to 45.

Possible range for affection 8 to 40.

The lower the number, the higher the rating for behavioral statements.

TABLE 16

ANALYSIS OF VARIANCE OF THREE INTERPERSONAL NEED
RATINGS FOR FOUR INCIDENTS BY TWO STUDENT GROUPS
ENROLLED IN AN OREGON SCHOOL OF NURSING

	Inclusion - N 74			Control - N 65			Affection - N 73		
	df	MS	F	df	MS	F	df	MS	F
Between Groups	1	16	0.66	1	11	0.41	1	4	0.17
Between Incidents	3	3479	182.15*	3	4550	278.80*	3	5260	221.66*
Inter- action	3	5.67	0.30	3	29	1.78	3	30	1.26

* $P < 0.01$

TABLE 17

CORRELATIONS BETWEEN FOUR INCIDENTS RATINGS OF THREE
INTERPERSONAL NEEDS BY TWO STUDENT GROUPS
ENROLLED IN AN OREGON SCHOOL OF NURSING

	<u>Incidents A and C</u>	<u>Incidents B and D</u>
Inclusion	0.619*	0.164
Control	0.615*	0.247
Affection	0.459*	0.026

* $P < 0.01$

A global view of the ratings for the 4 incidents shows that student groups were in agreement in their ratings of nurse behavior in the areas of inclusion, control, and affection. Significant differences were not indicated between the student groups for the 3 need areas. Significant differences were noted for the responses between each incident according to the 3 need areas, with both student groups expressing this difference.

In general, students were expressing positive action on the part of the nurse in the enjoyable and helpful nurse relationship, less positive action in the difficult situation, and the least positive action in the non-helpful nurse relationship, in the 3 areas. A correlation was found between the enjoyable and helpful nurse situation in inclusion, control, and affection. The students' ratings were consistent with their written descriptions of the 4 incidents. For the difficult situation, it is of interest to note that students described and rated themselves consistently, the indication being that they were striving for an effective working relationship, to the best of their ability, but were handicapped either by their own negative attitudes or those of the patients, while in the non-helpful nurse-patient relationship, students seemed to imply that the nurse functioned inadequately because of her own negative attitudes.

Table 18 presents a summary of items pertaining to Incidents A and B, including totals for specific questions asked. The results indicate the sex of the patients chosen, the number of instances a diagnosis was presented, students responses to questions on conversation and changes suggested. The results show that students described more female patients than male, presented the patient's diagnosis more often in the enjoyable situation, Incident A, indicated that the conversation was easier in Incident A, that the nurse assumed leadership more often in Incident B, and expressed the need for changes more often in Incident B. (See Appendix for profiles.)

TABLE 18

SUMMARY OF SPECIAL ITEMS CONTRIBUTED BY 71 FRESHMEN
AND 45 SENIORS ENROLLED IN AN OREGON SCHOOL OF NURSING

	Incidents A and B		Freshmen (75)		Seniors (45)	
	A	B	A	B	A	B
Total number male patients described	35	29	16	14		
Total number female patients described	36	42	29	30		
Total number of diagnoses given	58	33	34	26		
Number of easy conversations	65	21	42	4		
Number of not easy conversations	6	45	2	29		
Number of sometimes easy conversations	-	5	1	10		
Patient leader in conversation	27	23	15	17		
Nurse leader in conversation	23	42	15	21		
Mutual in lead of conversation	21	6	15	5		
Suggested changes -- yes	43	64	25	39		
Suggested changes -- no	28	7	20	4		

Table 19 shows which incidents contributed most to students understandings of the patient and nurse. The student groups indicated in the combined scores for understandings of the patient and nurse that Incidents B and C contributed most to their understandings. Freshmen gained more understandings of the patient than they did of the nurse for the 4 incidents. Seniors had an equal number for both for the 4 incidents.

TABLE 19

TOTALS INDICATING THE NUMBER OF TIMES UNDERSTANDINGS
WERE GAINED OF PATIENTS AND NURSES FOR 4 INCIDENTS
BY 71 FRESHMEN AND 45 SENIORS ENROLLED IN AN
OREGON SCHOOL OF NURSING

<u>Understandings</u>	Freshmen (71)			Seniors (45)		
	<u>Patient</u>	<u>Nurse</u>	<u>Total</u>	<u>Patient</u>	<u>Nurse</u>	<u>Total</u>
Incident A	32	19	51	17	14	31
Incident B	45	48	93	27	33	60
Incident C	28	46	74	24	24	48
Incident D	37	19	56	16	13	29
Totals	142	132	274	84	84	168

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS FOR FURTHER STUDY

Summary

In the spring of 1961, 71 freshmen and 45 seniors, enrolled at an Oregon School of Nursing, completed a form based on the critical incident technique and a special rating scale. The test was administered by clinical instructors.

The purpose of the test was to obtain examples describing the student groups' perceptions of themselves, their patients, and other nurses in four nurse-patient working situations and to compare the results expressed by the two groups.

The research form consisted of 4 critical incidents to be described by students as an enjoyable, a difficult, a helpful, and a non-helpful nurse-patient relationship. In addition, a rating scale consisting of 25 behavioral statements based on three interpersonal needs was included for student rating of nurse behavior for the four incidents.

From a total of 116 students, 441 incidents were collected and 434 were rated. Among the groups, all freshmen described and rated the nurse in Incidents A and B, the enjoyable and difficult relationships, and gradually decreased in number for the helpful (Incident C) and non-helpful (Incident D) relationship. Among the seniors, slight changes in number of incidents described and rated were noted in the 4 incidents.

The data compiled from students' responses were categorized under 3 major areas namely, Technical, Patient Need, and Nurse Need, with sub-areas of physical, biographical, and other for the Technical area; three need areas, inclusion, control, and affection with positive

and negative dimensions, for Patient and Nurse Need. Numerical values were established with the conversion of raw scores (number of units coded for the categories) into percentages to establish predominance of differences. Statistical techniques were used to compare the results of student responses and to indicate the probability of getting a difference equal to or greater than that which was observed within and between the category system set up and for the rating scale need areas. Summary tables were presented for the category system, the rating scale, and for special items included in the 4 incidents.

CONCLUSIONS

A comparison between student groups descriptions and ratings for 4 incidents reveals that in most instances students were in agreement relative to attributes of patient and nurse behavior and attributes of own responses to enjoyable, difficult, helpful nurse, and non-helpful nurse situations. The degree of similarity between the student groups tends to support the view that changes in attitude of patient and nurse needs are not markedly influenced by the school. More probably, it might be assumed that students bring with them their capacity for understanding of human needs as a result of previous socialization, and that the improvement of the student's ability to understand the patient and herself in a working relationship must be directed toward helping the student broaden and deepen her understanding of human behavior so she can be a more effective person in a nurse-patient working relationship.

Since students were largely in agreement with the major areas of attributes and since significant differences were established in only four instances not affecting these major areas. the hypothesis

that measurable differences would be found between the two student groups was not confirmed.

The significant differences established were indicative of the following generalizations:

1. Freshmen and seniors were in agreement that the helpful nurse has positive inclusion, positive control, and positive affection; the significance of their differences was in their emphasis, freshmen emphasis on positive control was half as much as positive inclusion, in contrast, senior¹ emphasis on positive control was almost comparable to their emphasis of positive inclusion. These results may be indicative of student changes as they progress in their program in that inclusion becomes less predominant and control becomes a comparable factor in students' conception of the helpful nurse.
2. In the helpful and non-helpful nurse situations, seniors' emphasis on technical aspects in contrast to freshmen on patient needs may be indicative of changes from self to other nurse perceptions in the area of technical proficiency.
3. In the analysis of variance between the four incidents for the three need areas, the results indicated that ratings for each incident differed greatly from the ratings in the other incidents, with student groups expressing this difference.

In general, students were in agreement that an enjoyable nurse-patient working relationship is one where both patient and nurse are actively involved with each other in a positive way, regardless of the difficulties confronting them. Positive inclusion for the patient and nurse was emphasized most by the student groups.

Students were in agreement that a difficult nurse-patient working relationship seems to result when a patient expresses himself in a negative way and when the nurse is trying to be helpful but has negative control of herself and the situation. Freshmen qualified their negative statements more often than the seniors. Negative control was most predominate for patients, and negative control for the student nurse with freshmen indicating positive inclusion as being comparable to the negative control.

Students were in agreement that a helpful nurse is one who expresses herself in a positive way in inclusion, control, and affection, to a patient who lacks control of himself and the situation but rewards the nurse by gaining control, by participating, or by showing his appreciation. Negative control was emphasized most for the patient and positive inclusion most for the nurse.

Students were in agreement that the non-helpful nurse was negative in her approach to the patient who had negative need expression with neither the patient nor the nurse being rewarded. Negative control was stressed for the patient most and negative inclusion most for the nurse. Affection was not a predominate factor in the four incidents.

Students indicated that understandings of the patient and nurse were gained from all the incidents. Students suggested alternative solutions for the situations, sometimes stating their need for more confidence, more firmness, more understanding, more kindness, or a more positive approach, which would seem to imply that situations which evoke negative responses were helpful to the students in learning about their own behavior and how it affects the patients.

Rating scale results seemed to be consistent with the students' descriptions of nurse behavior relative to themselves and the nurse

they observed. Students' ratings indicated a positive correlation between the enjoyable and helpful nurse situations in the areas of inclusion and control and affection, which would seem to be indicative of the students' tendencies to perceive themselves in the image of the helpful nurse. In the case of the difficult and non-helpful nurse situations, students gave no evidence of identifying with the non-helpful nurse image. Students tended to see themselves as trying hard to be helpful but were handicapped because of the patient's or their own negative feelings, while the non-helpful nurse was perceived as being inadequate because of her negative approach.

Recommendations for Further Study

A modified form of the critical incident technique and a rating scale are recommended for further study:

1. In conjunction with the student's clinical practice for the following reasons:
 - a. to compare the student's progress in the use of problem solving techniques;
 - b. to help identify student's problem areas;
 - c. to assist the student in self-evaluation;
 - d. to allow for student expression and use of her potential.
2. A parallel study taking a single group such as head nurses, staff nurses, or faculty to establish if any correlation exists between the present groups of students and these groups. Since the attitudes of others in the school and hospital environment have some effect on the attitudes of students, a study with these groups should be rewarding.

3. Repeat the study on the freshmen students before they graduate to identify any changes which may have taken place.
4. Use the test repeatedly with two representative groups during a three month period for a comparison of their progress.
5. Repeat the test with a representative group of students and patients to establish what correlations exist between the two groups.

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A P P E N D I X

APPENDIX "A"
SCHOOL OF NURSING
TEST

Name _____ Freshman _____ Senior _____

Incident A

1. Considering one of your most recent experiences, select the patient you enjoyed working with most and tell as much as you can remember about this patient, in particular, what was your first impression of this patient?
2. What interested you most about this patient and why do you think this is so?
3. Was there anything that dissatisfied you about this patient? Why was this so?
4. Did you find it natural and easy to talk with the patient? In what way?
5. Who took the lead in the conversation, you or the patient?
6. Looking back at your experience with this patient, what would you change or have done differently? Why?

Incident B

1. Considering one of your most recent experiences, select the patient you found it most difficult to work with and tell us as much as you can remember about this patient. What was your first impression of this patient?
2. In spite of the fact that you found it difficult to work with this patient, what points could you give in favor of this patient?
3. What would you say caused you to have the most difficulty and why?
4. Would you say you were able to converse with this patient with ease? Explain.
5. Who initiated the conversation? Did the patient or you contribute most to the conversation? Why was this?
6. Looking back at this experience, what would you do or say differently?

- A. Of the two incidents you have just recorded which one contributed most to your understanding of the patient? Explain.
- B. Which one contributed most to your understanding of the nurse? Explain.
- C. How would you rate the nurse on the rating scale in relation to the following statements for each of the incidents recorded?

Incident _____ (Fill in letter)						Incident _____						
Most					Least		Most					Least
1	2	3	4	5	Showed respect for others	1	2	3	4	5		
1	2	3	4	5	Showed lack of interest	1	2	3	4	5		
1	2	3	4	5	Made others feel comfortable	1	2	3	4	5		
1	2	3	4	5	Genuinely interested in others	1	2	3	4	5		
1	2	3	4	5	Resisted passively	1	2	3	4	5		
1	2	3	4	5	Established trust	1	2	3	4	5		
1	2	3	4	5	Shared responsibilities	1	2	3	4	5		
1	2	3	4	5	Exercised wise judgment	1	2	3	4	5		
1	2	3	4	5	Avoided the situation	1	2	3	4	5		
1	2	3	4	5	Was realistic	1	2	3	4	5		
1	2	3	4	5	Directed others with kindness	1	2	3	4	5		
1	2	3	4	5	Distrusted others	1	2	3	4	5		
1	2	3	4	5	Wanted approval	1	2	3	4	5		
1	2	3	4	5	Dominated others	1	2	3	4	5		
1	2	3	4	5	Was antagonistic	1	2	3	4	5		
1	2	3	4	5	Was cooperative	1	2	3	4	5		
1	2	3	4	5	Listened to others	1	2	3	4	5		
1	2	3	4	5	Followed instructions	1	2	3	4	5		
1	2	3	4	5	Focused attention on the self	1	2	3	4	5		
1	2	3	4	5	Uncomfortable with others	1	2	3	4	5		
1	2	3	4	5	Respected others judgment	1	2	3	4	5		
1	2	3	4	5	Genuinely liked others	1	2	3	4	5		
1	2	3	4	5	Was considerate of others	1	2	3	4	5		
1	2	3	4	5	Recognized individual differences	1	2	3	4	5		
1	2	3	4	5	Revealed hostile feelings	1	2	3	4	5		

- D. List other behaviors not included in this rating scale.

Incident Report C

1. Describe the most recent incident in which you observed a nurse working with a patient where you thought the nurse was especially helpful and supportive of the patient. Tell exactly what took place, what was done, what was said, and why you think this was helpful.

Incident Report D

2. Describe the most recent incident in which you observed a nurse working with a patient where you thought the nurse was not helpful or supportive of the patient. Tell exactly what took place, what was done, what was said, and why you think this was not helpful or supportive to the patient. What should or could have been done differently?

- A. Of the two incidents you have just recorded which one contributed most to your understanding of the patient? Explain.
- B. Which one contributed most to your understanding of the nurse? Explain.
- C. How would you rate the nurse on the rating scale in relation to the following statements for each of the incidents recorded?

Incident _____ (Fill in letter)						Incident _____						
Most					Least		Most					Least
1	2	3	4	5	Showed respect for others	1	2	3	4	5		
1	2	3	4	5	Showed lack of interest	1	2	3	4	5		
1	2	3	4	5	Made others feel comfortable	1	2	3	4	5		
1	2	3	4	5	Genuinely interested in others	1	2	3	4	5		
1	2	3	4	5	Resisted passively	1	2	3	4	5		
1	2	3	4	5	Established trust	1	2	3	4	5		
1	2	3	4	5	Shared responsibilities	1	2	3	4	5		
1	2	3	4	5	Exercised wise judgment	1	2	3	4	5		
1	2	3	4	5	Avoided the situation	1	2	3	4	5		
1	2	3	4	5	Was realistic	1	2	3	4	5		
1	2	3	4	5	Directed others with kindness	1	2	3	4	5		
1	2	3	4	5	Distrusted others	1	2	3	4	5		
1	2	3	4	5	Wanted approval	1	2	3	4	5		
1	2	3	4	5	Dominated others	1	2	3	4	5		
1	2	3	4	5	Was antagonistic	1	2	3	4	5		
1	2	3	4	5	Was cooperative	1	2	3	4	5		
1	2	3	4	5	Listened to others	1	2	3	4	5		
1	2	3	4	5	Followed instructions	1	2	3	4	5		
1	2	3	4	5	Focused attention on the self	1	2	3	4	5		
1	2	3	4	5	Uncomfortable with others	1	2	3	4	5		
1	2	3	4	5	Respected others judgment	1	2	3	4	5		
1	2	3	4	5	Genuinely liked others	1	2	3	4	5		
1	2	3	4	5	Was considerate of others	1	2	3	4	5		
1	2	3	4	5	Recognized individual differences	1	2	3	4	5		
1	2	3	4	5	Revealed hostile feelings	1	2	3	4	5		

- D. List other behaviors not included in this rating scale.

APPENDIX "B"

Summary of Studies Finding Aspects of the Three Fundamental Interpersonal Needs by Schutz (32)

	<u>Author</u>	<u>Inclusion</u>	<u>Control</u>	<u>Affection</u>
Parent - Child Relations	1. Baldwin, Kallhorn, Breese 1945	Indulgence	Democracy in the home	Acceptance
	2. Champney 1941	Stimulative inactive	Freedom - control	Approving deprecating
	3. Sewell, Mussen Harris 1955	Parent-child interaction	Promotion of independence	Permissive feeding
Person- ality Types	4. Fromm (1947)	Withdrawal- destructive	Symbiotic relatedness	Love relatedness
	5. Freud (1931)	Narcissistic type	Obsessional type	Erotic type
	6. Horney (1945)	Moving away from people	Moving against people	Moving toward people
Group Behavior	7. Kaiser group (1957)	Intensity	Dominance- submission	Affiliation hostility
	8. Couch, Carter (1954)	Individual prominence	Group-goal facilitation	sociability
	9. Bien (1949)	Flight-fight	Dependence	Pairing
Miscel- laneous Studies	10. Benne, Sheats 1948	Individual	Task	Maintenance
	11. Swanson (1951)	Participation	Influence	Being liked
	12. Back, et al (1951)	Group prestige	Task direction	Personal attraction
	13. Corsini, Rosen- berg (1955)	Actional	Intellectual	Emotional
	14. Jenkins, Lippitt (1951)	Extra- curricular activity	Power	Friendliness
	15. Varon (1953)	Status	Independence	Expressing feelings
	16. Glueck (1950)	Cohesiveness	Discipline	Affection

Schutz, William C. Firo-A Three Dimensional Theory of Interpersonal Behavior. Holt, Rinehart & Winston, Inc., 1960.

APPENDIX "C"
CATEGORY SYSTEM

1. Reference Units (units which contain a single idea describing the patient or nurse and may be expressed by a descriptive word, phrase, or statement.)
 - (a) Descriptive word: communicative, cooperative, interesting, happy, considerate.
 - (b) Descriptive phrase: good to other patients, arm in a cast, interesting to me, easy to talk to.
 - (c) Descriptive statements: She accepted her condition; he got along well with adults; I was puzzled; she took an interest in me; she was scheduled for surgery.
2. Technical Category (Non-interpersonal):
 - (a) Physical (diagnosis, treatment, symptoms, units describing the physical condition.)
 - (b) Other (medical history, resource persons, agencies, units neutral to the established categories.)
 - (c) Biographical (personal-social-cultural status: age, size, appearance, economic, marital, educational, religious aspects.)
3. Patient Need Category (Interpersonal):
 - (a) Inclusion (units which describe the patient's need to establish and maintain a satisfactory relation with people with respect to interaction and association, and to feel that the self is significant and worthwhile).

- (b) Control (units which describe the patient's need to establish and maintain a feeling of mutual respect for the competence and responsibility of others and the self, it is directed toward the satisfaction of the interpersonal need for control and power).
- (c) Affection (units which describe the need to establish and maintain a satisfactory relation with others with respect to love and affection, defined at the level of self-concept, the need for affection is the need to be accepting and loving of self).

4. Nurse Need Category (Interpersonal):

- (a) Inclusion (units which describe the nurse's need to establish and maintain a satisfactory relation with people with respect to interaction and association, and to feel that the self is significant and worthwhile).
- (b) Control (units which describe the nurse's need to establish and maintain a feeling of mutual respect for the competence and responsibility of others and the self, it is directed toward the satisfaction of the interpersonal need for control and power).
- (c) Affection (units which describe the need to establish and maintain a satisfactory relation with others with respect to love and affection, defined at the level of self-concept, the need for affection is the need to be accepting and loving of self).

5. Positive Need (positive inclusion, control, and affection designate that the patient and nurse have attained to some degree a comfortable or satisfactory relation with each other or with the self.)
6. Negative Need (negative inclusion, control, and affection designate that the patient and nurse have not attained a comfortable or satisfactory relation with each other or with the self.)

STATISTICAL FORMULAE

Chi-square

$$X^2 = \sum \frac{(f_o - f_e)^2}{f_e}$$

(9)

Correlation (Pearson r)

$$r = \frac{N \sum XY - (\sum X)(\sum Y)}{\sqrt{[N \sum X^2 - (\sum X)^2][N \sum Y^2 - (\sum Y)^2]}}$$

Analysis of Variance

$$F = \frac{MSB}{MS_{e(b)}} \quad \text{test of B effect}$$

$$F = \frac{MSA}{MS_{e(w)}} \quad \text{test of A effect}$$

$$F = \frac{MSAB}{MS_{e(w)}} \quad \text{test of AB interaction}$$

(23)

PROFILE FOR INCIDENT A

Freshmen

Sex	Diagnosis	Global View	Interested in	Dissatisfied With
M	Uremia	Everything to be done for him.	Progress made.	Refused to drink fluids.
F	Broken leg	World against her.	Common interests.	Flattered nurse too much.
F	Cholecystectomy	Needed love and affection.	Need for love and affection.	Disorientation
F		Picky, whiny, exacting.	Patient's talk about her wonderful husband.	No
F	Shoulder pain	Nice looking.	Common interest in nursing and children.	Worried about others.
M		Cheerful outlook.	Happy in spite of being ill long time.	Didn't appreciate flowers.
F	Thoracotomy	Wonderful outlook, uncomplaining.	Condition and cheerful outlook.	Wanted immediate attention.
F	Vaginal hysterectomy	Quiet, uncomplaining, realistic.	Considerate, self-reliant.	Patient did part of student's work.
F	Post-operative	Happy, enthusiastic with life.	Closely knit family.	Nothing.

PROFILE FOR INCIDENT A

Freshmen

Conversation	Leader		Changes	Patient Nurse		Understandings
	Patient	Nurse		Patient	Nurse	
Not easy		X	More explanations	X		Need for much care, needs feel wanted & needed.
Easy	X		Watch topics of conversation	X		More freedom in this situation to express fears.
Easy		Mutual	More patience and tolerance	X		Drawn to patient and wanted to understand her.
Easy		X	Be less apprehensive about patient's picky attitude.			
Easy		Mutual	Would rather patient didn't help make bed.			
Easy		X	Would like more time to listen.	X		Learned that people need love and consideration-more than ever in hospital.
Easy		Mutual	Improve organization of work.		X	Got clear picture of nurse's responsibilities in complete patient care.
Easy		Mutual	More time with patient.			
Easy	X		Try to reassure patient more post-operatively.			

PROFILE FOR INCIDENT A

Seniors

Sex	Diagnosis	Global View	Interested in	Dissatisfied with
M	Paraplegic	Self-reliant, moody	Adjustment to condition	Pecked at food, too thin
F	O.B.	Enthusiastic, interesting	Eager for explanation	Analysis of student's responses
F		Pleasant, cooperative, cheerful	Acceptance of illness	No
M	Diabetic	Accepted condition	Acceptance of condition	No
F		Former acquaintance	Similar background	No
F		Need to talk, inconsistent	Need to talk	Information given what should be talked about
F	Delivery	Exceptional attitude, open minded	Attitude toward delivery	No
M	Behavior problem	Capable of accomplishment if loved	Nurse could help in a different situation	Lack of consideration of others

PROFILE FOR INCIDENT A

Seniors

Conversation	Leader		Changes	Patient Nurse		Understanding
	Patient	Nurse		Patient	Nurse	
Easy	X		Spend more time with patient	X		I was able to find out more about the patient himself
Easy	X		Be more sure of myself, give more definite answers, approach patient with more positive attention	X		I saw myself more and what I really enjoy in a person
Easy	X		No - pleasant association	X		I learned more about her environment and personality
Easy		Mutual	Nothing	X		I was able to accept him and wanted to help him
Easy		Mutual	Nothing			
Easy		Mutual	Spend more time, not ask so many questions, patient would eventually tell anyway	X	X	Patient: I learned a great deal from both A & B Nurse: Both of them A & B
Easy		Mutual	Nothing			
Easy		X	More firm, directive limit setting approach	X	X	Patient: Because of the time spent in understanding human interaction

PROFILE FOR INCIDENT B

84

Freshmen

<u>Sex</u>	<u>Diagnosis</u>	<u>Global View</u>	<u>Favorable</u>	<u>Difficult</u>
F	Auto accident	Particular about her way.	Had many good points, hard to bring out because of the way I felt about her.	Mainly because I am so slow and was continually delayed.
F	Urinary Tract inf.	Refused all care, cried.	Made several helpful suggestions in nursing.	Patient felt neglected.
F	Lung surgery, diabetic.	Brave woman with many P. O. complications.	Tried to help herself.	Couldn't feel the pain she felt or how to care for her.
M		Loud mouth -- ordered people around.	Forward -- gave lots of compliments and candy.	Stubborn -- found it amusing to sidetrack nurse.

Seniors

<u>Sex</u>	<u>Diagnosis</u>	<u>Global View</u>	<u>Most Favorable</u>	<u>Most Difficult</u>
F		Self-centered, unsure of herself.	Sweet and easy to talk to.	I think I lack in patience and understanding.
F		Couldn't accept condition. Hostile toward personnel.	Keen interest in others. Good personal hygiene.	Lack of consistency in nursing, staff-patient rebellious toward those making most effort.
F	Caesarian Section.	Chronic complainer.	Good influence on the patient in the next bed.	She tried to make you feel below her. She was an R. N.
M	Eye patient.	Demanding - nervous.	His love for his wife and family.	His lack of desire to follow what was felt best.

PROFILE FOR INCIDENT B

85

Freshmen

Conversa- tion	Leader		Change	Understanding	
	Patient	Nurse		Patient	Nurse
Not easy.	X		Be more prompt and would try to see her point of view.		
Not easy.		X	Would try harder to find way of comforting patient.	Tried to understand her because she was so difficult.	
Not easy.		X	To learn better how to care for some one like her.	Because I had to try to feel like she did and anticipate her need.	
Yes.	X		Nothing-Distrusting individual set in ways. Accept him as he is.		Because nurse had to be more understanding, patient, kind.

Seniors

Conversa- tion	Leader		Change	Understanding	
	Patient	Nurse		Patient	Nurse
Easy.	X		Be more patient and understanding.	Am now able to see why I reacted the way I did and what made me disturbed.	
Easy.	X		Should have asked head nurse to suggest there be consistency within nursing personnel in care and teaching.		
Yes.	X		Explain to her the minute she came to floor what could, could not expect.	Helped develop tolerance this type patient understand basically probably apprehensive.	
Sometimes.	X		Would try to be even more understanding than we were.	Increased understanding of problems of hospital patient.	Caused nurse to further explore her judgments and evaluate objectively.

SENIORS

<u>Sex</u>	<u>Diagnosis</u>	<u>Patient Description</u>	<u>Nurse Description</u>
M	EENT Retinal detachment	Blind in other eye Prognosis poor Confident in nurse Anxieties relieved Worries about family	Spent a great deal of time Talked with patient Gave good nursing care Always frank Tactful Always a good listener
F		Especially concerned about infection Needed assurance Easily upset with loud voices and noises	Changed dressing Addressed the patient Explained Assured patient that solu- tion returned was clear In a soothing voice con- tinued supportive care Easy manner of speaking Gave slow, assured care Put patient at ease

FRESHMEN

M		Depressed 16-year old	Tactfully got patient to talk about his problems She accomplished this with a smile, pleasant voice, and a true interest in the patient
F		To have surgery Apprehensive Misconception of spinal anesthesia, believes there is a high death rate from it Relieved of anxiety Went to surgery with a safe feeling	Nurse spends a great deal of time with patient Explained the procedure Got special information about the spinal anes- thesia Had the doctor go over the procedure with the pa- tient

INCIDENT D

87

SENIORS

<u>Sex</u>	<u>Diagnosis</u>	<u>Patient Description</u>	<u>Nurse Description</u>
M	Eye surgery	Single male 54 years	No one cared for the patient because his brother made life miserable for everyone. Everyone did as little as possible. The nurse supported this attitude instead of helping to understand the problem better.
F	Hysterectomy	In a ward Dissatisfied with room mates Demanding person	Not understanding. Interested in meeting physical needs, not patient's personal interests.

FRESHMEN

M	Cobalt Therapy	Became very frightened	Tried to explain how the patient would be in a room with a big machine hanging over him. Told patient there was nothing to be afraid of.
F	Post operative	Frightened over operation Would have responded if nurse behaved differently	Nurse said, "You'll be fine, later in the day," and left patient alone to make her fears larger. Needed little extra time and interest. Seemed to forget what a fearful experience operation and hospital routine is.

GLOBAL VIEW OF FOUR INCIDENTS ACCORDING TO
FRESHMEN RESPONSES IN AN OREGON SCHOOL OF NURSING

<u>Patient</u>	<u>Patient</u>	<u>Nurse</u>	<u>Nurse</u>
<u>A --- Enjoyed</u>	<u>B --- Difficult</u>	<u>C --- Helpful</u>	<u>D --- Non-helpful</u>
Progress made	Sorry for self	Stood by patient talking	Disinterested
World against her	Demanding - her way	Did extra things to make for comfort	Disbelief in patient
Need for love and affection	Whiner - sorry for self	Taught patient confidence	Wouldn't listen to patient's pleas
Picky, whiny	Patient's condition Terminal	Encouraged and supported	Not gentle with patient
Excitable, nice looking	Charming, gift of gab, worrier	Explained and clarified	Dishonest about medication
Polite, cooperative, cheerful	Demanding, directed others	Genuinely interested	Made disparaging remarks and patient overheard
Cooperative, cheerful, optimistic	Disagreeable, disliked nurses	Understanding, interested	Talking before patient about procedure - lack confidence
Patient uncomplaining	Moody, helpless, demanding	Explained, reassured	Rushed and hurried
Cheerful, cooperative	Complainer, helpless, uncooperative	Explained, reassured	Gave incorrect information about treatment
Interested in others	Selfish, feeling unloved	Spending time with all patients and showing genuine interest	Avoided seeing patients, didn't listen
Depressed	Had poor attitude	Listened, reassured	Used meaningless words, didn't listen
Well adjusted - intelligent	Uncomfortable, hyper sensitive	Kind, patient with older people	Talking about staff
Good spirits, appreciative	Independent, belligerent	Used good judgment, satisfying all patients	Rude to patient
Cooperative	Continued dependence	Anticipated patient's needs when feeding patient	Ridiculing patient's complaints in report
Jolly, fabulous sense of humor	Disobeyed orders, grouchy	Reassured and comforted patient and student by checking patient frequently	Ignored patient's fears

GLOBAL VIEW OF FOUR INCIDENTS ACCORDING TO
FRESHMEN RESPONSES IN AN OREGON SCHOOL OF NURSING
(2) (continued)

<u>Patient</u>	<u>Patient</u>	<u>Nurse</u>	<u>Nurse</u>
<u>A --- Enjoyed</u>	<u>B --- Difficult</u>	<u>C --- Helpful</u>	<u>D --- Non-helpful</u>
Gradual improvement Well adjusted	Modest, tense, worried Silent and cold	Explained, didn't hurry Reassured, stop- ped and read poetry	Impatient, short Referred to topics that upset pa- tient
Cheerful, although concerned about surgery	Spoiled, pouting, whined	Comforted patient with medical and nursing care	Unprepared to as- sist with dress- ing
Loud, uncouth	Disoriented, in- coherent	Protected patient and diverted	Informing patient of move pre- maturely
Obese, extrovert, creative, well- mannered	Abrupt, rude, introvert	--	--
Frail, disorient- ed	German langu- age barrier	Explained and established understanding	Expressing facial disgust
Demanding, but appreciative	Cried, refused care	Tactful and hon- est in embar- rassing situa- tion	Impatient, uncom- municative
Social, friendly, cooperative	Physical weak- ness, lack of confidence	Assisted, had awareness to comfort, safe- ty, modesty	Questioned tact- lessly
Talked about ideas, had way with people	Brave, many complications P. O.	Solved problems for patient - anticipates, imaginative	Careless and loud conversation
Gradual improve- ment	Depressing con- versation of dying	Assisted, support- ed, encouraged	--
Friendly, warm, interesting	Misunderstood conversation	Showed interest in patient	Rough, uncommuni- cative
Keen sense of humor	Loud mouth, or- dered people around	Encouraged, gave extra special time	Disliked patient, ignored patient and family
Cheerful, crea- tive ability	Hypersensitive and jittery	Reassured and explained	Careless work, temperamental
Warm, moral, ingenious, in- spired others	Demanding, had own schedule	Listened and en- couraged pa- tient to talk	Cruel speaking
Witty, determined	Quiet and with- drawn, com- pulsive	Explained and pre- pared patient for treatment	Too rough with pa- tient, didn't build trust
Sweet, good sense of humor	Disobeyed or- ders	Established trust	Threatened and punished

GLOBAL VIEW OF FOUR INCIDENTS ACCORDING TO
FRESHMEN RESPONSES IN AN OREGON SCHOOL OF NURSING

(3)

(continued)

<u>Patient</u>	<u>Patient</u>	<u>Nurses</u>	<u>Nurse</u>
<u>A --- Enjoyed</u>	<u>B --- Difficult</u>	<u>C --- Helpful</u>	<u>D --- Non-helpful</u>
Outgoing, cheerful, sense of humor	Pain in the neck, too intimate	Understanding and sympathetic	--
Cheerful, smiled, needed encouragement	Slow mentally, untidy, unclean	Encouraged and conversed with pencil and paper	Gave medication, but uncommunicative
Intelligent, commanded respect	Insecure, distrustful, particular	Consoled while bathing, loss of husband	Threatened, unkind, no understanding
Good natured, cheerful	Confused, uncooperative	Calm, reassured	--
Withdrawn, challenging to nurse	Rich, never pleased	Quiet manner, helped patient when narcotics withdrawn	Angered because of helpless patient
Complete care needed, helpless	Messy, untidy, incontinent	Explained and helped patient out of bed	--
Demanding, self sufficient	Quiet, difficult to converse with	Assisted and explained	--
Relaxed, happy person	Annoyed and snappy	Reassured, explained difficult procedure	Poor observer of patient's needs
Wonderful outlook on life	Demanding, nervous, easily upset	Reassured, suggested solution to problem	No explanation of simple procedure --too busy
Mature, well adjusted	Depressed, weak, slow	Understanding, sincerely thoughtful, tactful, interested	Overjoyous, joked ignored patient's needs
Full of life, determined	Self centered	Informed and explained	Too hurried, no time for patients
Alert, eager, friendly	Moody, irritable, set in ways	Explained and prepared patient mentally	Abrupt, gave patient no alternative
Whined, laughed at jokes	Demanding	Reinforced by explaining staying with patient	Not prepared to give patient all information
Eager to learn, interested	Dissatisfied, unhappy	Interested in patient orientation	Didn't listen, not interested
Considerate, cheerful	Messy, vulgar, inconsiderate	Instructed, encouraged, made suggestions for comfort	Ignored patient, irrelevant talk
Agreeable, appreciative	Communication senile problem	Explained error simply, apologized	Ignored and evaded questions

GLOBAL VIEW OF FOUR INCIDENTS ACCORDING TO
FRESHMEN RESPONSES IN AN OREGON SCHOOL OF NURSING
(4) (continued)

<u>Patient</u>	<u>Patient</u>	<u>Nurse</u>	<u>Nurse</u>
<u>A --- Enjoyed</u>	<u>B --- Difficult</u>	<u>C --- Helpful</u>	<u>D --- Non-helpful</u>
Pleasant, understanding Keen sense of humor	Compared ailments Uncooperative in helping	Problem solved, experimented Protected, comforted and stayed with patient	Tactless, blunt, avoided issue Exposed patient, careless
Cheerful, happy jovial Understanding, kind Easy to please	Serious, gruff Demanding, snappy Dirty in language, talk	Pacified, established trust Listened, built confidence Reinforced patient by studying, comforting	-- Cold, uncommunicative Nurse as patient, domineering, critical
Wonderful philosophy of life Pleasant, good natured Happy spirit and cheerful	Crying, self-centered Talkative, complainer Quiet, reserved	Gave patient lots of time Allowed patient to have way --	Disbelief of patient Failed to use judgment --
Interesting, exuberant	Sarcastic	Careful explanation, understanding	No explanation for procedure
Jolly and interesting Pleasant, followed orders Grouchy, flirt	Dependent, forgetful Irritable, dependent Mental problem, tantrums	-- -- Used good judgment, checked on patient frequently	-- -- Harsh, impatient
Cooperative, friendly	Inattentive, unhappy	Obtained information about hospital bill for patient	Lazy, negligent
Pleasant, witty, self-reliant	Particular about her eating	Explained, built understanding	Refused to follow through on patient's pain need
Neat, well groomed	Disinterested, difficult in understanding	Took lots of time for orientation	Told patient to shut up
Self-pity, on guard Aggressive, friendly Pretty, appreciative	Dependent, wants attention Disoriented, lonely Deaf, apprehensive	Used practical approach Allowed patient plenty of time Teaching patient interests	Exposed patient, poor technique Rude, inconsiderate Stuffed food into patient's mouth, choking patient

GLOBAL VIEW OF FOUR INCIDENTS ACCORDING TO
FRESHMEN RESPONSES IN AN OREGON SCHOOL OF NURSING
(5) (continued)

<u>Patient</u>	<u>Patient</u>	<u>Nurse</u>	<u>Nurse</u>
<u>A --- Enjoyed</u>	<u>B --- Difficult</u>	<u>C --- Helpful</u>	<u>D --- Non-helpful</u>
Apathetic, quiet	Sharp tongue, irritating	Explained and built understanding	No explanation given
Nervous, apprehensive, shy	Demanding, complaining	While bathing, reassured	Threatening, explanation given
Taciturn, helpful	Bored, demanding	Bolstered patient, reassured	Negative, bawled patient out
Friendly, cheerful, interesting	Cross, unpleasant, complained	Listened, and sensitive to patient's needs	--
Courageous, sweet	Pessimistic outlook	Listened and reassured	Ignored patient's fear
Friendly, motherly type	Uncooperative		Neglected to stay with patient

GLOBAL VIEW OF FOUR INCIDENTS ACCORDING TO
SENIOR RESPONSES IN AN OREGON SCHOOL OF NURSING

<u>Patient</u> A --- Enjoyed	<u>Patient</u> B --- Difficult	<u>Nurse</u> C --- Helpful	<u>Nurse</u> D -- Non-helpful
Well adjusted	Dull mentally	Patience in teaching	Disliked patient
Enthusiastic	Self-centered, dependent	Listened, tactful	In a hurry, inconsiderate
Appreciative	Superficial	Acceptance	Careless with orders
Cooperative	Hostile toward personnel	Acceptance	Impatient
Common background	Uncooperative	Good listener	Negative attitude
Need to talk	Overactive - foul language	Understanding	--
Very cooperative	Chronic complainer	Sympathetic	Inconsiderate of patient's hearing
Capable if supported with love and affection	Demanding, inconsiderate	Honest, relieved fears	Technician
Bubbling personality	Evasive	Reassured, gave explanations	Talked too much (information)
Cheerful personality	Suspicious	Calm, reassuring	Lacked information
Well adjusted	Spoiled, inconsiderate	Prompt, thorough	Neglected
Friendly, cooperative	Selfish, stubborn	Established trust	Lacking insight
Sweet, contented nature	Demanding, disruptive	Kind and understanding	Impatient
Outgoing "spunky"	Self pitying, critical	Encouraged and praised	Loud, uncouth
Cheerful, cooperative	Crying, emotional, unstable	Guided and directed	Threatened
Confident, pleasant	Perfectionist	Explained procedure to family of patient	Scolded
Adjusted well to condition	Demanding, disrespectful	Spent time with patient listening	Physical needs emphasized
Smiling, appreciative	Whining, pouting	Easy manner, relaxing	Hurried, loud
Great understanding, intellectual	Demanding, lack of confidence in staff	Considerate, love interest	Ignored patient's need to talk
Likable, generous	Self-centered, tactless	Explained procedure	Negative attitude didn't believe patient ill
Polite, sense of humor	Spoiled child, rude	Encouraged, listened	Negative attitude

GLOBAL VIEW OF FOUR INCIDENTS ACCORDING TO
SENIOR RESPONSES IN AN OREGON SCHOOL OF NURSING

(2) (continued)

<u>Patient</u>	<u>Patient</u>	<u>Nurse</u>	<u>Nurse</u>
A --- Enjoyed	B --- Difficult	C --- Helpful	D --- Non-helpful
Cheerful, cooperative, positive attitude	Critical	Explained, gentle, soft spoken	Loud, rough, did not listen
Pleasant, good sense of humor	Concerned about illness	Explanation, pre-operative	Procedure not explained- patient not prepared mentally
Tolerant, cooperative	Demanding, intolerant, uncooperative	Kind, considerate to family	Flippant, loud
Humility, bravery	Pampered by parents, spoiled	Gave attention and was kind, built trust	Cold, hostile, refused to listen
Cooperative, interested, adjusted	Self-centered, demanding, uncooperative	Explanation pre-operative	Punitive, cold, indifferent
Talkative, cooperative	Demanding, deaf	Calm, reassuring	Short, impatient, ignored by joking
Cheerful, optimistic, charming	Self-pitying and demanding	Made patient confident through orientation in emergency	Neglected patient by leaving alone too long
Uncomplaining and pleasant	Look of misery	Assisting, helpful with procedures	--
Well adjusted	Belligerent, dirty	Reassured, explained, encouraged	Lack of consideration for patient's hearing
Cheerful, active	Spoiled little brat	Explained procedure	Hostile, forced patient
Cooperative, depressed	Suspicious, disoriented	Listened	Glared at patient
Cooperative, interesting	Demanding, messy	Helped patient adjust to handicapped position	Negative attitude supported by nurse
Well adjusted	Demanding	Listened, talking, reassured patient	Too busy to talk or listen
Happy, liked people, self-sufficient	Withdrawn, blind, negative attitude	Reassuring manner, firm, kind	Sharp voice, uninterested in patient's problem
Eager to communicate, energetic	Depressed, demanding and mixed up	Explained procedure	--
Wholesome, receptive, cooperative	--	Calm, reassuring	--
Resentful of condition, people, situation	Difficult with complications	Calm, quiet, observant, efficient	Excited, upset, unprepared
Withdrawn, hysterical	Uncommunicative	Nice, informative	--

GLOBAL VIEW OF FOUR INCIDENTS ACCORDING TO
SENIOR RESPONSES IN AN OREGON SCHOOL OF NURSING

(3)

(continued)

<u>Patient</u>	<u>Patient</u>	<u>Nurse</u>	<u>Nurse</u>
A --- Enjoyed	B --- Difficult	C --- Helpful	D --- Non-helpful
Well adjusted, friendly, per- sonal, cordial sincere	Uncommunica- tive, dependent	Firm, personal, evaluated honestly	Encouragement not given
Asked intelligent questions, in- terested	Disrespectful, obnoxious	Explanation given	Punitive
Cheerful, good to care for	Mentally inse- cure	Provided securi- ty	Ignored or hushed patient
Friendly, active personality, happy	Unpredictable	Provided emotion- al support	--
Likeable, open friendly common interests	Terror, non- conformist, rejected com- fort	Treated patients as individuals, accepted	Inattentive and abrupt, rejected
Charming, intelli- gent	Mentally retarded, bossy, demand- ing, yelled	Explained rea- sons to gain understanding	Snapped at patient