

A STUDY OF  
EXPRESSED REACTIONS OF STUDENT NURSES  
TO CARING FOR ADOLESCENT PATIENTS

by

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## CHAPTER I

### INTRODUCTION

#### Introduction to the Problem

As each person lends his own connotation to the term "adolescence," a true definition becomes more difficult to achieve. It has been said that "our confusion about the adolescent is perhaps indicative of the degree of our understanding of adolescence." (20) Reactions to this age group are as varied as the adolescents themselves.

It is well known that during his development the adolescent presents many unique characteristics of personality. He is, at various times, rebellious, anxious, insecure, loyal, confused, fearful, demanding, snobbish, moody, adventurous, fun-loving, philosophical, down-to-earth, conformable, selective, anti-intellectual, intellectual, ambivalent, withdrawn, gregarious, sophisticated, juvenile, sensitive, and he fluctuates between being dependent and independent. (3) (11) (27)

The fields of medicine in general and nursing in particular have admittedly failed the adolescent. Neither discipline has been able fully to accept him and his needs as is evidenced by the fact that there are few provisions made for medical and nursing care for this patient group as a whole compared to those made for geriatric, pediatric, and adult patient groups. Pediatricians and adult medical practitioners reputedly hesitate to care for this age patient...each possibly assuming he is being cared for by the other. Nursing gives

evidence of its failure to care for the adolescent by the majority of educational programs offering no planned experiences in the care of the adolescent, per se, which might be comparable to that offered in the care of infants, young children, and adults. (25)

Due to an increased awareness of the lack of acceptance of the adolescent as either an adult or a child, a relatively new field has now appeared to which the name "ephebiatrics" is given, and with it has come the gradual recognition of the health needs of the adolescent by the medical profession. (4) Adolescent or Ephebiatric Clinics are being developed. There are now textbooks devoted entirely to the medical care of the adolescent. (4) (10) (13) (15) (23)

Nursing Education will need to devise ways and means of presenting the fundamentals of care of adolescent patients. The problem of how to present the subject matter might be posed as the students are, themselves, for the most part, still in the late adolescent phase. Difficulties may occur when discussing the turbulent problems of youth with those who may, themselves, well be having the same problems of growth and emotional development. (10) (23) To help the student better understand herself, identify and maintain her professional role, and contribute in a positive way to the care of the hospitalized adolescent would seem to be one of the tasks of any school of nursing.

#### Statement of the Problem

Devising a course in the care of the adolescent patient requires careful consideration from many aspects. The first step towards doing this could logically be that of determining from the student nurse herself, what she feels are the problems confronting her

when caring for the adolescent patient. The major purpose of the study, therefore, is to determine from student nurses what problems they have encountered when caring for hospitalized adolescents.

The specific question to be answered by this study is, "What are the expressed reactions of student nurses to caring for the adolescent patient?"

#### Limitations

The population of the study is limited to the students enrolled in groups which have last completed pediatric nursing in five schools of nursing in Oregon and one school which is conducted by a Washington college but utilizes the clinical resources of a Portland hospital, hence has been included in this study. Only one of the selected schools offers experience to the students in an adolescent unit, the patients in the unit range between the ages of 12 and 19 years.

A further limitation of the study would be that imposed by the number of patients falling into the specified age range who have been available to the students for care and the ensuing experience upon which the responses would be based.

The conclusions of the study are limited to identification of the specific areas of care of the adolescent patient which concern the student nurse. No attempt is made to compare the results from the individual schools although particular responses may be identified as being made by the group having had experience in an adolescent unit. Neither will any attempt be made to evaluate the type of instruction concerning adolescents which the students may or may not have received.

### Assumptions

The assumptions upon which this study is based are:

1. That the majority of the student nurses participating in the study are young people in their late adolescent period, hence likely to identify strongly with the adolescent.
2. That the devised questionnaire is reliable for gathering the specific information desired.
3. That adolescent patients with problems of growth and emotional development unique to their own age group present areas of concern for student nurses which can be identified.

### Importance of the Problem

Jean Daubenmire said "Teenage patients are here to stay and it behooves the nurse to know as much about them as possible." (6)

A review of ten commonly used pediatric nursing textbooks published within the last ten years indicates that limited content is devoted to the nursing needs of the adolescent. One devotes no portion, five devote five or less pages, three devote between five and ten pages, and one, a 1961 publication, presents forty-two pages. This totals 85 pages devoted to adolescents out of 5,070 pages in the ten texts. (1) (2) (3) (7) (17) (18) (21) (22) (23) (26)

Now that adolescent clinics and hospital wards devoted entirely to the care of the adolescent are being organized and medicine is beginning to consider adolescence as an age group with disease conditions common to them with special teaching and health needs, nurses must take note and consider adolescents more realistically than in the past. A recent editorial in Nursing Outlook summarizes the

responsibility confronting nurses in this respect by saying "...staff for such units [adolescents] need a peculiar understanding to meet the adolescents' needs, to know when to be understanding parent surrogates and when to be pals, and how to keep in control of the situation at all times." (10)

The teaching of the care of adolescents to student nurses might be delicate but it would be worthwhile to investigate this specific area of patient care to determine: 1) what, if any, provisions are made for this age group [adolescent] for nursing care that differs from the other age groups (children, adults, older persons); 2) what are the specific physical and emotional needs of adolescents; 3) what the adolescents, themselves, feel are problems arising when they require hospitalization; 4) how student nurses see themselves, if at all, in the adolescent stage; and 5) what problems the student nurses, themselves, have found when caring for adolescent patients in the past and how they feel about them as a patient group. This study is devised to help reveal some of the aspects of the latter only.

#### Procedure for Collection of Data

The primary source of data for this study is obtained by a questionnaire administered to 107 student nurses in six schools of nursing. The secondary sources of data are related literature in the fields of pediatrics, sociology, psychology and general nursing.

The procedure for the study is as follows:

1. The purposes of the study were established
2. A questionnaire was devised to obtain student nurse reactions toward caring for hospitalized teenagers (adolescents). All

items in the questionnaire were geared to eliciting information designed to achieve the purposes of the study.

3. The questionnaires were administered to ten student nurses and revised to be more consistent with the purpose of the study. The data from this trial-run were discarded. As the needed revisions were minor in nature, a second trial-run was omitted.
4. The Directors of the schools of nursing were approached. The purposes of the study were explained and permission was granted for the students' participation.
5. The questionnaires were administered by the investigator or mailed to students who were on affiliations outside the city of Portland, Oregon.
6. The data were tabulated and specific problem areas of adolescent patient care by student nurses identified.
7. Conclusions were drawn and the results presented in percentage tables and graphic forms.
8. Recommendations for further study were made.

#### Preview of Subsequent Chapters

Chapter II is devoted to a review of the literature in five areas concerned with adolescents:

1. The period called adolescence.
2. The needs of adolescents.
3. The ill adolescent.
4. Trends in the care of ill adolescents .
5. The role of student nurses in caring for ill adolescents.

Chapter III describes the study and presents the findings. The summary, conclusions and recommendations for further study make up Chapter IV.

## CHAPTER II

## REVIEW OF THE LITERATURE

The Period Called Adolescence

"The process of adolescence is an evolving one, beginning with the spurt of physical growth and continuing until the maturation of the person is relatively complete." In 1960 Gladys Benz used this description of adolescence in the 4th edition of Pediatric Nursing. In so doing the author elaborated on the generic derivation of the word "adolescence" which, in an earlier edition of the same text, she had stated as having the meaning to "grow from childhood to man or womanhood."

These statements seem quite typical of the definitions of "adolescence" contained in nursing textbooks and related literature. Most authors state that there is no definite chronological age span designating adolescence but arbitrary age limits are often established for convenience of subject matter presentation. Some pediatric texts use these as stopping points--either stopping before discussion of this period or afterwards.

A less formal definition or explanation of the period in question was used by Mussen and Conger when quoting a prominent psychologist as saying "the adolescent was in the 'not quite stage'--not quite an adult, not quite a child, and not quite sure of himself." (24) This quotation illustrates that a dilemma exists in attempting to state specifically what adolescence is. Throughout the literature descriptive phrases or terms illustrating well-known or popularly accepted characteristics have been employed to describe the adolescent. No clear-cut definition has been made.

Two terms are presented in most of the literature--adolescence and puberty--and an attempt is frequently made to differentiate between the two. After stating that the two terms are not synonymous, Benz states: "Puberty is associated with sex maturity when very obvious growth changes occur." (3) Thereby she has attempted to define adolescence by explaining "what it is not."

Irene Josselyn, in "Psychological Changes in Adolescence" in the March-April, 1959, issue of Children, may have observed the non-definitive stands assumed by authors when she stated: "Our confusion about the adolescent is perhaps indicative of the degree of our understanding of adolescence."

#### The Needs of Adolescents

The literature was researched for definitions of the unique "needs" of individuals passing through the adolescent period. Some authors list the problems or difficulties which adolescents have and make no attempt to suggest possible solutions to the problems or ways of meeting the adolescent's needs. Other publications seem to have been written to help parents or persons working with this age group better understand what seems to be the normal characteristics and activities of the adolescent and what role such interested persons might assume. (11) (27)

Primarily the authors seem to agree that the past experiences which the individual entering the phase of adolescence has had in his life will influence the way he will approach and try to solve the problems he encounters in this new period in his life. They indicate that the young person needs an emotionally stable background to

enable him to pass through the adolescent period with the least possible trauma.

It seems to be accepted that all adolescents need to understand the process of their growth and development. Stone describes this need in this way: "The central theme of adolescence is the finding of one's self." (27) Benz states that such physical factors as deepening of voices, menstrual and sweat odors are of great concern to the adolescent. (3) This leads to the identification of masculine and feminine roles...a process which society expects to be complete by the time the individual enters adulthood.

Several of the authors, when discussing this aspect of adolescent development, introduced the need for adequate sex education. As adolescents are all subconsciously--and some consciously--establishing individual codes of ethics, the authors indicated the importance of sex education. Stone and Church recommend that sex education be addressed to the meaning of sexuality, the meaning of body experiencing, answering doubts and allaying anxieties. (27)

The expression of the adolescent's need to have adults accept their unique patterns of growth and development is stated by Frank as: "all young people are eager to be approved and accepted by those a little older." (11) This extends to the additional desirability of having responsible persons outside the family to whom he could go for information, advice and reassurance.

Gallagher cites four attitudes which he feels adolescents assume. If understood by adults, it is his opinion that these can serve to aid persons desiring to help the young people meet the needs of their age more adequately. The four are: 1) fear of being abnormal; 2)

great capacity for change; 3) live strenuously; 4) school very important to them. (14)

The first may explain why the peer group is of such importance during this period of life. Not only are group experiences invaluable at this time, more so is identification within the group. The insecurity which is accepted as being an outstanding characteristic of adolescence forces the adolescent to seek reassurance from his own age group.

...The dependence of the adolescent on his peers is in general so severe that it has been labeled the 'popularity neurosis', to which American adults are not always immune. (27)

To adolescents, conformity is of well-known importance. Again the peer group is the all important deciding factor. As Benz says: "The adolescent peer group in many countries develops many of its own values and culture patterns." (3) And Stone adds that adolescents are: "...eager for innovations, but innovations within the framework already provided." (27)

The dependence which the adolescent displays towards his peers is reversed many times when it comes to his relationship with his parents and various other persons as well. Elizabeth Douvan defines independence as the "...process by which the child casts off infantile ties of dependence and arrives at a more mutual and adult relationship with his parents." (8) This independence takes many forms and Stone and Church describe one as a "conspiracy of silence." (27) This, the authors point out, is often the epitome of rejection of adults. All of the things which home seemed to mean to the child before, now seem minute within his thinking. His outward display of

any concern for home, parents, and siblings is rare indeed during adolescence.

Although the adolescent desires to be independent, the literature points to the importance of having limits set for him, although flexibility on the part of the parents is a must. Various authors express that the adolescent is not capable of assuming total adult responsibilities but needs guidance in learning to assume the role of an adult gradually.

As the individual progresses through adolescence there are many needs. Much of the literature is consistent with two guidance needs of adolescents expressed by Benz, namely:

Guidance in the development of physical and intellectual skills with wide opportunity to satisfy interests and self-expression in crafts, art, religion, and music so that he may experience the prestige of achievement. (4)

Guidance in vocational preparation with consideration for individual capacities and inclinations as a means of personal expression and his potential contribution to society. (4)

Although many "needs" of the adolescent were identified throughout the literature, those cited above seem to be the most frequently expressed ideas.

#### The Ill Adolescent

Even when ill, a young person may still be considered an adolescent with all of the characteristics thereof altered only by the seriousness of or the particular disease condition. J. R. Gallagher emphasizes this point by saying:

Adolescents are different, so it is imperative that we learn to understand them and to treat them and their ailments in the light of their characteristics.

It is our patient himself, not his disease, which we must keep uppermost in our minds.

What our patient is like--his needs, characteristics, and worries--must enter into our plans for helping him just as much as do the requirements for modifying his disease. (13)

A survey of the literature reveals that when illness does occur during adolescence, many inward and outward reactions become evident. It is possible that even the symptoms or behavior he is displaying which are thought to be part of his "illness" may be the result of some factor which has gone beyond the adolescent's capabilities for handling. (13) Marlow suggests that:

During illness the young person is unable to discover the kind of person he really is or what his role in the future will be, much less develop the sense of intimacy which is important to his later adjustment. (23)

This author indicates that the care of the adolescents' need is usually centered around four problem areas: "...concern for physical growth and development, concern about vigorous activity, concern with school and concern about emotional factors in their development." (23)

During illness vigorous activity is likely to be curbed. Dr. Gallagher has indicated the adolescent's reaction:

...So anything--your restricting recommendation, your advice that they rest, or the presence of a handicap--anything which keeps them from active participation will be resented and, if possible, ignored. (13)

The behavior the adolescent displays when ill is sometimes trying to those attempting to care for him, but might be better understood in light of Charlotte Towle's comment in Common Human Needs: "When the future becomes particularly uncertain, the adolescent can be expected to respond with anxiety expressed in behavior disturbances."

Kathleen Busker visualizes the adolescent on the hospital ward. She says that the way the staff reacts to the behavior of the ill adolescent is very important and that he must be made to understand that it is his behavior that is questioned, not him. He should be thought of not as a ward nuisance, but as an individual because his anti-social behavior is not enough to cause positive feelings toward him to change. (5) The author expressed the thought that:

Consistency achieved through team work and cooperation among personnel seemed to contribute more to the security of the adolescent than anything else in his hospital environment.

The hospitalized adolescent's demand for attention, which caused the previous comments to be made, also seems to have been in Gallagher's frame of reference when he was advising medical practitioners in the care of patients in this age group. He suggests that to understand and accept the need for attention is imperative, otherwise any suggestions which they as doctors offer to their adolescent patients will be ignored.

One of the thoughts expressed as being of prime concern to adolescents who are ill is: "They need repeated reassurance, continued interest, and in most instances, an understanding of the differences between being abnormal and being average." (13)

In "Adolescence in the Hospital," M. Jean Daubennire set forth these seven thought-provoking questions:

1. How do adolescents react to illness requiring hospitalization?
2. How do they react and respond to the nurse and doctor as authority figures?
3. How do they react to the disruptions to their usual patterns of living?

4. How do they react to illness? Do they admit being ill, do they see the significance of illness? Do they accept its restrictions, and what responsibility do they assume for seeking medical care?
5. Whom do they seek out in the hospital for companionship and for information?
6. What are their needs and how are they manifested? What is the relationship between patient and family?
7. How is an effective nurse-patient relationship established?

These questions are not specifically answered in her article.

#### Trends in Care of Ill Adolescents

Where does the teenager belong in our health service system? Is the care of the adolescent a pediatric problem or does it belong to adult medicine and nursing?

The editor of Nursing Outlook posed the above questions in the September, 1960, issue. That these questions have not been adequately answered is apparent from the following statements appearing fairly recently in the literature concerning the past care of adolescent patients.

The adolescents who are too old for the children's unit are placed in adult wards. Someday we may have special provision for them. (26)

Until recently, the pediatrician has been pre-occupied with premature babies, transfusions, feeding problems, running ears...the internist has also been busy with the ills of adulthood and advancing age and has still to come to the period of adolescence. Yet the field is particularly important, marking as it does the transition from boy to man and from girl to woman. (9)

Up until recent years pediatricians dismissed patients at 12-13 years--This left the adolescent at that important threshold, the period of

transition when he is emerging from childhood and is not adult, without the special consideration he required. (18)

Adolescents have not had the intensive sort of research or the special training of physicians which have been directed toward the other major age groups. (3)

In an age of categorizing--of specialists for infants, pregnant women, ulcerous adults, weary business people, and old persons--the adolescent needing medical attention often is shunted about with no niche of his own. (10)

Adolescents in the past were cared for largely by pediatricians or general practitioners, neither of whom was basically interested in caring for persons of this age group. (23)

Health educators are constantly urging regular physical check-ups for infants, small children and adults. But what about teenagers: Why are they the orphans of preventive medicine--the 'forgotten generation' when it comes to regular thorough health check-ups?...One reason is that teenagers are commonly thought to be a transitional group virtually exempt from serious disease--a highly erroneous notion. (15)

J. R. Gallagher, M.D., one of the foremost authorities on medical care of the adolescent, expressed need for special medical provisions:

Adolescents, being neither children nor adults, their needs, their interests, their attitudes and even some of their physical ailments differ both from those of younger and from those of more mature people. Why then would their medical needs not best be cared for in a setting devoted exclusively to them? (12)

In the early 1950's Gallagher opened an adolescent unit in the Boston Children's Medical Center. A little later the term "ephebiatrics," a word derived from the Greek meaning "approaching manhood," was given to some of the clinics which appeared similar to those started in Boston.

adolescent with all the characteristics thereof altered only by the seriousness of or the particular disease condition. During illness the adolescent's vigorous activity may have to be curbed and his behavior may be quite rebellious as he demands attention and tries as best he can to maintain his individuality.

In the past adolescents have been somewhat ignored by the fields of medicine and nursing. They have led sort of a nomadic existence being moved about from pediatrics to adult medicine and never quite accepted by either.

Student nurses who work with ill adolescents are placed in a difficult position as many of them are, themselves, in the last phase of adolescence. They, too, are concerned with the same basic problems as their young patients. However, they are forced, according to the literature, to push aside their own feelings and needs and be able to establish and maintain an expected professional role.

CHAPTER III  
PROCEDURE AND FINDINGS

Procedure

This study was undertaken to determine the expressed reactions of student nurses to caring for the adolescent patient.

A questionnaire was devised to obtain student nurse reactions toward caring for hospitalized teenagers (adolescents). All items in the questionnaire were geared to eliciting information designed to achieve the purpose of the study. The questionnaires were administered to ten student nurses and revised to be more consistent with the purpose of the study. The data from this trial-run were discarded and because revisions required were very minor, a second trial-run was not done.

The participants in the study were student nurses from six schools of nursing. All but one of the schools are located in Oregon. The sixth school is administered by a Washington college but utilizes an Oregon hospital for its clinical facilities and thus was included in the study. Three of the schools offer Diploma programs; three offer Baccalaureate programs.

The only criterion for selection of participants was that they be the students who last had completed their pediatric nursing. No effort was made to equate the individual school populations, one to the other, as the conclusions of the study were not to be based upon any comparison of responses among the various schools. No inquiries were made concerning school curriculum, as no attempt to evaluate the basis for responses was to be made.

The schools located within the Portland area were visited by the investigator and the questionnaires distributed personally to the participants. One hour was allowed for answering the questionnaires. It was emphasized to each group that this was an independent study and none of the individual results would be viewed by any personnel of any of the schools. The students who met the criterion from two of the schools were affiliating for psychiatric nursing outside the Portland area and it was therefore necessary that these questionnaires be distributed and returned via mail. Request for participation and specific directions were mailed to two individual students from each of the groups and it was asked that they be responsible for returning the questionnaires. Only one questionnaire was not returned. One hundred and seven students participated in the study.

#### Findings

At the beginning of the questionnaire a sample was given to illustrate the placing of responses. In this same area there was space for inserting the age and sex of the participant. Since there were six who did not give information regarding age and seven who omitted indication of sex, it may be assumed that this part of the questionnaire was misinterpreted. Each item in the questionnaire had been designed in anticipation of eliciting responses related to students' reactions to the care of teenage patients. Hence the request for age and sex seemed merited. The one hundred students who did respond to the question regarding sex were females. Table I shows the age distribution of the 107 respondents.

TABLE I  
AGE OF 107 RESPONDENTS TO A QUESTIONNAIRE REGARDING  
EXPRESSED REACTIONS OF STUDENT NURSES TO  
THE CARE OF TEENAGE PATIENTS

AGE	NUMBER
19 years.....	2
20 years.....	47
21 years.....	35
22-25 years.....	15
Above 25 years....	2
No response.....	6
N =	107

The remainder of the questionnaire was divided as follows: General Information, seven items; Patient Teaching, one item; Communications, ten items; Problem Situations, seven items; Personal Feelings, seven items; Preparation for Giving Teenagers Care, four items. The questionnaire is found in Appendix A; Appendix B consists of a questionnaire including the raw data.

Each part of the questionnaire will be reported separately. Item 1 was concerned with the respondent's marital status. The findings are depicted on Table II. As might be anticipated, most were single or single and engaged. This factor may have a relationship to some of the problems students express regarding the care of teenagers, particularly those close to their own age.

TABLE II  
 MARITAL STATUS OF 107 RESPONDENTS TO A QUESTIONNAIRE  
 REGARDING EXPRESSED REACTIONS OF STUDENT NURSES  
 TO THE CARE OF TEENAGE PATIENTS

MARITAL STATUS	NUMBER
Single.....	80
Single and engaged.	25
Married.....	1
Divorced.....	1
Separated.....	0
Widowed.....	0
N =	107

The participants were then asked to rank one to eight, with one being highest, their preference of patients for whom to give care. In each category there were some who did not respond. Of the eight categories, the four receiving highest preference were: Infants, 28 percent; Young Adults, 15 percent; Pre-school, 14 percent; School Age, 12.2 percent. Adults and Toddlers were slightly lower than school age. Older persons and teenagers, with 3.8 and 3.7 percent respectively, ranked the lowest in the first choice. It is interesting to note that the total number of respondents giving "Teenagers" as their first choice were from the only participating hospital having an adolescent unit. Table III shows the percentage distribution under each of the eight preferences.

**TABLE III**  
**ORDER OF PATIENT PREFERENCE FOR CARE BY AGE CATEGORIES**  
**AS RANKED BY 107 RESPONDENTS TO A QUESTIONNAIRE**  
**REGARDING EXPRESSED REACTIONS OF STUDENT NURSES**  
**TO THE CARE OF TEENAGE PATIENTS**

PERCENTAGE OF STUDENTS RANKING									
RANK ORDER (1 = HIGHEST PREFERENCE)									
PATIENT CATEGORIES	1	2	3	4	5	6	7	8	NO RESPONSE
a. Infants	28.0	14.0	18.7	6.5	7.5	3.7	7.5	9.9	4.7
b. Toddlers	11.2	29.9	10.3	11.2	8.4	8.4	13.1	2.8	4.7
c. Pre-School	14.0	11.2	24.3	8.4	10.3	15.0	7.5	3.7	5.6
d. School Age	12.2	9.4	13.1	19.6	16.8	14.0	5.6	6.5	2.8
e. Teenagers	3.7	5.6	19.6	16.8	20.6	5.6	17.8	3.8	6.5
f. Young Adults	15.0	11.2	2.8	15.9	8.4	23.4	9.3	8.4	5.6
g. Adults	12.1	11.2	5.6	6.5	16.8	15.0	23.4	4.7	4.7
h. Older Persons	3.8	.9	1.9	6.5	9.4	8.4	8.4	54.2	6.5

All of the students responded to Item 3 and indicated that they had had varied experiences in caring for adolescent patients. Table IV presents the percentage of students who had cared for each of seven categories of teenage patients. It must be noted that this does not indicate whether some of the students cared for several of these types of patients while others cared for only one.

TABLE IV  
 PERCENTAGE OF RESPONSES INDICATING EXPERIENCE  
 IN CARE FOR SEVEN SELECTED CATEGORIES  
 OF PATIENTS BY 107 PARTICIPANTS

PATIENT CATEGORIES*	NUMBER OF RESPONSES	PERCENTAGE OF RESPONSES INDICATING EXPERIENCE IN THE CARE OF THIS TYPE OF PATIENT
a. Acute medical problem	76	71.0
b. Chronic or long-term illness	90	84.1
c. Major surgery	78	72.9
d. Mental or emotional problem	75	70.1
e. Minor surgery	79	73.8
f. Obstetrics	58	54.2
g. Terminal illness	64	59.8

\*Arranged in the same sequence as in the questionnaire.

As the above table does not indicate how much actual experience the students had had with adolescent patients, the participants were asked for approximately how many patients within this age range they had given care. Table V indicates the percentage of students having cared for the different numerical ranges of patients. These findings cannot be considered precise since the students were relying on memory

rather than records. This may account for 15 percent of the students making no reply.

TABLE V  
APPROXIMATE NUMBER OF ADOLESCENT PATIENTS CARED FOR BY  
107 STUDENT NURSES RESPONDING TO A QUESTIONNAIRE  
ON THE CARE OF TRENAGE PATIENTS

APPROXIMATE NUMBER OF ADOLESCENT PATIENTS	PERCENTAGE OF STUDENTS
Below 5.....	14.0
5 - 10.....	21.5
10 - 20.....	16.8
20 - 30.....	12.1
30 - 50.....	9.4
50 - 100.....	7.5
Above 100.....	3.7
No response.....	15.0
Total.....	100.0

The students were then asked to rank the adolescent patients as to which were the most difficult to whom to give care. They were asked to rate this separately for male and female patients. The results of this question are shown in Table VI. It should be noted that both male and female patients in the 13 - 15 year age group were marked as the most difficult. The 19 - 20 year old male patients and

the 16 - 18 year old female patients were next in order. Some of the reasons for the "number 1" rankings or for the selection of the age patients the students found most difficult for whom to care are given following the table.

**TABLE VI**  
**ADOLESCENT PATIENTS RANKED BY 107 STUDENT NURSES PARTICIPATING**  
**IN A STUDY ON THE CARE OF TEENAGE PATIENTS AS TO**  
**DIFFICULTY OF CARE ACCORDING TO AGE AND SEX**  
**(1 = MOST DIFFICULT; 3 = LEAST DIFFICULT)**

RANK OF DIFFICULTY	PERCENTAGE OF STUDENTS RANKING							
	MALE PATIENTS				FEMALE PATIENTS			
	1	2	3	NO RESPONSE	1	2	3	NO RESPONSE
AGE 13-15 yrs.	44.9	17.7	29.9	7.5	32.7	19.6	21.5	26.2
16-18 yrs.	19.6	62.6	7.5	10.2	29.9	52.3	8.4	9.3
19-20 yrs.	23.4	9.3	51.4	15.9	21.5	14.0	45.8	18.7

The following comments are quoted verbatim from the participants' responses to Item five.

**MALE PATIENTS**

Ages 13 to 15 years

Seem to know it all; too 'smarty'.

13-15 year old male is near the 'show of stage or over-independency

Age at extreme independence--striving to show--or to convince self of own superiority--same confusion of own self-image

Communications - not always verbal but other types seem to falter

The younger ones seem more sensitive--reactions to situations seem to go more to extremes than the older teens.

harder to set limits--want to go beyond limits set.

It's difficult for this age person to accept hospital confinement. Likely to be uncooperative.

to obnoxious

#### Ages 16 to 18 years

always on the go, different interests in which I am no longer participating.

I feel they are not sure of their role in the hosp. whether they should act like an adult or a teenager thus both roles are intermixed.

Seem to want to "show off" and impress you--difficult to get cooperation at times.

patients 16 - 18 are usually very shy and unwilling to talk to nurses slightly older than themselves.

#### Ages 19 to 20 years

Too near my age -- also this seems to be the indecisive more turbulent age for males and they resent any type of authority or criticism and are simply much harder to handle or to get through to.

too near my own age, too embarrassing, too inclined to deliberately be difficult.

too near my own age -- tend to be a friend rather than nurse and friend.

too much problem of transference.

too close to my own age and they would feel embarrassed about my caring for them.

### FEMALE PATIENTS

#### Ages 13 to 15 years

quiet moody and difficult unless you have time to spend with them.

Can't keep up with their emotional changes.

too far from my own age.

at age where they resent any rules, they are trying to gain independence and are very unpredictable.

I remember how some of my friends and I acted at this time--silly now. I tend to get irritated ċ them.

some seem to irritate me because of their attitude, mannerisms.

too boy crazy -- fad stage --

very conscious of body et modest to the point that it makes physical care difficult.

The younger ones seem more sensitive--reactions to situations seem to go more to extremes than the older teens.

girls of this age are very emotional and at times difficult to understand. They also may be very demanding

difficult for me to converse ċ them -- they only talk about boys.

#### Ages 16 to 18 years

try to act much older than they are.

Since they are just a little younger than me I get the feeling that I am trying to tell them what to do

Age of break-away from childhood, often substitute "ultra-sophistication" for true maturity.

overly dependent, fussy or particular

"growing pains" trying too hard to grow up

often too sullen, resentful of having to have care

It seems as if this age group is often too "sophisticated" to relate well ċ young nurses.  
(except OB pts.)

#### Ages 19 to 20 years

want to do things for self whenever possible et sometimes when not possible

to particular and fussy!

too near my age. Seem not to want to do what you tell them because of this.

There are modest at this age and it is hard to talk to them

Many activities of personal care had been done for teenage patients. When the participants were asked if they felt it was more awkward to perform activities such as baths, catheterizations, douches and colostomy care for teenage patients than for a younger or older patient, 43 percent answered "yes" but 45.8 percent said "no"; 11.2 percent did not respond.

Item 7 inquired whether or not any of the students had ever felt embarrassed about performing activities of personal care for the teenage patient. Almost 36 percent checked "yes," 59.8 checked "no"; 4.7 percent did not respond. Some of the activities which the students found embarrassing and the reasons for the embarrassment are quoted below.

<u>Activity</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Why</u>
urinal	X		any	because I feel they are embarrassed for me to do this for them
bath		X	19	She seemed embarrassed
perineal care	X		-	he became embarrassed
bed pan	X		14	smartness
bath	X		14	sarcasm
bed bath	X		19	I kept thinking that he was someone I would like to date. I also feel that my age embarrassed him

Ileo- stomy care	X		20	He knew I was nervous et ask me why
Enema, peri care	X		20	He was not the least bit embarrassed about ex- posing himself - also, he was my age et some- what of a flirt.
cathe- teri- zation pre-op peri shave		X	19- 20	too near my own age
rectal temp bath enema	X		any	these are all much too personal and sometimes elicit embarrassing remarks and difficulties.
bath	X		20	giving private parts of bath embarrassed both of us
enema	X		17	He was very reluctant to cooperate and was embarrassed to have a young girl give it

The next area of the questionnaire dealt with the students' opinions of teaching adolescent patients. Seventy-eight and one-half percent of the participating students indicated that patient teaching is frequently neglected with the teenage patient. Some of the reasons given by the students were:

I feel that nurses often do not understand the behavior and needs of teenage patients and neglect to take the time to find out because they do not know how to approach the teenager.

Because of the stigma most of us attach to the word "teenager." & Because they ask us too many questions we cannot answer.

Because no one wants to take the time or they think teenagers are too young to understand. Also many

people do not understand that teenagers, as a special age group, have their own problems & need understanding.

I feel that teenagers are not too receptive.

Because a lot of times the nurse assume that they know and understand certain things because they act like they do when really if ones listens to them and asks them question it is found out that they don't know them.

Teenagers usually recover more rapidly and as a result the teaching aspect of care may be over-looked.

Because we are so near there age that many regard us as one of their set -- often a lack of interest on their part.

I don't feel teenagers express the great concern about their illnesses as do adults they have many other things they are interested in and because this concern is not always aparent we are apt to overlook teaching.

In the older group, 18 - 20, anything personal or embarrassing is avoided & the easiest way out is to do nothing.

Because they tend to put on air of not caring or resist learning, therefore it is easier not to bother

Because some girls may not be use to dealing c̄ males and feel out of place doing so

Their at the "in-between" age -- too old for pediatrics, & too young to be considered adults.

About 26 percent of the students responded that patient teaching is not usually neglected. A few of the reasons given by the students follow:

I find them easy to talk to & thus easy to teach -- generally.

The teenagers that I have run across seem to know quite a bit about what is happening to them. Many times I found that they could give me the information that I lacked.

I do not feel it is neglected but the teenage patient doesn't enjoy being taught when in a hospital situation.

Because it seems as though teenagers ask more questions and don't seem embarrassed to ask them.

The question was not answered by 2.4 percent of the participants.

The areas in which the students had themselves done patient teaching are as shown in Table VII.

TABLE VII  
AREAS OF PATIENT TEACHING WHICH 107 STUDENT NURSES PARTICIPATING  
IN A STUDY ON THE CARE OF TEENAGE PATIENTS INDICATED  
THEY HAD UTILIZED IN CARING FOR THIS AGE PATIENT

ORDER OF FREQUENCY	AREA OF INSTRUCTION	PERCENTAGE OF STUDENTS WHO HAD TAUGHT IN THIS AREA
1.	About their particular illness	74.7
2.	Diet	63.6
3.	Dressings	40.2
4.	Growth and development	32.7
5.	Mental hygiene	31.8
6.	Special procedures (colostomy care and others)	23.4
7.	Other (miscellaneous)	14.0

Communications was the next area with which the questionnaire dealt. In introducing themselves to the patient, 7.5 percent used first and last names (e.g. Sally Sample) when addressing male patients and 14 percent when addressing female patients. Ninety-two and one-half percent used the last name only (e.g. Miss Sample) for male patients and 86 percent for female patients.

Almost 16 percent of the students felt it was sometimes difficult to decide which form to use when addressing male teenage patients and 20.6 percent felt the same when addressing female teenage patients.

Reasons given by the students were:

I do  $\bar{c}$  the older male because I want to remain on a therapeutic relationship  $\bar{c}$  the pt. and let it develop into a friendly or social situation in the hospital

Because I feel rather silly addressing a young person by Miss or Mr. This they more than likely are unused to & I think it makes it much easier to establish rapport  $\bar{c}$  this age group if you do call them by their first name.

Yes, I do, when addressing a female close to my age. I feel we should be closer as friends than other age groups of patients.

It's hard to know, when first meeting a pt., how familiar we should be.

It seems somewhat stupid to have someone my own age call me Miss -- but on the other hand, this is necessary to clarify your role to the patient.

Because they are so near your own age et your peers address you by your first name.

$\bar{c}$  the older teenagers I never feel too sure which I should use because I feel that I'm expected to use last name only but am uncomfortable doing so because I remember how uncomfortable I was when people first called me Miss X. I feel I might be too familiar if I use 1st names but would be more comfortable doing so.

The most common reasons voiced by the 84.1 percent of the students who did not feel it was difficult to decide how to introduce themselves to the male teenage patients and by the 79.4 percent to female patients were:

I feel more comfortable being called by my first name

No, because we are taught that this is the professional way to do it and if we do introduce ourselves as Sally Sample using our first name that is when the instructor comes in.

Because of our position, I feel being known by my last name is as appropriate as knowing any of the other staff by their last names.

I feel that omitting the Miss offers informality that too easily becomes casual -- c teen pts on pedis wards, I compromise, and it's 'Miss Sally' -- which is usually quite satisfactory to both of us.

I take an immediate liking to certain patients and the first and last names seem quite appropriate.

Because the school has made it clear we're to use last names.

It seems best to maintain a professional level, particularly because of the closeness in age between myself and such a patient.

Until you get to know the patient better -- it is a good idea to let him know that you do have some authority over him as long as he's in the hospital.

With teenagers the use of the first name makes them feel more at ease and feel that you're more approachable.

Because if a young girl uses her full name she immediately loses her status as the professional nurse and becomes just a good Joe.

In the next situation the questionnaire dealt with addressing the patient either by his first name (e.g. Joe) or by his last name (e.g. Mr. Smith). With male patients, 82.2 percent of the respondents used the first names and with female patients, 17.8 percent did the same. With female patients, 85 percent of the students indicated a preference to use the first name but 15 percent preferred to use the surname. In determining how many felt it was somewhat difficult to decide which form to use, 15.9 percent stated "yes" where male patients were concerned and 10.3 percent with female

patients. About 84 percent responded "no" for male patients, while 89.7 percent gave the same reply concerning female patients. Those who felt it was somewhat difficult to decide gave the following as some of their reasons:

It worried & puzzles me as to how the teenager will look upon. Whether calling him by last name will place distance bet. us or if calling by 1st name he'll resent it.

I'd rather they tell me what I can call them and yet since they're near my age I feel I should call them by their first name right away.

The students indicated several things about their communications with the adolescent patients. The topics they felt that teenagers most commonly talk about and those topics about which they felt most comfortable discussing with teenage patients are given in order of the most frequently mentioned to the least. These follow in Table VIII.

**TABLE VIII**  
**COMMON TOPICS OF CONVERSATION BETWEEN STUDENT NURSES AND**  
**TEENAGE PATIENTS IN ORDER OF MOST FREQUENT MENTION BY**  
**107 PARTICIPATING STUDENTS IN A STUDY REGARDING**  
**THE CARE OF TEENAGE PATIENTS**

ORDER OF FREQUENCY	MOST FREQUENTLY MENTIONED TOPICS ABOUT WHICH TEENAGE PATIENTS MOST COMMONLY TALK	EIGHT MOST FREQUENTLY MENTIONED TOPICS WHICH STUDENT NURSES INDICATED THEY FEEL MOST COMFORT- ABLE DISCUSSING WITH TEENAGE PATIENTS
1.	Hobbies, Recreation	Hobbies, Recreation
2.	Family	Careers
3.	Friends	Family
4.	Careers	Current Events, Friends
5.	Boys about girls and vice versa	Social Events
6.	Social Events	Their reason for hospitalization
7.	Their reason for hospitalization	Boys about girls and vice versa
8.	The nurses' outside activities and interests. Current events	The nurses' outside activities and interests
9.	Birth, Life or Death	Birth, Life or Death
10.	Other	Other

The participants were then asked to indicate the topics actually discussed with teenage patients, which ones they preferred not to discuss with the teenager, and which ones they preferred not to discuss with any patient. Table IX shows the results.

TABLE IX  
 TOPICS INDICATED BY 107 PARTICIPANTS IN A STUDY ON EXPRESSED  
 REACTIONS OF STUDENT NURSES TO THE CARE OF TEENAGE PATIENTS  
 AS THOSE DISCUSSED WITH TEENAGE PATIENTS, THOSE PREFERRED  
 NOT TO DISCUSS WITH TEENAGERS AND THOSE PREFERRED NOT  
 TO DISCUSS WITH ANY AGE PATIENT

TOPICS*	NUMBER OF STUDENTS INDICATING					
	AREAS DISCUSSED		AREAS PREFERRED NOT TO DISCUSS WITH TEENAGER		AREAS PREFERRED NOT TO DISCUSS WITH ANY AGE PATIENT	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
DATING	58	74	12	5	9	5
FRIENDS	94	95	4	4	2	2
FUTURE	93	77	2	2	2	1
GROWTH AND DEVELOPMENT	31	50	8	2	2	1
HOME	78	89	3	3	5	2
MARRIAGE	37	68	15	6	8	4
RELIGION	39	50	33	27	31	27
SCHOOL	93	97	1	1	0	0
SEX	28	48	43	17	36	18
PRESENT ILLNESS	86	91	1	1	0	0

\*Arranged in order consistent with Item 12 of the questionnaire

Item 17 asked if the participants found it more difficult to communicate to teenage patients than to older patients that their interest in them was purely professional. In regard to male patients,

43 of the respondents said "yes" and 59 replied "no." For female patients, the responses were 32 "yes," 70 "no." They gave as reasons:

They take attention as more personal

They find it hard to accept a person so near their age, on the professional level.

Because I feel they are friends as well as patients especially if they need a friend or any guidance.

They look at me and I am just as young as they are and feel I should be a friend rather than a nurse.

Boys and girls may establish a "hero worship" and feel closer bonds than the nurse does.

I don't know. Because they are very near my age. I guess I tend to want their approval, but it is not acceptable as a nurse so I have a conflict.

The ages are close and it is easier to relate as friends than professionally.

The younger patients do not understand what professionalism is--the younger the pt. the more difficulty I have keeping my interest purely professional.

Yes, because their own interest in their nurses is so personal.

I think young adult boys (perhaps I should say older teenagers) try to cultivate social interest in students simply because they see you as a young attractive girl.

About 95 percent of the participants responded to Item 18, which asked if they would feel more ill at ease if a nursing staff member passed the room and saw them sitting at the bedside of a teenage patient just talking than if the patient were either an adult or young child. About 17 percent said "yes" if the patient were female and 28.1 percent if the patient were male. Listed below are some of the reasons given by the students for their affirmative replies.

Yes--I would be wasting my valuable time (according to some personnel or instructors.)

It seems that sometimes personal are always trying to make something out of nothing.

Because the staff often feels we may become emotionally involved with a patient.

Because I think that without investigating circumstances a staff member might feel your conduct was both unprofessional & unwise. (a clinical instructor would probably throw a fit!)

At this hospital it is not the accepted thing to do.

It depends on the boys age if he were around my age I may feel more ill at ease.

Thinking I might have more than a professional interest in the patient.

Because I feel some teenage male patients are attractive and staff realizes the likaly hood of sustained personal relationship or friendship--post hospitalization.

I might think that my conversation would be construed as something it really wasn't.

Problem situations which might arise when caring for the teenage patient were next in the questionnaire. On the three items 19, 20, and 21, which asked if the selected action would differ if the patient were an older person, or if it were a more difficult situation than it would be if the patient were older, 5.9 percent did not respond. Of the remaining 94.1 percent, 33.3 percent replied yes; 60.8 percent replied negatively.

Items 22, 24 and 25 dealt with specific activities the students would probably carry out in three situations with teenage patients. The majority of the responses indicated that the student would attempt to ascertain the basis for the patient's action or feelings.

Item 23 asked the respondents if they might be embarrassed to assist a young male patient down the hall past the nurses' station, if it required that he put his arm around their shoulders for support. The following comments were typical:

I can't think of any reason to be embarrassed.

I'm not that personally involved c̄ him. He could possibly become embarrassed.

He needs aid-- it's not personal!

Because it would be part of my duty as a nurse.

Helping a pt. is nothing to be embarrassed about!

I'm confident in my professional image to the patient, so this wouldn't bother me.

As a nurse I am not embarrassed about things that would embarrass me outside the hospital setting.

We are professional nurses!

Momentarily it would until I would realize that he needs the support for walking & it isn't a show of affection.

Two students did not respond to the question. Of the 10.3 percent of the students who felt they might be embarrassed, these reasons were given:

Because I have been taught to use other methods of support -- not entailing such close contact -- less professional.

Yes..Because he might be embarrassed.

I might be embarrassed it would depend on the pt. and on the nurses in the chart room.

Because people tend to jump to conclusions much too fast.

The last part of the questionnaire with personal feelings about caring for and the care of adolescent patients is next. Item 26

asked if they enjoyed caring for teenage patients. Almost 92 percent responded "yes"; 0.9 percent said "some"; the remaining 7.5 percent said "no." The reasons given by those not enjoying caring for teenage patients were:

They demand too much of the emotional object in most cases.

Because I don't feel comfortable.

Not really too much because I feel inadequate around them.

I enjoy the 13-15 or 16 male pt., but not older ones.

I feel teen-agers are the most difficult to relate to and the most difficult to gain their cooperation.

A qualified no. The majority of teenagers are likely to disrupt a well planned day. Too unpredictable.

A few of the reasons given by those who enjoyed caring for teenage patients were:

We have a lot in common. They are a challenge.

I feel more at ease communicating to them.

They are stimulating! It doesn't seem like a job, but more fun and interesting.

They are my own age.

Because they seem to be easier to take care of and usually in a happy frame of mind.

They seem more lively, ask more questions, have interesting observations, & are closer in age to me.

They make me feel more relaxed, they recover quicker than older patients, and seem to be more interested in other things than their illness (as a whole).

When asked about the length of time student nurses should be assigned to care for teenage patients, 12.1 percent answered "1 to 2 days only," giving as their reasons:

They are easily involved emotionally.

Then the relationship does not have much of a chance to become more than on a professional level.

It is better for the teen age patient not to become too attached to the nurse.

At a time -- may repeat. (1) S.N's learning experience (2) Pt's relationship doesn't become dependent (3) Avoids antagonism by other pts. (jealousy)

The pt. or the S.N. might become quite attached to each other

The more the pt sees of the staff (depending on his condition) the better he is.

Almost 39 percent gave 3 to 5 days as these answers:

At first---This gives the S.N. the opportunity to work c̄ teenagers, yet enables her to look at the care and problems objectively. She gets a little mental rest also if she finds it difficult to work c̄ these patients. As she gains in matures shell, she can be assigned more times to a teenager.

You can get to know the patient & his needs & yet not become too close which is very possible when your ages are so close.

1 - 2 days isn't long enough but the length of pt's stay creates a burden on the student emotionally.

So that a male pt does not develop strong positive feelings for the nurse.

I feel that a student should have experience with many patients and not just a few.

Because spending too much time c̄ them breaks down the nice-professional relationship that makes good nsg. care possible.

It can get monotonous having the same pts. q day for two weeks and they would probably like to have a nurse change too.

Forty-two percent of the respondents thought that student nurses should be assigned to care for the teenage patient for the length of

the patient's stay whenever the student is on duty. The reasons they gave for their choice are:

I feel this way about all patients. I think it gives the nurses a better opportunity to plan teaching, home care, etc. and follow the plan through.

If they aren't in the hospital for 6 mos, then I don't think it is good. They get to know you and the type of care that is given.

If the same nurse cares for the patient, it is better for his recovery.

She can understand more readily their feelings.

Item 28 asked the students if they were head nurses would they assign an older nurse in preference to a student nurse to care for a teenage patient. Of the 96.3 percent responding, only 7.5 percent said "yes, they would." The participants were further questioned if they felt that head nurses frequently did this. About 93 percent of the students answered this question, and of these 28 percent were affirmative replies. A few of the reasons given by the group were:

Perhaps it is felt we are not prepared to handle the situation.

Because usually the older nurse has been a mother and she knows all the problems of teenage patient. But I think that the teenager will talk to a younger person easily.

Head nurses probably think we'll fall for a male teenage pt. but teenagers understand each other and a student nurse is old enough to respect her pt.

I don't know if this frequently done or not but I would gather it is so as to divert any romantic friendships.

Some procedures are less embarrassing to student and patient if done by an older person. I feel this is wrong because nurse should learn to handle the type of situation.

I think the older nurse seems to be a 'better influence' on the teenager--he 'minds' better & doesn't have as much 'fun'.

The 64.5 percent answering the second part of Item 28 negatively voiced the following reasons:

I think the teen pts. prefer younger nurses who are better able to communicate on their level.--more identity c

Student nurses sometimes seem to have more empathy & understanding of the teenager.

I feel that the younger nurse is more lively & can handle & understand the teenager better if she tries.

It seems as though teenagers respond to suggestions of their peer group easier and feel freer to ask questions.

Everyone takes care of everyone, but especially difficult disciplinary problems sometim respond better to an older authority figure.

The students were then asked to list what they found most difficult in caring for (a) a teenage boy, and (b) a teenage girl.

A sampling of the responses to part (a) follows:

They sometimes develop a 'crush' which is hard to work through.

Initial approach.

Caring for him in a manner so that he will not be embarrassed. Also, helping him to accept his dependency on others while in hospital.

Transference by pt.

Their bath & personal care because it seems to embarrass them and thus makes me uneasy.

their want for independence and not wanting to be helped or not asking for help.

They are so full of energy that keeping them down is a problem.

I become embarrassed if they express embarrassment in any situation c any pt.

Sex. Deliberate attempt to give the nurse a bad time.

In both cases, I find myself becoming angry when they think it's a big game to see how fast you can get their light answered.

I find it most difficult in retaining my professional conduct when teased by the teenage boy.

Finding something to talk about that is interesting to us both & getting them to accept any type physical care.

their embarrassment over sex, and the fact that you are of the opposite.

Their self-consciousness concerning their normal physical development.

He will indulge in physical activity forbidden due to illness to prove he is a 'man'.

To part (b), caring for a teenage girl, the students replied:

They seem to identify too strongly and 'attach' themselves.

Communications: due to aloofness.

Trying not to get attached to the girl--that is trying to maintain professional status.

Because of her many changes of mood and sometimes because of her irritating mannerisms.

perhaps because she feels unsure of herself or she lacks knowledge of the nursing profession, or something--I feel like a maid! Sometimes demanding.

Usually more fussy, whinny.

Many teenage girls are quite demanding and compete for the nurses attention.

To keep from lecturing her about attitudes and acts and to keep from becoming too involved.

Their uncomfot and uncertainty in what role to caste you in since you are all the same sex in a close age range.

establishing the fact that you are taking care of her & that she must often rely on your judgment, etc.

Tells you all her problems. Don't respect you.

She will feign helplessness over her actual physical ability to move or exercise -- 'know's it all!'

Item 30 asked the students to state their preference for nursing personnel to care for them if they themselves were hospitalized. As some of the students listed more than one choice, the total percentage goes beyond 100. Almost 8 percent answered "Aide." Reasons stated were:

Less apt to be critical of me as a patient who is a student nurse.

(Student nurse or aide) Usually give pts most time/ interest. SN generally the most conscientious et hopefully more competent than an aide.

(Student nurse or aide) Either of these seem more interested in the patient themselves and more friendly.

(Aide, practical nurse or Graduate nurse) I'm modest.

"Practical nurse" was chosen by 6.5 percent, and for the following reasons:

(Aide, practical nurse or student nurse) Because all are different & the aides, student or LPN usually give better care than RNs.

These were the personnel that gave me the most adequate care when I was in the hospital.

"Student nurse" was the most popular reply given by 54.2 percent of the respondents. Below are samples of their statements for selection of choice.

Because they remember the small things that make you comfortable.

(Student nurse & Graduate nurse) These two might be more interested in my condition.

(Student nurse & Graduate nurse) I have yet to find a good aide or practical who is capable of giving good nursing care.

They have more time usually to give you better care.

Student nurses are more thorough et have better knowledge of over-all nursing because they are rotated so often.

They seem to take work seriously, know good technique and are enthusiastic about life, generally.

Almost 20 percent answered Item 30 with "graduate nurse" because:

The older the person, the less my embarrassment & humiliation would be.

I would feel she was more competent.

Because I have been a student nurse & would be apt to feel embarrassed.

Better care supposedly.

Because they know more what they are doing and have had the most training.

More capable.

As a S.N. I would rather have an R.N. Because I think that I would feel embarrassed by having a fellow student care for me.

However 29.9 percent of the students felt that if they were hospitalized, it wouldn't matter to them what nursing personnel was assigned to care for them. Below are some of their statements.

All are taught the same principles of care.

Essentially the same things are accomplished within the hospital setting by these people. What one can't do another steps in to do for them.

it doesn't matter

I think all types are capable of giving good nursing care--I think its almost a choice of individuals rather than class of personnel.

All are capable, but I may feel a student nurse wouldn't care about my problems.

Status doesn't always make a person better. An aid may do an excellent job & be able to get along better too.

Just as long as it wasn't a close friend. I would prefer a stranger.

Item 31 was concerned with how the care for terminally ill teenage patients would affect the respondents in comparison to caring for a terminally ill adult patient. Of the 98.1 percent who answered the question, 87.9 percent expressed that it would be a more difficult situation for them; 0.0 percent that it would be less difficult; 10.2 percent that it would affect them the same way. The students were then asked how it would compare to caring for a terminally ill child or infant. The same percentage of students responded to the question (98.1%). Stating it would be a more difficult situation for them were 14.9 percent of the respondents; 18.7 percent said it would be less difficult for them, and 34.5 percent indicated they would probably feel the same.

All of the 107 participants responded to Item 32, in which 77.2 percent indicated that at some time they had wanted to discuss a problem related to the care of teenage patients with someone. About 23 percent said they had not. Table X indicates, in order of choice, to whom the students went to discuss their problems.

TABLE X  
 PERSONS IN ORDER OF CHOICE TO WHOM STUDENT NURSES  
 RESPONDING TO A QUESTIONNAIRE ON THE CARE OF  
 TEENAGE PATIENTS INDICATED THEY HAD GONE  
 TO DISCUSS PROBLEMS RELATED TO  
 THE TEENAGER'S CARE

ORDER OF CHOICE	NUMBER INDICATING	PERSONS TO WHOM STUDENT NURSES INDICATED THEY HAD TAKEN QUESTIONS PERTAINING TO THE CARE OF TEENAGE PATIENTS
1	62	Instructor
2	47	Roommate
3	6	Head Nurse (A written-in response)
4	4	Chaplain
5	3	Counselor or Guidance Person
6	1	Graduate Nurse
7	1	Persons Attending Ward Conference
8	1	Classmates
9	1	Parents
10	1	Team Leader

About 63 percent of the 92.5 percent responding to Item 33 stated they felt they had been adequately prepared to care for teenage patients. Reasons given by the 28.9 percent who did not feel this way were as follows:

Because our time spent on adolescence was short et  
I have had very little practice.

No real emphasis put on them--just casual mention.

I was on a pre school nursery floor. Peds class didn't devote much time to this (communication.)

Actually I have not received much specific information about the care of teenagers.

Actually nothing in class has been said about caring for teenagers.

I have not had specific instruction about methods of dealing with teenagers.

Not enough instruction in courses such as peds.

Haven't had enough experience.

I don't feel I have gone deeply enough into personality traits & problems.

Teenager wasn't covered in Med-Surg classes and also was eliminated from Peds class almost entirely.

Because we don't have many in our hospital.

No, I don't think I really have because all along I have been worried about becoming embarrassed. Now, if I could face teenagers again, I might be able to react a little better.

The respondents were then asked to rank, from 1 to 5, the areas in which they were given the most information regarding the care of teenagers. As there was a space for "other comments" some of the students wrote in items and added an additional ranking number of 6. This is included in Table XI which indicates the results.

TABLE XI  
 AREAS RANKED BY 107 STUDENT NURSES PARTICIPATING IN A STUDY  
 ON THE CARE OF TEENAGE PATIENTS AS THOSE IN WHICH  
 THEY RECEIVED THE MOST INFORMATION  
 ABOUT THE CARE OF TEENAGERS

AREA	PERCENTAGE OF STUDENTS RANKING						
	RANK ORDER						
	(1 = AREA IN WHICH MOST INFORMATION RECEIVED)						
	1	2	3	4	5	6	NO RESPONSE
Medical-Surgical Nursing	6.5	7.5	14.0	18.7	39.3	2.8	11.2
Pediatric Nursing	42.1	29.9	9.3	11.2	4.7	0.0	2.8
Courses in Growth and Development	24.3	31.8	17.7	17.8	5.6	0.0	2.8
Hospital Wards	9.3	11.2	27.2	29.9	11.2	.9	10.3
Personal Experi- ence (brother and sisters)	15.0	14.0	24.3	13.1	24.3	.9	8.4
Other (written in)	4.6	1.9	2.8	1.9	5.6	1.9	81.3

Item 35 asked the students which areas of instruction pertaining to teenagers specifically should be included in the curriculum.

Table XII shows the results.

TABLE XII  
 AREAS OF INSTRUCTION 107 STUDENT NURSES PARTICIPATING IN  
 A STUDY ON CARE OF TEENAGE PATIENTS INDICATED SHOULD  
 BE INCLUDED IN THE CURRICULUM SPECIFICALLY AS  
 PERTAINING TO THE CARE OF TEENAGE PATIENTS

AREAS OF INSTRUCTION STUDENTS INDICATED SHOULD BE INCLUDED IN THE CURRICULUM <u>SPECIFICALLY</u> AS PERTAINING TO THE CARE OF TEENAGE PATIENTS	PERCENTAGE OF STUDENTS INDICATING
How to communicate with teenagers	86.9
Patient teaching of teenagers	77.6
Mental hygiene of teenagers	71.9
Growth and Development of teenagers	66.4
Community Resources for teenagers	65.4
Medical conditions common to teenagers	63.4
Literature available to be used for teenagers	57.9
Mores of teenagers	50.5

Item 36 requested the students to indicate in which areas they felt content material about the teenage patients specifically should be presented. Table XIII presents the results.

TABLE XIII  
 AREAS OF THE CURRICULUM IN WHICH 107 STUDENT NURSES  
 PARTICIPATING IN A STUDY ON THE CARE OF TEENAGE  
 PATIENTS INDICATED MATERIAL CONCERNING  
 THE TEENAGE PATIENT SPECIFICALLY  
 SHOULD BE PRESENTED

AREA OF THE CURRICULUM	PERCENTAGE OF STUDENTS INDICATING
1. Pediatric Nursing	87.8
2. Psychiatric Nursing	65.4
3. Medical-Surgical Nursing	42.1
4. General Psychology Courses	39.2
5. Sociology Courses	38.3
6. Other	2.8
a. Teenage Groups	
b. Clubs	
c. Child Psychology	

It is interesting to note the relationship of the findings to the comments brought out in the literature concerning trends in the care of ill adolescents and the role of student nurses in caring for ill adolescents. For instance, the editor of Nursing Outlook said that the staff of any adolescent units need to know how to meet the adolescents' needs and just what role to assume in any given situation (e.g. when to be a pal and when to be a mother-figure). The students themselves, through the questionnaire, brought out their frequent inabilities to decide which role they should assume and carry through.

As Daubenmire pointed out, student nurses "tend to identify very strongly with adolescent patients." Responses to Item 31 would give support to this statement. Daubenmire goes on to express her feelings that it is up to the instructor to help the student identify her role as a nurse rather than an adolescent. Item 32 illustrates this as it suggests that student nurses do encounter problems in caring for this age patient which they need and want to discuss with someone.

Sellew and Pepper suggest in their book that student nurses do have definitely positive roles to perform in caring for hospitalized adolescents and yet, unless they can identify and cope with their own problems of adjustment both for their age and for nursing, there is a possibility that their performance can hinder the young patient's return to health.

The student nurses' comments throughout the questionnaire illustrate the desire to perform in a positive manner for the patient's maximum benefit as well as for the enjoyment of this age patient, and yet a conflict between their own desired self-image and the reality of their performance is apparent.

## CHAPTER IV

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was undertaken to determine from student nurses what problems they have encountered when caring for hospitalized adolescents.

A questionnaire was devised to ascertain the desired information. A trial-run was made and the questionnaire was revised to a minor extent. Permission was then received from the Directors of the six Schools of Nursing in Oregon for students who had completed Pediatric Nursing to participate in the study. It must be noted that one of the schools is administered by a Washington college but utilizes an Oregon hospital for its clinical facilities and therefore was included in the study. The questionnaires were then administered by the investigator to the participants who were located in the Portland area. Questionnaires were mailed to the students who were on rotation outside the Portland area. There were 107 respondents to the questionnaire.

After the questionnaires were tabulated the findings revealed:

1. Forty-seven, or 43.9 percent, of the respondents were twenty years of age. This was the last year included for the purposes of this study as part of the adolescent period, hence a sizeable number of the participants were still adolescents. Other general information regarding the respondents showed that 80 were single, 25 single and engaged, 1 married, and 1 divorced. All of the students who answered the question indicating their sex were female.

2. Teenage patients were ranked lowest as to the number one preference for care of patients by age groups. The next least popular age group indicated for their highest preference was the geriatric or older person group.

3. About 45 percent of the respondents indicated that they felt the teenage male patient between the ages of 13 and 15 years was the most difficult for whom to give care. Almost 33 percent of the students indicated this was the most difficult age for female patients, also. The 16 to 18 year old female patient, however, was felt to be most difficult by almost 30 percent of the student nurses.

4. Forty-three percent of the respondents indicated that they had felt embarrassed at one time or another giving personal care to teenage patients. Almost 46 percent did not feel they had; 11.2 percent did not respond to the question.

5. Almost 79 percent of the participants responded that patient teaching is frequently neglected with the teenage patient.

6. There is a slight variation in the topics of conversation indicated by the students as those about which teenage patients most commonly talk and those preferred by the students, themselves, to discuss with their teenage patients. There was also noted to be a difference between those topics popularly discussed by male teenage patients and female teenage patients.

7. The area least preferred by the students to discuss with teenage or any age male patient was sex, while the second least preferred area was religion. These two were indicated for female patients as well, however for this group religion was the least preferred and sex the second least preferred by the students.

8. About 36 percent of the students expressed that it was more difficult to communicate to teenage patients than to older patients that their interest in them was purely professional.

9. Almost 92 percent of the student nurses indicated that they enjoyed taking care of teenage patients despite previous responses that placed teenagers low on the list of preferred patients.

10. Forty-two percent of the students indicated that they felt student nurses should be assigned to care for the teenage patient the length of the patient's stay whenever the student was on duty. About 12 percent indicated 1 to 2 days only and about 39 percent indicated 3 to 5 days would be best.

11. The majority of the respondents did not think that if they were head nurses they would assign older nurses to care for teenage patients in preference to student nurses. However, 28 percent of the students felt that this was sometimes done.

12. About 54 percent of the respondents indicated that if they, themselves, were hospitalized, they would prefer being cared for by a student nurse.

13. Of the 92.5 percent responding to Item 8 regarding preparation for the care of teenage patients, 63.6 percent stated that they felt they had been adequately prepared. Almost 30 percent did not.

14. The students indicated they most frequently take problems pertaining to care of teenage patients to their instructor. Roommates were second in choice and the Head Nurses were mentioned third.

15. Pediatric Nursing was the area in which about 42 percent of the students said they had received the most information pertaining to care of adolescent patients.

16. Over 50 percent of the students expressed that the following areas should be included in the curriculum specifically as pertaining to the care of teenage patients: a) How to communicate with teenagers; b) Patient teaching of teenagers; c) Mental hygiene of teenagers; d) Growth and development of teenagers; e) Community resources for teenagers; f) Medical conditions common to teenagers; g) Literature available to be used for teenagers; and h) Mores of teenagers.

17. The area of the curriculum which the students indicated should include the above-mentioned topics pertaining to the care of teenage patients was Pediatric Nursing, according to 87.8 percent of the respondents. About 65 percent expressed that Psychiatric Nursing should include some content regarding adolescence and about 42 percent stated that Medical-Surgical Nursing should also.

#### Conclusions

The findings of this study have led to the following conclusions:

1. The area of communications specifically concerned with dealing with teenage patients could well be explored in setting up course content on care of adolescent patients.
2. Students do encounter problems in caring for teenage patients and want someone to whom they can go with these problems.
3. Student nurses would benefit from some added instruction pertaining to the care of teenage patients with the goal that they would perhaps feel more comfortable with this age patient and would be less embarrassed to perform the nursing care necessary for any ill person.
4. Student nurses generally enjoy caring for adolescent patients although it was not chosen as a highly popular age group.

5. Many of the responses indicate insecurity on the part of the student nurse. Assistance in developing self-confidence and in acquiring better understanding of self appear to be merited.

#### Recommendations for Further Study

The following recommendations for further study are made after consideration of the data obtained from this study:

1. A study of how adolescent patients react to being cared for by student nurses.
2. A study of how the specific needs of adolescent patients are met in the hospital situation.
3. A study of several nursing curricula to determine what is included specifically relating to the care of teenage patients.
4. A proposal of a course or unit content on the care of the adolescent patient.
5. An observation study of student nurses giving care to hospitalized adolescents for the purpose of noting interpersonal relationships.

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**APPENDIX A**

**QUESTIONNAIRE**

REACTIONS OF STUDENT NURSES  
TO CARING FOR  
HOSPITALIZED TEENAGERS

NOTE: Do Not write your name on the questionnaire.

Below you will find questions dealing with your experience in caring for hospitalized teenagers. The term "patient" throughout this study will refer only to patients ages 13 through and including 20 years of age unless otherwise indicated. Indicate by an X the response which you feel is best based on your own experiences. Wherever indicated, please write additional but brief comments.

Example: What age teenagers for whom do you find it the most fun to give care?

- |          |                  |
|----------|------------------|
| a. 13-15 | a. <u>  X  </u>  |
| b. 16-18 | b. <u>      </u> |
| c. 18-20 | c. <u>      </u> |

Your age       

Sex       

Note: There are no right or wrong answers to this questionnaire.

GENERAL INFORMATION

1. Are you
 

a. single?	a. <u>      </u>
b. single and engaged?	b. <u>      </u>
c. married?	c. <u>      </u>
d. divorced?	d. <u>      </u>
e. separated?	e. <u>      </u>
f. widowed?	f. <u>      </u>
  
2. Beginning with 1, rank from 1-8 your preference for patients for whom to care. (1-most preference.)
 

a. Infants.	a. <u>      </u>
b. Toddlers.	b. <u>      </u>
c. Pre-school.	c. <u>      </u>
d. School age.	d. <u>      </u>
e. Teenagers.	e. <u>      </u>
f. Young adults.	f. <u>      </u>
g. Adults.	g. <u>      </u>
h. Older persons.	h. <u>      </u>
  
3. Check any of the following categories into which any of the teenagers for whom you have cared would fall.
 

a. Acute medical problem.	a. <u>      </u>
b. Chronic or long term illness.	b. <u>      </u>
c. Major surgery.	c. <u>      </u>
d. Mental or emotional problem.	d. <u>      </u>

- e. Minor surgery. e. \_\_\_\_\_
- f. Obstetrics. f. \_\_\_\_\_
- g. Terminal illness. g. \_\_\_\_\_

4. To how many patients within this age range (13-20) would you estimate you have been assigned to give care?
- a. Below five. a. \_\_\_\_\_
  - b. 6 - 10. b. \_\_\_\_\_
  - c. Above ten (indicate approximate number) c. \_\_\_\_\_

5. Beginning with 1, rank from 1-3 the patients within the teenage group as to whom it is most difficult to give care. Do males and females separately. (1-most difficult.)
- |          | <u>males</u> | <u>females</u> |
|----------|--------------|----------------|
| a. 13-15 | a. _____     | a. _____       |
| b. 16-18 | b. _____     | b. _____       |
| c. 19-20 | c. _____     | c. _____       |

State reason for #1 choice in each case. (e.g. too exuberant, too near my own age)

- a. males...
- b. females...

6. Check any of the following activities of personal care you have given to teenage patients.

- |   |          |
|---|----------|
| a. Bath   | a. _____ |
| b. Bed pan  | b. _____ |
| c. Catheterization  | c. _____ |
| d. Change R.C. bag  | d. _____ |
| e. Colostomy care (or ileostomy)                              | e. _____ |
| f. Douche   | f. _____ |
| g. Enema  | g. _____ |
| h. Injection into gluteal muscle.                             | h. _____ |
| i. Peri care  | i. _____ |
| j. Pre-op shave or scrub to chest, abdominal or perineal area | j. _____ |
| k. Urinal   | k. _____ |

Do you feel it is more awkward for you to perform the above activities with a teenager than with a younger or older patient?

- a. Yes a. \_\_\_\_\_
- b. No b. \_\_\_\_\_

7. Have you ever felt embarrassed about performing activities such as the above for the teenage patient?

- a. Yes a. \_\_\_\_\_
- b. No b. \_\_\_\_\_

If yes, please fill in the following:

a. activity	male	female	age	why
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### PATIENT TEACHING

8. In what areas have you had experience in teaching teenage patients? (Check any which apply.)
- |   |          |
|---|----------|
| a. About their particular illness.          | a. _____ |
| b. Dressings.                               | b. _____ |
| c. Growth and development.                  | c. _____ |
| d. Mental hygiene.                          | d. _____ |
| e. Special procedures (colostomy care etc.) | e. _____ |
| f. Diet.                                    | f. _____ |
| g. Other (write in)                         | g. _____ |

Do you feel that patient teaching is frequently neglected with the teenage patient?

- |        |          |
|--------|----------|
| a. Yes | a. _____ |
| b. No  | b. _____ |

Why?

### COMMUNICATIONS

9. How do you introduce yourself to the patient? (e.g. (a) I'm Sally Sample or (b) I'm Miss Sample.)

- |                        |          |          |
|------------------------|----------|----------|
|                        | male     | female   |
| a. First and last name | a. _____ | a. _____ |
| b. Last name           | b. _____ | b. _____ |

Do you find it somewhat difficult to decide with which of the above ways to address the patient?

- |        |          |          |
|--------|----------|----------|
|        | male     | female   |
| a. Yes | a. _____ | a. _____ |
| b. No  | b. _____ | b. _____ |

Why?

10. How do you address the teenage patient the first time you meet him or her? (e.g. (a) Good morning, Joe, or (b) Good morning, Mr. Smith)

- |               |          |          |
|---------------|----------|----------|
|               | male     | female   |
| a. First name | a. _____ | a. _____ |
| b. Last name  | b. _____ | b. _____ |

Do you find it somewhat difficult to decide with which of the above ways to address the patient?

- |        |          |          |
|--------|----------|----------|
|        | male     | female   |
| a. Yes | a. _____ | a. _____ |
| b. No  | b. _____ | b. _____ |

Why?

11. In the first column indicate those topics about which the patients most commonly talk. In the second column, indicate the topics you feel most comfortable in discussing with the teenage patient.

	Topics about which teenagers most commonly talk.	Topics I feel comfortable in discuss- ing with teenage patients
a. Birth, life or death.	a. _____	a. _____
b. Boys about girls and vice versa.	b. _____	b. _____
c. Careers.	c. _____	c. _____
d. Current events.	d. _____	d. _____
e. Family.	e. _____	e. _____
f. Friends.	f. _____	f. _____
g. Hobbies, recreation.	g. _____	g. _____
h. Social events	h. _____	h. _____
i. Their reason for hospital- ization.	i. _____	i. _____
j. The nurses' outside activi- ties and interests.	j. _____	j. _____
k. Other (write in)	k. _____	k. _____

12. Indicate in the first column any of the following areas which teenage patients have discussed with you and indicate if the patient was male or female.  
 In the second column indicate the areas you would prefer not to discuss with teenage patients.  
 In the third column indicate the areas you would not want to discuss with any age patient.

	Areas Discussed.	Male Patients Areas preferred not to discuss with teenager.	Areas preferred not to discuss with any age patient.
a. Dating	a. _____	a. _____	a. _____
b. Friends	b. _____	b. _____	b. _____
c. Future	c. _____	c. _____	c. _____
d. Growth and development	d. _____	d. _____	d. _____
e. Home	e. _____	e. _____	e. _____
f. Marriage	f. _____	f. _____	f. _____
g. Religion	g. _____	g. _____	g. _____
h. School	h. _____	h. _____	h. _____
i. Sex	i. _____	i. _____	i. _____
j. Present illness	j. _____	j. _____	j. _____
<b>Continue for <u>females</u>.</b>			
a. Dating	a. _____	a. _____	a. _____
b. Friends	b. _____	b. _____	b. _____
c. Future	c. _____	c. _____	c. _____
d. Growth and development	d. _____	d. _____	d. _____
e. Home	e. _____	e. _____	e. _____
f. Marriage	f. _____	f. _____	f. _____

g. Religion	g. _____	g. _____	g. _____
h. School	h. _____	h. _____	h. _____
i. Sex	i. _____	i. _____	i. _____
j. Present illness	j. _____	j. _____	j. _____

13. Have you ever gone to the hospital to visit one of your teenage patients when you were off duty?

		male	female
a. Yes	a. _____	a. _____	a. _____
b. No	b. _____	b. _____	b. _____

14. Have any of your patients contacted you after leaving the hospital, either by phone, letter, or in person?

		male	female
a. Yes	a. _____	a. _____	a. _____
b. No	b. _____	b. _____	b. _____

If yes, what did you do?

a. Ignored it.	a. _____	a. _____
b. Remained pleasant but requested not to call again.	b. _____	b. _____
c. Considered as friend and responded as such.	c. _____	c. _____
d. Other (write in)	d. _____	d. _____

15. What do you do when a patient asks you what your first name is?

a. Say "I'm not allowed to tell you."	a. _____
b. Say "I'd rather not say."	b. _____
c. Say "If you can guess what the initial on my name tag stands for, I will tell you."	c. _____
d. Say "My first name is _____."	d. _____
e. Make no response, run to task at hand.	e. _____
f. Other (write in)	f. _____

16. What do you do when a patient asks for your address or phone number (or indicates desire to get in touch with you after leaving the hospital)?

		male	female
a. Say "I'm not allowed to tell you."	a. _____	a. _____	a. _____
b. Say "I'd rather not say."	b. _____	b. _____	b. _____
c. Say "I already have a boyfriend."	c. _____	c. _____	c. _____
d. Say "I'm engaged."	d. _____	d. _____	d. _____
e. Make no response, turn to task at hand.	e. _____	e. _____	e. _____
f. Other (write in)	f. _____	f. _____	f. _____

17. Do you find it more difficult to communicate to teenage patients than to older patients that your interest in them is purely professional?

		male	female
a. Yes	a. _____	a. _____	a. _____
b. No	b. _____	b. _____	b. _____

Why?

18. Do you think you would feel more ill at ease if a nursing staff member passed the room and saw you sitting at the bedside of a teenage patient just talking than you would if the patient were either an adult or a young child?

	male	female
a. Yes	a. _____	a. _____
b. No	b. _____	b. _____

Why?

#### PROBLEM SITUATIONS

19. What would you probably do if you entered the room and found a teenage boy patient about whom you knew very little crying?
- |   |          |
|---|----------|
| a. Respect his privacy and leave.                                       | a. _____ |
| b. Say you will be back soon and give him time to regain his composure. | b. _____ |
| c. Say nothing and remain at the bedside.                               | c. _____ |
| d. Ask him what the matter is.  | d. _____ |
| e. Do nothing. Continue with the purpose for entering the room.         | e. _____ |
| f. Other (write in.)  | f. _____ |

Do you feel your action would differ if in the above situation the patient were 45 or 50 years of age?

a. Yes	a. _____
b. No	b. _____

20. What would you do if you were taking care of a teenage patient who constantly used foul language?
- |  |          |
|--|----------|
| a. Ignore it.  | a. _____ |
| b. Report him to the head nurse.                                       | b. _____ |
| c. Ask him to please not use that kind of language when you're around. | c. _____ |
| d. Leave the room as soon as possible.                                 | d. _____ |
| e. Other (write in.)   | e. _____ |

Do you feel this would be a more difficult situation to deal with than if the patient were an older person?

a. Yes	a. _____
b. No	b. _____

Why?

21. What would you do if you entered the room to give a 15 year old girl a preoperative enema and she became very upset and said she just wanted to be left alone?
- |  |          |
|--|----------|
| a. Leave.  | a. _____ |
| b. Leave, but come back after she had time to calm down. | b. _____ |
| c. Tell the doctor.                                      | c. _____ |

- d. Explain to her why she needed the enema  
and try to help her accept it. d. \_\_\_\_\_
- e. Other (write in.) e. \_\_\_\_\_

Would this, in your opinion, be a more difficult situation than if she were an older patient who had reacted in the same way?

- a. Yes a. \_\_\_\_\_
- b. No b. \_\_\_\_\_

Why?

22. If a 13 year old girl patient made a casual comment to you about menstruation which showed that she did not fully understand the process, what would you do?
- a. Discuss the situation with the head nurse. a. \_\_\_\_\_
- b. Bring her literature to read on the subject. b. \_\_\_\_\_
- c. Try to find out what she knows about it and how she feels about it. c. \_\_\_\_\_
- d. Take it upon yourself to correct her faulty thinking. d. \_\_\_\_\_
- e. Suggest she discuss it with her mother. e. \_\_\_\_\_
- f. Let the subject drop. f. \_\_\_\_\_
- g. Other (write in.) g. \_\_\_\_\_
23. Do you think you might be embarrassed to assist a young male patient down the hall past the nurses' station if it required that he put his arm around your shoulder for support?
- a. Yes a. \_\_\_\_\_
- b. No b. \_\_\_\_\_

Explain.

24. What would you do if you were irrigating an ileostomy of a 20 year old male patient who was obviously very embarrassed and humiliated but remained silent during the procedure?
- a. Try talking about some outside event such as sports, current events, social activities, etc. a. \_\_\_\_\_
- b. Remain silent also and continue as rapidly as possible. b. \_\_\_\_\_
- c. Try to tease him out of his embarrassment. c. \_\_\_\_\_
- d. Talk about the irrigation and ileostomy to try to find out his feelings about it. d. \_\_\_\_\_
- e. Other (write in.) e. \_\_\_\_\_
25. What would you do if you were caring for a teenage girl patient who unduly exposed herself both in front of the doctors and the other patients, if you knew the head nurse had already spoken

to her about it?

- |  |          |
|--|----------|
| a. Request that she be more ladylike.  | a. _____ |
| b. Try to ignore it.   | b. _____ |
| c. Bring it to the attention of her parents.   | c. _____ |
| d. Refer her to the psychiatrist.  | d. _____ |
| e. Would not feel capable of doing anything but would leave it up to the head nurse. | e. _____ |
| f. Other (write in.)   | f. _____ |

#### PERSONAL FEELINGS

26. Do you enjoy taking care of teenage patients?

- |        |          |
|--------|----------|
| a. Yes | a. _____ |
| b. No  | b. _____ |

Why?

27. Do you feel it is better for student nurses to be assigned to the teenage patient

- |  |          |
|--|----------|
| a. 1 to 2 days only?   | a. _____ |
| b. 3 to 5 days?  | b. _____ |
| c. The length of the patient's stay whenever the student is on duty? | c. _____ |

Why do you feel this way?

28. If you were head nurse, would you assign an older nurse in preference to a student nurse to care for a teenage patient?

- |        |          |
|--------|----------|
| a. Yes | a. _____ |
| b. No  | b. _____ |

Do you feel that this is frequently the procedure?

- |        |          |
|--------|----------|
| a. Yes | a. _____ |
| b. No  | b. _____ |

Why do you feel this way?

29. Indicate briefly what you find most difficult in caring for

a. A teenage boy.

b. A teenage girl.

30. If you, yourself, were hospitalized, what nursing personnel would you prefer to have care for you?

- |                            |          |
|----------------------------|----------|
| a. Aide.                   | a. _____ |
| b. Practical nurse.        | b. _____ |
| c. Student Nurse.          | c. _____ |
| d. Graduate nurse.         | d. _____ |
| e. Any, if doesn't matter. | e. _____ |

Why?

31. If you were to take care of a teenage patient who expired, how do you feel this would affect you emotionally in comparison to a terminal adult patient?
- a. It would be less difficult for me. a. \_\_\_\_\_
- b. It would be more difficult for me. b. \_\_\_\_\_
- c. I would probably feel the same. c. \_\_\_\_\_
- In comparison to a terminal illness in a child or infant?
- a. It would be less difficult for me. a. \_\_\_\_\_
- b. It would be more difficult for me. b. \_\_\_\_\_
- c. I would probably feel the same. c. \_\_\_\_\_
32. Have you ever wanted to discuss a problem related to the care of a teenage patient with someone else?
- a. Yes a. \_\_\_\_\_
- b. No b. \_\_\_\_\_
- If yes, to whom did you go?
- a. Instructor a. \_\_\_\_\_
- b. Chaplain. b. \_\_\_\_\_
- c. Roommate. c. \_\_\_\_\_
- d. Counselor or guidance person. d. \_\_\_\_\_
- e. Other (write in.) e. \_\_\_\_\_

#### PREPARATION FOR GIVING TEENAGERS CARE

33. Do you feel that you have been adequately prepared to care for teenage patients?
- a. Yes a. \_\_\_\_\_
- b. No b. \_\_\_\_\_
- Why?
34. Please rank 1-5 the areas in which you were given the most information about care of teenagers. (#1-most information given.)
- a. Medical-surgical nursing. a. \_\_\_\_\_
- b. Pediatric nursing b. \_\_\_\_\_
- c. Courses in Growth and Development c. \_\_\_\_\_
- d. Hospital wards. d. \_\_\_\_\_
- e. Personal experience (brothers and sisters). e. \_\_\_\_\_
- f. Other (write in.) f. \_\_\_\_\_
35. What areas of instruction pertaining to teenagers specifically do you think should be included in the curriculum?
- a. Medical conditions common to them. a. \_\_\_\_\_
- b. Patient teaching of teenagers. b. \_\_\_\_\_
- c. How to communicate with teenagers. c. \_\_\_\_\_
- d. Growth and development of teenagers. d. \_\_\_\_\_
- e. Mental hygiene of teenagers. e. \_\_\_\_\_
- f. Community resources for them. f. \_\_\_\_\_
- g. Literature available to be used for them. g. \_\_\_\_\_
- h. Mores of teenagers. h. \_\_\_\_\_
- i. Other (write in.) i. \_\_\_\_\_

36. Indicate in which of the following areas you feel material about the teenage patient specifically should be presented.

- |                                |          |
|--------------------------------|----------|
| a. Medical-surgical nursing.   | a. _____ |
| b. Pediatric nursing.          | b. _____ |
| c. Psychiatric nursing.        | c. _____ |
| d. Sociology courses.          | d. _____ |
| e. General psychology courses. | e. _____ |
| f. Other (specify).            | f. _____ |

THANK YOU FOR YOUR ASSISTANCE WITH THIS STUDY.

**APPENDIX B**

**QUESTIONNAIRE WITH**

**RAW NUMERICAL DATA**

REACTIONS OF STUDENT NURSES  
TO CARING FOR  
HOSPITALIZED TEENAGERS

NOTE: Do Not write your name on the questionnaire.

Below you will find questions dealing with your experience in caring for hospitalized teenagers. The term "patient" throughout this study will refer only to patients ages 13 through and including 20 years of age unless otherwise indicated. Indicate by an X the response which you feel is best based on your own experiences. Wherever indicated, please write additional but brief comments.

Example: What age teenagers for whom do you find it the most fun to give care?

- |          |             |
|----------|-------------|
| a. 13-15 | a. <u>X</u> |
| b. 16-18 | b. _____    |
| c. 18-20 | c. _____    |

Your age \_\_\_\_\_

Sex \_\_\_\_\_

<u>AGE</u>	<u>NUMBER</u>
19 years	2
20 years	47
21 years	35
22-25 years	15
Above 25 years	2
No Response	6

<u>SEX</u>	<u>NUMBER</u>
Male	0
Female	100
No Response	7

Note: There are no right or wrong answers to this questionnaire.

GENERAL INFORMATION

- |                        |              |
|------------------------|--------------|
| 1. Are you             |              |
| a. single?             | a. <u>80</u> |
| b. single and engaged? | b. <u>25</u> |
| c. married?            | c. <u>1</u>  |
| d. divorced?           | d. <u>1</u>  |
| e. separated?          | e. _____     |
| f. widowed?            | f. _____     |

2. Beginning with 1, rank from 1-8 your preference for patients for whom to care. (1-most preference.)

- |                   |          |
|-------------------|----------|
| a. Infants.       | a. _____ |
| b. Toddlers.      | b. _____ |
| c. Pre-school.    | c. _____ |
| d. School age.    | d. _____ |
| e. Teenagers.     | e. _____ |
| f. Young adults.  | f. _____ |
| g. Adults.        | g. _____ |
| h. Older persons. | h. _____ |

Patient Categories	1	2	3	4	5	6	7	8	No Response
a. Infants	30	15	20	7	8	4	8	10	5
b. Toddlers	12	32	11	12	9	9	14	3	5
c. Pre-school	15	12	26	9	11	16	8	4	6
d. School age	13	10	14	21	18	15	6	7	3
e. Teenagers	4	6	21	18	22	6	19	4	7
f. Young adults	16	12	2	17	9	25	10	9	6
g. Adults	13	12	6	7	18	16	25	5	5
h. Older persons	4	1	2	7	10	9	9	58	7

3. Check any of the following categories into which any of the teenagers for whom you have cared would fall.

- |                                  |              |
|----------------------------------|--------------|
| a. Acute medical problem.        | a. <u>76</u> |
| b. Chronic or long term illness. | b. <u>90</u> |
| c. Major surgery.                | c. <u>78</u> |
| d. Mental or emotional problem.  | d. <u>75</u> |
| e. Minor surgery.                | e. <u>79</u> |
| f. Obstetrics.                   | f. <u>58</u> |
| g. Terminal illness.             | g. <u>64</u> |

4. To how many patients within this age range (13-20) would you estimate you have been assigned to give care?

- |  |          |
|--|----------|
| a. Below five.                             | a. _____ |
| b. 6 - 10.                                 | b. _____ |
| c. Above ten (indicate approximate number) | c. _____ |

<u>Approximate Number of Adolescent Patients</u>	<u>Number of Students</u>
Below 5	15
5 - 10	23
10 - 20	18
20 - 30	13
30 - 50	10
50 - 100	8
Above 100	4
No Response	15

5. Beginning with 1, rank from 1-3 the patients within the teenage group as to whom it is most difficult to give care. Do males and females separately. (1-most difficult.)

	males	females
a. 13-15	a. _____	a. _____
b. 16-18	b. _____	b. _____
c. 19-20	c. _____	c. _____

Rank of Difficulty	Number of Students Ranking							
	Male Patients				Female Patients			
	1	2	3	No Response	1	2	3	No Response
Age: 13-15 yrs.	48	19	32	8	35	21	23	28
16-18 yrs.	21	66	8	11	32	56	9	10
19-20 yrs.	25	10	55	17	23	15	49	19

State reason for #1 choice in each case. (e.g. too exuberant, too near my own age)

a. males...

b. females...

6. Check any of the following activities of personal care you have given to teenage patients.

a. Bath	a. <u>100</u>
b. Bed pan	b. <u>102</u>
c. Catheterization	c. <u>41</u>
d. Change R.C. bag	d. <u>59</u>
e. Colostomy care (or ileostomy)	e. <u>13</u>
f. Douche	f. <u>18</u>
g. Enema	g. <u>66</u>
h. Injection into gluteal muscle.	h. <u>91</u>

- |  |              |
|--|--------------|
| i. Peri care   | i. <u>66</u> |
| j. Pre-op shave or scrub to chest,<br>abdominal or perineal area | j. <u>38</u> |
| k. Urinal  | k. <u>95</u> |

Do you feel it is more awkward for you to perform the above activities with a teenager than with a younger or older patient?

- |        |              |
|--------|--------------|
| a. Yes | a. <u>46</u> |
| b. No  | b. <u>49</u> |

7. Have you ever felt embarrassed about performing activities such as the above for the teenage patient?

- |        |              |
|--------|--------------|
| a. Yes | a. <u>38</u> |
| b. No  | b. <u>64</u> |

If yes, please fill in the following:

	male	female	age	why
a. activity _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### PATIENT TEACHING

8. In what areas have you had experience in teaching teenage patients? (Check any which apply.)

- |   |              |
|---|--------------|
| a. About their particular illness.          | a. <u>80</u> |
| b. Dressings.                               | b. <u>43</u> |
| c. Growth and development.                  | c. <u>35</u> |
| d. Mental hygiene.                          | d. <u>34</u> |
| e. Special procedures (colostomy care etc.) | e. <u>25</u> |
| f. Diet.                                    | f. <u>68</u> |
| g. Other (write in)                         | g. <u>15</u> |

Do you feel that patient teaching is frequently neglected with the teenage patient?

- |        |              |
|--------|--------------|
| a. Yes | a. <u>84</u> |
| b. No  | b. <u>28</u> |

Why?

#### COMMUNICATIONS

9. How do you introduce yourself to the patient? (e.g. (a) I'm Sally Sample or (b) I'm Miss Sample.)

- |                        | male         | female       |
|------------------------|--------------|--------------|
| a. First and last name | a. <u>8</u>  | a. <u>15</u> |
| b. Last name           | b. <u>99</u> | b. <u>92</u> |

Do you find it somewhat difficult to decide with which of the above ways to address the patient?

- |        | male         | female       |
|--------|--------------|--------------|
| a. Yes | a. <u>17</u> | a. <u>22</u> |
| b. No  | b. <u>90</u> | b. <u>85</u> |

Why?

10. How do you address the teenage patient the first time you meet him or her? (e.g. (a) Good morning, Joe, or (b) Good morning, Mr. Smith)

	male	female
a. First name	a. <u>88</u>	a. <u>91</u>
b. Last name	b. <u>19</u>	b. <u>16</u>

Do you find it somewhat difficult to decide with which of the above ways to address the patient?

	male	female
a. Yes	a. <u>17</u>	a. <u>11</u>
b. No	b. <u>90</u>	b. <u>96</u>

Why?

11. In the first column indicate those topics about which the patients most commonly talk.  
In the second column, indicate the topics you feel most comfortable in discussing with the teenage patient.

	Topics about which teenagers most commonly talk.	Topics I feel comfortable in discussing with teenage patients
a. Birth, life or death.	a. <u>12</u>	a. <u>29</u>
b. Boys about girls and vice versa.	b. <u>77</u>	b. <u>52</u>
c. Careers.	c. <u>78</u>	c. <u>95</u>
d. Current events.	d. <u>40</u>	d. <u>80</u>
e. Family.	e. <u>87</u>	e. <u>84</u>
f. Friends.	f. <u>85</u>	f. <u>80</u>
g. Hobbies, recreation.	g. <u>91</u>	g. <u>102</u>
h. Social events	h. <u>74</u>	h. <u>77</u>
i. Their reason for hospitalization.	i. <u>63</u>	i. <u>74</u>
j. The nurses' outside activities and interests	j. <u>40</u>	j. <u>34</u>
k. Other (write in.)	k. <u>6</u>	k. <u>4</u>

12. Indicate in the first column any of the following areas which teenage patients have discussed with you and indicate if the patient was male or female.  
In the second column indicate the areas you would prefer not to discuss with teenage patients.  
In the third column indicate the areas you would not want to discuss with any age patient.

Male Patients

	Areas Discussed	Areas preferred not to discuss with teenager.	Areas preferred not to discuss with any age patient.
a. Dating	a. <u>58</u>	a. <u>12</u>	a. <u>9</u>
b. Friends	b. <u>94</u>	b. <u>4</u>	b. <u>2</u>
c. Future	c. <u>93</u>	c. <u>2</u>	c. <u>2</u>
d. Growth and development	d. <u>31</u>	d. <u>8</u>	d. <u>2</u>
e. Home	e. <u>78</u>	e. <u>3</u>	e. <u>5</u>
f. Marriage	f. <u>37</u>	f. <u>15</u>	f. <u>8</u>
g. Religion	g. <u>39</u>	g. <u>33</u>	g. <u>31</u>
h. School	h. <u>93</u>	h. <u>1</u>	h. <u>0</u>
i. Sex	i. <u>28</u>	i. <u>43</u>	i. <u>36</u>
j. Present illness	j. <u>86</u>	j. <u>1</u>	j. <u>0</u>

Continue for females.

a. Dating	a. <u>74</u>	a. <u>5</u>	a. <u>5</u>
b. Friends	b. <u>95</u>	b. <u>4</u>	b. <u>2</u>
c. Future	c. <u>77</u>	c. <u>2</u>	c. <u>1</u>
d. Growth and development	d. <u>50</u>	d. <u>2</u>	d. <u>1</u>
e. Home	e. <u>89</u>	e. <u>3</u>	e. <u>2</u>
f. Marriage	f. <u>68</u>	f. <u>6</u>	f. <u>4</u>
g. Religion	g. <u>50</u>	g. <u>27</u>	g. <u>27</u>
h. School	h. <u>97</u>	h. <u>1</u>	h. <u>0</u>
i. Sex	i. <u>48</u>	i. <u>17</u>	i. <u>18</u>
j. Present illness	j. <u>91</u>	j. <u>1</u>	j. <u>0</u>

13. Have you ever gone to the hospital to visit one of your teenage patients when you were off duty?

	male	female
a. Yes	a. <u>32</u>	a. <u>37</u>
b. No	b. <u>61</u>	b. <u>70</u>

14. Have any of your patients contacted you after leaving the hospital, either by phone, letter, or in person?

	male	female
a. Yes	a. <u>21</u>	a. <u>24</u>
b. No	b. <u>74</u>	b. <u>77</u>

If yes, what did you do?

a. Ignored it.	a. <u>2</u>	a. _____
b. Remained pleasant but requested not to call again.	b. <u>3</u>	b. <u>1</u>
c. Considered as friend and responded as such.	c. <u>16</u>	c. <u>19</u>
d. Other (write in.)	d. <u>2</u>	d. <u>2</u>

15. What do you do when a patient asks you what your first name is?
- |  |              |
|--|--------------|
| a. Say "I'm not allowed to tell you."  | a. <u>11</u> |
| b. Say "I'd rather not say."   | b. <u>5</u>  |
| c. Say "If you can guess what the initial on my name tag stands for, I will tell you." | c. <u>11</u> |
| d. Say "My first name is _____."   | d. <u>59</u> |
| e. Make no response, run to task at hand.  | e. <u>1</u>  |
| f. Other (write in.)   | f. <u>14</u> |
16. What do you do when a patient asks for your address or phone number (or indicates desire to get in touch with you after leaving the hospital)?
- |  | male         | female       |
|--|--------------|--------------|
| a. Say "I'm not allowed to tell you."      | a. <u>6</u>  | a. <u>6</u>  |
| b. Say "I'd rather not say."               | b. <u>11</u> | b. <u>7</u>  |
| c. Say "I already have a boyfriend."       | c. <u>4</u>  | c. <u>1</u>  |
| d. Say "I'm engaged."                      | d. <u>6</u>  | d. <u>0</u>  |
| e. Make no response, turn to task at hand. | e. <u>2</u>  | e. <u>1</u>  |
| f. Other (write in.)                       | f. <u>36</u> | f. <u>44</u> |

17. Do you find it more difficult to communicate to teenage patients than to older patients that your interest in them is purely professional?

	male	female
a. Yes	a. <u>43</u>	a. <u>32</u>
b. No	b. <u>59</u>	b. <u>70</u>

Why?

18. Do you think you would feel more ill at ease if a nursing staff member passed the room and saw you sitting at the bedside of a teenage patient just talking than you would if the patient were either an adult or a young child?

	male	female
a. Yes	a. <u>30</u>	a. <u>18</u>
b. No	b. <u>72</u>	b. <u>84</u>

Why?

#### PROBLEM SITUATIONS

19. What would you probably do if you entered the room and found a teenage boy patient about whom you knew very little crying?
- |   |              |
|---|--------------|
| a. Respect his privacy and leave.                                       | a. <u>9</u>  |
| b. Say you will be back soon and give him time to regain his composure. | b. <u>19</u> |
| c. Say nothing and remain at the bedside.                               | c. <u>24</u> |
| d. Ask him what the matter is.  | d. <u>29</u> |
| e. Do nothing. Continue with the purpose for entering the room.         | e. <u>8</u>  |
| f. Other (write in.)  | f. <u>17</u> |

Do you feel your action would differ if in the above situation the patient were 45 or 50 years of age?

- a. Yes a. 43  
b. No b. 63

20. What would you do if you were taking care of a teenage patient who constantly used foul language?

- a. Ignore it. a. 22  
b. Report him to the head nurse. b. 5  
c. Ask him to please not use that kind of language when you're around c. 57  
d. Leave the room as soon as possible. d. 1  
e. Other (write in.) e. 17

Do you feel this would be a more difficult situation to deal with than if the patient were an older person?

- a. Yes a. 31  
b. No b. 59

Why?

21. What would you do if you entered the room to give a 15 year old girl a preoperative enema and she became very upset and said she just wanted to be left alone?

- a. Leave. a. 0  
b. Leave, but come back after she had time to calm down. b. 9  
c. Tell the doctor. c. 0  
d. Explain to her why she needed the enema and try to help her accept it. d. 92  
e. Other (write in.) e. 9

Would this, in your opinion, be a more difficult situation than if she were an older patient who had reacted in the same way?

- a. Yes a. 33  
b. No b. 73

Why?

22. If a 13 year old girl patient made a casual comment to you about menstruation which showed that she did not fully understand the process, what would you do?

- a. Discuss the situation with the head nurse. a. 8  
b. Bring her literature to read on the subject. b. 36  
c. Try to find out what she knows about it and how she feels about it. c. 92  
d. Take it upon yourself to correct her faulty thinking. d. 15  
e. Suggest she discuss it with her mother. e. 10  
f. Let the subject drop. f. 0  
g. Other (write in.) g. 4

23. Do you think you might be embarrassed to assist a young male patient down the hall past the nurses' station if it required that he put his arm around your shoulder for support?
- |        |              |
|--------|--------------|
| a. Yes | a. <u>11</u> |
| b. No  | b. <u>94</u> |
- Explain.
24. What would you do if you were irrigating an ileostomy of a 20 year old male patient who was obviously very embarrassed and humiliated but remained silent during the procedure?
- |   |              |
|---|--------------|
| a. Try talking about some outside event such as sports, current events, social activities, etc. | a. <u>38</u> |
| b. Remain silent also and continue as rapidly as possible.                                      | b. <u>2</u>  |
| c. Try to tease him out of his embarrassment.   | c. <u>1</u>  |
| d. Talk about the irrigation and ileostomy to try to find out his feelings about it.            | d. <u>75</u> |
| e. Other (write in.)  | e. <u>4</u>  |
25. What would you do if you were caring for a teenage girl patient who unduly exposed herself both in front of the doctors and the other patients, if you knew the head nurse had already spoken to her about it?
- |  |              |
|--|--------------|
| a. Request that she be more ladylike.  | a. <u>28</u> |
| b. Try to ignore it.   | b. <u>6</u>  |
| c. Bring it to the attention of her parents.   | c. <u>6</u>  |
| d. Refer her to the psychiatrist.  | d. <u>6</u>  |
| e. Would not feel capable of doing anything but would leave it up to the head nurse. | e. <u>14</u> |
| f. Other (write in.)   | f. <u>41</u> |

#### PERSONAL FEELINGS

26. Do you enjoy taking care of teenage patients?
- |        |                  |
|--------|------------------|
| a. Yes | a. <u>98</u>     |
| b. No  | b. <u>8</u>      |
|        | Some... <u>1</u> |
- Why?
27. Do you feel it is better for student nurses to be assigned to the teenage patient
- |  |              |
|--|--------------|
| a. 1 to 2 days only?   | a. <u>13</u> |
| b. 3 to 5 days?  | b. <u>42</u> |
| c. The length of the patient's stay whenever the student is on duty? | c. <u>45</u> |
- Why do you feel this way?

28. If you were head nurse, would you assign an older nurse in preference to a student nurse to care for a teenage patient?

- |        |              |
|--------|--------------|
| a. Yes | a. <u>8</u>  |
| b. No  | b. <u>95</u> |

Do you feel that this is frequently the procedure?

- |        |              |
|--------|--------------|
| a. Yes | a. <u>30</u> |
| b. No  | b. <u>69</u> |

Why do you feel this way?

29. Indicate briefly what you find most difficult in caring for

a. A teenage boy.

b. A teenage girl.

30. If you, yourself, were hospitalized, what nursing personnel would you prefer to have care for you?

- |                            |              |
|----------------------------|--------------|
| a. Aide.                   | a. <u>8</u>  |
| b. Practical nurse.        | b. <u>7</u>  |
| c. Student nurse.          | c. <u>58</u> |
| d. Graduate nurse.         | d. <u>21</u> |
| e. Any, it doesn't matter. | e. <u>32</u> |

Why?

31. If you were to take care of a teenage patient who expired, how do you feel this would affect you emotionally in comparison to a terminal adult patient?

- |                                       |              |
|---------------------------------------|--------------|
| a. It would be less difficult for me. | a. <u>0</u>  |
| b. It would be more difficult for me. | b. <u>94</u> |
| c. I would probably feel the same.    | c. <u>11</u> |

In comparison to a terminal illness in a child or infant?

- |                                       |              |
|---------------------------------------|--------------|
| a. It would be less difficult for me. | a. <u>20</u> |
| b. It would be more difficult for me. | b. <u>48</u> |
| c. I would probably feel the same.    | c. <u>37</u> |

32. Have you ever wanted to discuss a problem related to the care of a teenage patient with someone else?

- |        |              |
|--------|--------------|
| a. Yes | a. <u>84</u> |
| b. No  | b. <u>23</u> |

If yes, to whom did you go?

- |                                  |              |
|----------------------------------|--------------|
| a. Instructor.                   | a. <u>62</u> |
| b. Chaplain.                     | b. <u>4</u>  |
| c. Roommate.                     | c. <u>47</u> |
| d. Counselor or guidance person. | d. <u>3</u>  |
| e. Other (write in.)             | e. <u>21</u> |

#### PREPARATION FOR GIVING TEENAGERS CARE

33. Do you feel that you have been adequately prepared to care for teenage patients?

- |        |              |
|--------|--------------|
| a. Yes | a. <u>68</u> |
| b. No  | b. <u>31</u> |

Why?

34. Please rank 1-5 the areas in which you were given the most information about care of teenagers. (#1-most information given.)
- |  |          |
|--|----------|
| a. Medical-surgical nursing.                   | a. _____ |
| b. Pediatric nursing.                          | b. _____ |
| c. Courses in Growth and Development.          | c. _____ |
| d. Hospital wards.                             | d. _____ |
| e. Personal experience (brothers and sisters). | e. _____ |
| f. Other (write in.)                           | f. _____ |

Number of Students Ranking

<u>Area</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>No Response</u>
Medical-Surgical Nursing	7	8	15	20	42	3	12
Pediatric Nursing	45	32	10	12	5	0	3
Courses in Growth and Development	26	34	19	19	6	0	3
Hospital Wards	10	12	29	32	12	1	11
Personal Experience (brothers and sisters)	16	15	26	14	26	1	9
Other (write in)	5	2	3	2	6	2	87

35. What areas of instruction pertaining to teenagers specifically do you think should be included in the curriculum?
- |  |              |
|--|--------------|
| a. Medical conditions common to them.        | a. <u>69</u> |
| b. Patient teaching of teenagers.            | b. <u>83</u> |
| c. How to communicate with teenagers.        | c. <u>93</u> |
| d. Growth and development of teenagers.      | d. <u>71</u> |
| e. Mental hygiene of teenagers.              | e. <u>77</u> |
| f. Community resources for them.             | f. <u>70</u> |
| g. Literature available to be used for them. | g. <u>62</u> |
| h. Mores of teenagers.                       | h. <u>54</u> |
| i. Other (write in.)                         | i. <u>1</u>  |
36. Indicate in which of the following areas you feel material about the teenage patient specifically should be presented.
- |                                |              |
|--------------------------------|--------------|
| a. Medical-surgical nursing.   | a. <u>45</u> |
| b. Pediatric nursing.          | b. <u>94</u> |
| c. Psychiatric nursing.        | c. <u>70</u> |
| d. Sociology courses.          | d. <u>41</u> |
| e. General psychology courses. | e. <u>42</u> |
| f. Other (specify).            | f. <u>1</u>  |

THANK YOU FOR YOUR ASSISTANCE WITH THIS STUDY.

Typed by

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