

STUDENT AND FACULTY REACTION TO THE MORISON PROBLEM
CHECK LIST ADMINISTERED IN A SELECTED
COLLEGIATE SCHOOL OF NURSING
IN OREGON

by

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A THESIS


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CHAPTER I

INTRODUCTION

Introduction to the Problem

Isabel Stewart once said, "Nursing education, like all education, is for the purpose of helping individuals to adjust themselves to the world in which they live."⁽³⁵⁾

Periodic evaluation of nursing education is necessary if nursing is to remain sufficiently flexible to meet modern social and technological demands. Nursing education has undergone rapid development, expanding and constantly enriching programs to prepare nurses. If nursing is to fulfill its expressed obligations, schools of nursing must evaluate their basic philosophies and aims.⁽⁷⁾

Beside problems common to all schools of nursing, individual schools may have unique problems due to location, administrative policies, faculty, or students.

In the past few decades, guidance has received more recognition in schools of nursing with emphasis placed on becoming aware of students' problems. "Failure to adjust is a malignant growth which affects the individual's relationships with others."⁽¹³⁾

Nursing students have the problems of other youth plus those directly attributed to their lives as student nurses.^(21,16,20,38,32,19)

Wyatt has contrasted the problems of nursing students with those of college students:

1. Most of the supervision and restrictive regulation in the nursing school comes from women. The instructor is much less isolated from the student than would be the case in college.
2. The authority of the supervision . . . is markedly greater than that of the college teacher.
3. Seniority alone gives an almost unlimited freedom to upbraid the student, to discipline and restrict her
4. Personality and appearance are considered part of the total performance in nursing and are often criticized as directly as her proficiency in making a bed. This happens at a time when her "self" is especially vulnerable
5. Liabilities of training are greater, punishments more severe than in college, and the possibilities of reward or compensation are at least in the beginning woefully small. (21)

The school of nursing not only has the challenge but the responsibility to guide and stimulate each individual into developing her maximum potentialities. "This is not only the school's responsibility to the student; it is also the school's responsibility to society." (39)

Statement of the Problem

The purpose of this study is to identify common problems confronting students in their adjustment to nursing; to determine the problems of most concern to the students; to determine if students would like to discuss their problems with someone on the faculty; and to determine faculty awareness of student problems.

Hypothesis

It is hypothesized that there will not be a significant correlation between the problem areas identified by the students and the problem areas of the students as identified by the faculty.

Limitations

This study was limited to the data that could be obtained by administration of the Morison Problem Check List Form for Schools of Nursing.

The population of this study was limited to 60 sophomore students enrolled at a selected collegiate school of nursing and to nine instructors responsible for their medical-surgical nursing instruction.

It was accepted the Check List would reveal only the problems this group of students recognize and admit at the time of this administration.

The results were intended to reveal the degree of faculty awareness of student problems and not the cause of the problem or the reason for faculty awareness. No attempts at alleviation were suggested.

Assumptions

For the purposes of this study it is assumed that:

1. student nurses in common with other youth have problems and that they encounter added problems related to their chosen profession.
2. the students are able and willing to reveal their problems.
3. the directions of implied, voiced, or observed problems will be adequate guides for the faculty to follow in completing the Check List to identify the students' problems.
4. faculty recognition of students' problems is a necessary baseline for student guidance.

Importance of the Problem

Adequate guidance programs not only help attract students to nursing but help keep them in nursing as well.

As Spalding implied, it is known from experiences with nursing students that they need help at various times but only a few studies have been made to show (a) the types of problems in which they feel the need of guidance; and (b) how much and what kind of guidance is actually given. (33)

Nursing instructors, because of their close association with the students, often find themselves involved in guidance. It would appear to be of value for the students, faculty, and school to discover not only the type but the seriousness of the students' problems and the

faculty awareness of these problems. Administering the Check List early in the program might facilitate the establishment of a more effective guidance program or lead to better understanding between each group of students and the faculty. This is a continuing process as a new group of students is admitted each year.

Sources of Data

The primary data for this study were obtained from responses to the Problem Check List Form for Schools of Nursing administered to 60 sophomore student nurses and nine medical-surgical nursing instructors in a selected collegiate school of nursing. The faculty checked problems the students had voiced, implied, or that they had observed.

Secondary sources of data were obtained by a review of selected literature and related studies.

Procedure for Collection of Data

The procedure for collection of data used in this study assumed this order:

1. Selected the Morison Problem Check List Form for Schools of Nursing as the tool for collection of data because of its appropriate function of revealing student problems and the ease of administration and scoring.
2. Selected a collegiate school of nursing that met predetermined criteria of:
 - a) expressed interest in research in nursing
 - b) willingness to cooperate

- c) accreditation by the National League for Nursing and the Oregon State Board of Nursing
 - d) evidence of faculty participation on state, regional, and national committees and boards, or in studies.
3. Received permission to administer Check List through conference with the Director of the School of Nursing. During the conference the purpose of the study was explained, and the possible value of the findings.
 4. Contacted the Educational Director in charge of basic education program to establish a suitable time to discuss participation with the students and faculty.
 5. Contacted student advisers and faculty representative to establish suitable times to administer the Check List.
 6. Interpreted the purpose of the study and the Check List to each group.
 7. Administered the Check List.
 8. Analyzed the data. Compared the data regarding the faculty to the data regarding the students.
 9. Tabulated the data.
 10. Interpreted findings, drew conclusions, and made recommendations.

Overview of the Study

Chapter II deals with a review of the literature and related studies. Chapter III deals with the treatment of the data in terms of the objectives of this study. Chapter IV is devoted to the summary, conclusions and recommendations resulting from this study.

CHAPTER II

REVIEW OF THE LITERATURE AND RELATED STUDIES

The Problem Check List

In 1947, Miss Luella J. Morison concluded that a check list of problems would be useful in guidance of student nurses. She revised the Mooney Problem Check List for College Students. "It is essentially a list of problems which are believed to be important to students, so arranged that a student can easily indicate the ones that are important to her." (22)

The first form was administered and the results studied. Certain weaknesses were noted; the tentative list was then revised and printed. The revised check list contained 364 items classified into 13 areas.

Validity

Morison believed the first summary question in the check list, "Do you feel that the items you have marked on the list give a well-rounded picture of your problems?", was a way of validating the check list. In Miss Morison's study, 92% of the student nurses stated the items they marked gave a well-rounded picture of their problems. (23)

This has been further substantiated in other studies: in 1952 by eighty-three per cent of the students in a Tennessee school, (18) in 1959 by eighty-five per cent of the students in an Oregon school (24) and in 1961 by ninety-three per cent of the students in an Oregon collegiate school of nursing. (8)

Check lists have the advantage of permitting the participant to indicate those problems of which he is aware and is willing to admit. They have the added value of calling these problems to the attention of the faculty. (31,25,14)

Mooney has said,

. . . the nature of the Check List makes it impossible to arrive at a definite conclusion about its validity. Validity, he says, must be determined in terms of the particular purpose and the particular situation. (25)

Bedell, in agreement, states, "Inconsistency in marking items is neither good nor bad, but merely presents new information to be used in following the changes in an individual or group." (4)

Review of the Literature

The old proverb, "If youth but knew, if old age but could," implies that youth is so wonderful it is a shame to waste it on young people. "At adolescence, as at every stage along life's way, a person is, in a true sense, a pioneer." (17)

The majority of young women who enter nursing do so at the age of seventeen or eighteen, thus the problems of late adolescence must be recognized and considered by nursing faculty. The adolescent's anxieties include:

1. the need for love and security
2. the need for acceptance by peer group
3. the feelings of dependency and desire for independence
4. the need for social approval; popularity
5. the need to succeed; feeling of worth

6. the need to develop personal philosophy
7. the need for emotional control; stability
8. the concern about scholastic achievement and vocational satisfaction (21,3,11,29,12)

When the student dons her uniform she does not shed her inner conflicts. (16) Actually, adjustments are increased because of her role as a student nurse. Her conflicts include:

1. adjustment to written and unwritten laws of the group in which she lives
2. acquiring nursing skills plus applying nursing principles
3. exposure to pain, decay, illness, and death
4. accepting professional restrictions
5. recognition of recreational and social limitations
6. milieu of relationships (professional-nonprofessional)
7. emphasis on matters of the body
8. added responsibilities plus liability for error (20,30,34,41)

Modern education is now placing emphasis on the development of the whole person. Nursing education must endeavor to produce a mature, poised, balanced woman who possesses personality traits that will be an asset in her work and in her life. (7) "The instructor with an understanding of the student, her capabilities, and her motivation can do much to individualize education to meet her needs" (39)

Quoting R. C. Clothier, Ruth Strang states, "The heart of personnel work lies in the genuine and intelligent interest of instructors and others in the individual student." (36)

Instructors, through daily personal association with students, will be approached by students with problems which require counseling without considering the instructor's counseling preparation. For students, instructors of all types are ready objects for identification. (33,6)

. . . much guidance and counseling can be done by members of the faculty who demonstrate by their own abilities to make adequate adjustments to life--both social and professional (5)

The recognition of limitations in dealing with certain types of problems provides a safeguard for the instructor. He should have the courage to examine himself regularly to ascertain if he is responsible for the creation of emotional and behavior problems of his students and then have the humility to accept what he may find. (17)

In a 1951 study, 384 student nurses most frequently named "interest in and understanding of the student" as the most important quality and teaching activity of the instructor in the school of nursing. (15)

Four main avenues through which teachers may contribute to the development of their students include:

1. their own personality
2. their attitude toward and their relationships with their students
3. their teaching subjects
4. the adjustments they are able to make to the capacities, interests, and needs of each student. (36)

There is no infallible method of handling successfully all the adjustment problems that arise in the school of nursing.

Although every good teacher hopes to understand his students, human lives are too complicated and the human limitations of the teacher too great to realize this hope. "He who dares to teach must never cease to learn." (15)

Review of Related Studies

In 1935, Reed reported a study involving both sexes of the freshman class at Oregon State Agriculture College. She revealed:

The problems confronted by the largest number of students were "the inability to budget time"; "higher standards of work"; "slow reading habits"; and "insufficient funds" following closely in the order named. Of fundamental importance in aiding the student through this difficult period of adjustment is the knowledge of what problems he is most likely to encounter. (28)

As a result of her study, Reed concluded:

1. That the majority of the problems with which freshmen are confronted are, for the most part, remediable.
2. That problems of social adjustment are as vital as problems of academic adjustment and need the same amount of consideration and care.
3. That certain adjustment problems occur with larger frequency than others at different institutions, making it necessary for each institution to determine the nature and extent of its own problems. (28)

Torrop reported a study in 1939 involving 179 freshmen and 99 senior nursing students in ten schools of nursing. The problem areas accepted at this time included: social, personal and emotional, professional and educational, vocational, financial, health--physical

and mental, and family.

The freshmen asked for guidance in adjusting to the adult responsibilities of professional and social living with emphasis on budgeting of time and energy. The seniors asked for personal and vocational counseling. Health problems were many, with fatigue high on the list. In summary, "More than to any other one person, these students have turned to classmates for advice . . . next in choice is the doctor . .

(37)

In 1941, Triggs and Bigelow studied the results of the administration of the Mooney Problem Check List for College Students to 295 regular nursing students and 112 affiliating students at the University of Minnesota. The findings indicated the University students had more religious and financial problems while the affiliates had more personal-psychological and health problems. Curriculum and study areas were the major problems for both groups. Additional information implied students do not seem to be receiving as much help as they should to make their preparation as constructive as it should be. (40)

The Problem Check List Form for Schools of Nursing was administered by Dill in 1946 to a group of first, second, and third year students in four schools of nursing.

Some of the conclusions reported in this unpublished thesis submitted to Boston University were:

1. Only the students can furnish the information on the nature and importance of their problems.
2. There is a definite willingness on the part of nursing students to cooperate with administrators in their

endeavor to organize better counseling services.

3. An inservice training program in guidance, recognizing the needs of the faculty, should be initiated. (10)

Peters, in 1951, administered the College Form of the Check List to 47 nursing students enrolled in Florida A & M College. It was recommended that:

1. The Division of Nursing Education recognize its responsibility to the nursing profession and attempt to secure authorization for more careful selection of students by a comprehensive program of pre-testing.
2. The orientation program for student nurses be a continuing process planned to assist them in a wide variety of areas. (26)

Eileen Johnson surveyed the problems of 24 freshmen student nurses enrolled in the Memorial Hospital School of Nursing, affiliated with East Tennessee State College. This 1952 study concluded:

Student nurses have peculiar problems relating to their education that are not experienced by other students. These problems lie primarily in the areas of "Adjustment to School of Nursing", "Social and Recreational Activities", "Finances and Living Conditions", "Health and Physical Development", and "Personal-Psychological Relationships". Problems relating to "Home and Family", and "Adjustment to Human Relationships in Nursing" are relatively unimportant to the group. (18)

In 1953, Anthony and Chambers surveyed the problems of 41 students in a selected diploma school of nursing. The conclusions of this study

indicated that:

1. Students are not only willing but actually glad to cooperate with efforts made to help them discover their problems.
2. Certain areas present more problems to students than others—"Finances and Living Conditions", "Social and Recreational Activities", "Curriculum and School Program", "Adjustment to School of Nursing" are responsible for the most problems; "Home and Family", "Adjustment to Human Relationships in Nursing", and "Morals and Religion" for the fewest. Seniors are more troubled by the future, professional and educational.
3. The general climate of the hospital and school seem to be one of restraint which has given rise to poor student morale.
4. Students recognize good characteristics in their environment.
5. Faculty-student rapport appears to be not as good as might be desired.⁽²⁾

As logical outgrowths of the findings of their study, the following recommendations were submitted:

1. That added opportunities be provided for students to search and express their problems.
2. That the objectives and the philosophy of the school be reviewed.
3. That the guidance program be reviewed to discover how it can be strengthened so as to better meet students' needs.⁽²⁾

In a doctoral study in 1956, Allen administered the Mooney Problem Check List College Form to 2011 students and 175 faculty members enrolled in seven selected co-ed, church related, liberal arts colleges. It was his belief that definite similarities or differences between student and staff opinions regarding the nature, prevalence, or seriousness of student problems would be indicative of the degree of sensitivity of the staff to student problems and the presence or absence among staff members of a student personnel point of view.

The results of the survey indicated that on the average the staff underscored and circled more problems than the students. With few exceptions, "Adjustment to College Work" was the highest-ranking problem area for every group in every college. Problem number 41, "Not knowing how to study effectively" was the leading ranking problem on both the staff and the student list with "Not spending enough time in study" also receiving high ranking. There was at least a fair degree of similarity between types of problems underscored. The range of correlation between students and staff in cooperating colleges in the rank order of problem areas in the frequency of problems underlined was from .42 to .84 with an average of .56. There was a fair degree of agreement between the student groups and staff in the most prevalent problems circled.

Allen concluded:

1. On the whole, the staff members appear to possess the student personnel point of view.
2. The staff are interested in the students personally and in their needs and problems.

3. Although the staff are generally sensitive to students' problems, they appear to be projecting themselves somewhat into their evaluation of student problems.
4. The staff are giving a moderate degree of help on students' serious problems, but not as much as they think they are.
5. Some of the students have a great many problems. Many of them need counseling.
6. Many students appear to need more help in adjustment to college work, particularly with respect to proper methods, techniques, and habits in connection with reading, studying and budgeting time.⁽¹⁾

One hundred and two students from a selected diploma school of nursing participated in a 1958 study conducted by Pollman.

The majority of the problems reported by freshmen were personal problems involved in maintaining good mental and physical health. The freshmen recognized the need to develop study and communication skills; seniors also indicated many problems in this area.

The five leading problems underlined by the students were:

"Disliking financial dependence on family", "Tiring of same meals all the time", "Not getting enough outdoor air and sunshine", "Talk shop too much" and "Not enough sleep".

Pollman's recommendations were:

1. To develop resources within the school that would lead to an effective personnel guidance program in an effort to help students deal with their emotional problems.

2. To explore the students' understanding of nursing as a profession as a basis for vocational guidance.
3. To increase emphasis on ways of communication early in the program, with a continued emphasis throughout the total program.
4. To examine the meaning of learning experiences to the students.
5. To identify ways of building rapport between supervisor-student relationships. (27)

In 1959, McCarthy surveyed the problems of 20, third-quarter freshmen nursing students in a selected Oregon collegiate school of nursing. It was found that:

1. The problems which seemed to be of the most concern were in the area of "Personal-Psychological" development while the problems of least concern were in the areas of "Home and Family" and "Finances and Living Conditions."
2. The item checked by the most students as being of greatest concern to them was "Not enough time for recreation."
3. The findings of this study, when compared with reports of previous studies, indicates that a difference seems to exist between the problems of this group of nursing students and students on a larger campus of a general college or university. The latter students seem to be more concerned about adjusting to college life and overcoming poor study habits, while the nursing students seem to miss the

recreational and social opportunities offered on the larger campus of which they had previously been a part. (24)

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

1. The study could be repeated with a subsequent group of freshmen students to determine if these particular problems are found consistently among freshmen nursing students in this school or were unique to the group surveyed.
2. This study could be extended to other Oregon schools of nursing to determine if the problems appear to exist in all the schools or are unique to this one.
3. The instructors in this school of nursing could explore ways of identifying the depths of the students' problems to discover if possibly the majority of these problems were not those of maturation. (24)

An Oregon collegiate school of nursing was surveyed by Darm in 1961. The participants included 21 first-year students and 29 senior students. Darm used the Check List to compare the problems of the two selected groups.

The hypothesis that there would be a measurable difference between the two student groups in this study was found to be true in four of the thirteen areas in the Morison Problem Check List for the underlined problems. There were also four of the thirteen areas revealing significant differences between the two in the circled problems. (8)

In view of the purpose of this study, to compare the problems indicated by the two groups, Darm stated:

1. The sophomores were concerned with problems of personality, they lacked self confidence in their academic ability and in social graces; while the concern of most seniors centered around financial matters and their own health needs, they also indicated boredom as a major problem.
2. More sophomores (43%) than seniors (17%) would be willing to discuss their problems with some member of the faculty.
3. There was concern in both groups for problems not related specifically to nursing school environment. It would seem that most of the students participating in this study would have indicated similar problems in any educational setting and most of the difficulties of a personal nature would be of concern in any given situation, educational or not. It would appear that the major differences found between the two groups were caused by their respective placement in the school. This cannot be validated, however, without further study. (8)

Summary

The review of the literature and related studies provides evidence of the responsibility of nurse educators to assist in developing the whole personality of each student. It is evident that nursing students have problems related to their profession as well as their age. Instructors, because of their close contact with the students, are frequently approached for assistance. Thus, it is not sufficient to set a good example of a well-adjusted person, but the instructors must also be aware of the problems confronting the students. The Problem Check List is a valid tool developed to help with the task of discovering students' problems. This recognition of student problems is a prerequisite to proper guidance.

CHAPTER III

TREATMENT OF THE DATA

This study was undertaken for the purpose of identifying common problems confronting students in their adjustment to nursing, determining the problems of most concern to the students, determining if students would like to discuss their problems with someone on the faculty, and determining faculty awareness of student problems. It was hypothesized that there would not be a significant correlation between the problem areas identified by the students and the problem areas of the students as identified by the faculty. The terms faculty, staff, and instructors are used synonymously. The limitations and assumptions remained as described in Chapter I.

The data for this study were obtained in December 1963, through the administration of the Luella J. Morison Problem Check List Form for Schools of Nursing to 60 sophomore student nurses and nine medical-surgical nursing instructors in a selected Oregon collegiate school of nursing. Sixty of the 100 enrolled sophomores participated in the study, providing a 60% representation; the faculty had a 90% representation with nine of 10 instructors participating. There is supporting evidence to indicate that the student response was adequately representative and the staff response exceptionally good.

The Problem Check List Form for Schools of Nursing was selected as the survey tool because of its appropriate function of revealing student

problems and the ease of administration and scoring. The directions for completing the Check List state: "Read the list slowly, pause at each item, and if it suggests something which is troubling you, underline it After completing the first step, look back over the items you have underlined and circle the numbers in front of the items which are of most concern to you (Appendix A)

The purpose of the study and the possible value of the findings were presented to the Director of the school of nursing prior to receiving permission to administer the Check List.

With the assistance of the Educational Director in charge of the basic education program, the student advisers and faculty representatives were contacted and suitable times to administer the Check List were established.

Prior to the administration of the tool to each group it was emphasized that the list was not a test, no names were to be signed, and all information would remain confidential. Only group results would be reported.

The Check Lists were distributed to the instructors at a meeting of the medical-surgical nursing instructors. The participants were asked to check problems the students had voiced, implied, or that they, as faculty, had observed. Additional information included their total number of years in nursing and the number of years they had been teaching. The participants were asked not to discuss the study among themselves as this could conceivably affect the validity of the results. A stamped envelope was provided for the return of the list to the researcher.

The Check List was administered to the students on two consecutive days with 35 students participating the first day and 25 the second. Three of the second group submitted their lists in sealed envelopes. They expressed desire to participate in the study but were unavailable at the time of group administration. All students were asked to indicate their marital status and were again reminded the faculty would not see their papers.

After the administration of the tool, the data were analyzed and tabulated comparatively within the limits of the purpose of the study.

The average age of the sophomores was 19, the range 17-21. Fifty-nine of the students were single and one was divorced.

Sixty students underlined 3097 problems with an average of 51.62 and a range from 9-126. (See Appendix D for problems not underlined by any student) The problems circled totaled 928 with an average of 15.46 and a range from 2-50.

Nine instructors underlined 528 problems with an average of 58.7 and a range from 15-98. A total of 127 problems was indicated as of most concern with an average of 14.1 per instructor and a range from 4-36. The nine instructors have been in nursing for a total of 98 years with an average of 10.9 years (range: 6-23 years). They have been teaching, on the average, for four years with a total of 36.5 years for the group and a range from 0-7.

As indicated in Table 1, the instructors averaged more underlined problems than did the students. The students circled 1.4 more problems per individual than the faculty.

Table 1. Frequency of Problems in Morison Check List Underlined and Circled by 60 Students and 9 Instructors

Problem Area	Underlined		Circled	
	Students N=60	Instructors N=9	Students N=60	Instructors N=9
Health and Physical Development	272	42	80	5
Finances and Living Conditions	290	54	77	16
Social and Recreational Activities	356	48	88	23
Social-Psychological Relations	225	32	64	1
Personal-Psychological Relations	349	45	131	16
Courtship, Sex and Marriage	223	29	85	5
Home and Family	115	20	43	0
Morals and Religion	163	15	49	0
Adjustment to School of Nursing	311	79	120	24
The Future: Professional and Educational	239	23	68	6
Curriculum and School Program	165	41	31	8
Adjustment to Human Relationships in Nursing	133	36	19	3
Adjustment to Administration of Nursing Care	256	64	73	20
Total:	3097	528	928	127
Mean:	51.6	58.7	15.5	14.1

Table 2 shows the rank order of the problem areas as underlined and circled by the students and the instructors. The rank order is determined by the area receiving the highest frequency marked one to the lowest frequency area marked thirteen.

The largest number of problems underlined by the students was in the area of "Social and Recreational Activities" with "Personal-Psychological Relations", "Adjustment to School of Nursing" and "Finances and Living Conditions" in second, third, and fourth place respectively. The area with the smallest number of problems underlined was "Home and Family".

The areas of most concern for the students, mentioned in actual ranking, were "Personal-Psychological Relations", "Adjustment to School of Nursing", "Social and Recreational Activities", and "Courtship, Sex, and Marriage." As observed, the top three areas of most concern were also the top three areas with the largest number of problems. A rank order correlation (formula in Appendix B) between the problems underlined and the problems circled by the students was .368 (P. .01). This reveals a close relationship between the problems the students circled and those they underlined.

The largest number of problems underlined by the staff was in the area of "Adjustment to School of Nursing" with "Adjustment to Administration of Nursing Care", "Finances and Living Conditions", and "Social and Recreational Activities" following closely. "Morals and Religion" was the area least underlined.

The three areas of most concern as indicated by the instructors

were: "Adjustment to School of Nursing", "Social and Recreational Activities", and "Adjustment to Administration of Nursing Care".

"Finances and Living Conditions" and "Personal-Psychological Relations" tied for fourth place; "Home and Family" and "Morals and Religion" tied for thirteenth. The correlation between the underlined and the circled problems of the instructors was .881 (P. .01). This reveals a close relationship between the problems the instructors underlined and those they circled.

A correlation between the problems circled by the students and those circled by the instructors was .661 (P. .05). This reveals a fair degree of agreement between the problems circled by both groups. The correlation between the problems underlined by each group was .758. This is significant at the 0.02 level on the table of Critical Values of the Spearman Rank Order. This means that if the problem ranking of one group of participants is known the response of the other group could be predicted. The conclusion from this test is that the faculty is significantly aware of the students' problems and leads to rejecting the null hypothesis that there would not be a significant correlation between the problem areas identified by the students and the problem areas of the students as identified by the faculty.

Table 2. Rank Order of Problems in Morison Check List Underlined and Problems Circled by 60 Students and 9 Instructors

Problem Area	Students (N=60)		Instructors (N=9)	
	Underlined	Circled	Underlined	Circled
Social and Recreational Activities	1	3	4	2
Personal-Psychological Relations	2	1	5	4.5
Adjustment to School of Nursing	3	2	1	1
Finances and Living Conditions	4	6	3	4.5
Health and Physical Development	5	5	6	8.5
Adjustments to Administration of Nursing Care	6	7	2	3
The Future: Professional and Educational	7	8	11	7
Social-Psychological Relations	8	9	9	11
Courtship, Sex, and Marriage	9	4	10	8.5
Curriculum and School Program	10	12	7	6
Morals and Religion	11	10	13	12.5
Adjustment to Human Relationships in Nursing	12	13	8	10
Home and Family	13	11	12	12.5
<u>Rank order correlations:</u>				
Student underlined with student circled			= .868	P. .01
Instructor underlined with instructor circled			= .881	P. .01
Student underlined with instructor underlined			= .758	P. .02
Student circled with instructor circled			= .661	P. .05

As shown by Table 3, "Worrying about examinations" was the leading ranking problem for the students. "Not getting enough outdoor air and sunshine" was also high on the list. (See Appendix C for leading problems in individual areas)

Table 3. Individual Problems in Morison Check List Most Frequently Underlined by 60 Sophomore Student Nurses

Number of Problem	Problem	Frequency*	Per Cent*
88	Worrying about examinations	43	72
54	Not getting enough outdoor air and sunshine	34	57
53	Not getting enough exercise	32	53
91	Wanting to be out of school and on my own	32	53
277	Afraid of making mistakes	32	53
4	Not enough sleep	31	52
62	Too little social life	31	52
112	Disliking financial dependence on family	31	52
19	Nervousness	30	50
49	Failing to organize my work well	30	50
154	Not observant enough in bedside care	30	50
279	Lacking self-confidence	30	50

*Participants underlined more than one problem

Table 4 shows the ranking of problems by the instructors.

"Worrying about examinations" was the leading problem with "Failing to organize my work well", "Missing former social life", and "Too much discipline in Nurses' Home" following closely.

The faculty list contained many problems that did not occur on the student list. There was a close relationship between the instructor and student ranking with "Worry about examinations" as the leading problem for both groups. "Missing former social life" and "Too much discipline in Nurses' Home" were leading problems on the instructors list but did not occur on the student list.

Table 4. Individual Problems in Morison Check List Most Frequently Underlined by Nine Medical-Surgical Nursing Instructors

Number of Problem	Problem	Frequency*	Per Cent*
88	Worrying about examinations	9	100
49	Failing to organize my work well	8	89
113	Missing former social life	7	78
320	Too much discipline in Nurses' Home	7	78
9	Not enough time for recreation	6	67
19	Nervousness	6	67
68	Feeling inferior	6	67
73	Too few dates	6	67
139	Getting low grades	6	67
140	Fear failure in school of nursing	6	67
154	Not observant enough in bedside care	6	67
206	Afraid of causing pain when giving treatments	6	67
190	Afraid to speak up in class discussions	6	67
256	Can't be firm with patients	6	67
268	Not getting along well with the House Mother	6	67
277	Afraid of making mistakes	6	67
279	Lacking self-confidence	6	67
363	Too little chance to know the patient as a "whole"	6	67
1	Tiring very easily	5	56
62	Too little social life	5	56
110	Having to watch every penny I spend	5	56
118	Being watched by other people	5	56
157	Being clumsy and awkward	5	56
303	Hard to study in living quarters	5	56
321	Unable to lead a well-rounded life	5	56
348	Don't know how to study effectively	5	56
357	Can't acquire a professional vocabulary	5	56

*Participants underlined more than one problem

As Table 5 reveals, "Worrying about examinations" was the problem most frequently circled by the students. "Getting low grades", "Afraid of making mistakes", and "Nervousness" were high-ranking problems of concern to the students.

Table 5. Individual Problems in Morison Check List Most Frequently Circled by 60 Sophomore Student Nurses

Number of Problem	Problem	Frequency*	Per Cent*
88	Worrying about examinations	22	37
139	Getting low grades	19	32
277	Afraid of making mistakes	18	30
19	Nervousness	17	28
279	Lacking self-confidence	16	27
49	Failing to organize my work well	16	27
112	Disliking financial dependence on family	14	23
127	Wondering if I'll ever get married	12	20
18	Taking things too seriously	12	20

*Participants circled more than one problem

Table 6 shows the ranking of the problems most frequently circled by the instructors. "Failing to organize my work well" and "Worrying about examinations" tied as the top problem with "Missing former social life" high on the list.

There was a moderate degree of relationship between the problems circled by the students and those circled by the instructors. The number of problems of most concern on the instructor's list was considerably larger than the number on the student list. "Worrying about

examinations" was the problem of most concern for both groups.

Table 6. Individual Problems in Morison Check List Most Frequently Circled by Nine Medical-Surgical Nursing Instructors

Number of Problem	Problem	Frequency*	Per Cent*
49	Failing to organize my work well	6	67
88	Worrying about examinations	6	67
113	Missing former social life	5	56
62	Too little social life	4	44
279	Lacking self confidence	4	44
1	Tiring very easily	3	33
9	Not enough time for recreation	3	33
39	Needing to know my professional abilities	3	33
139	Getting low grades	3	33
140	Fear failure in school of nursing	3	33
268	Not getting along well with the House Mother	3	33
277	Afraid of making mistakes	3	33
320	Too much discipline in Nurses' Home	3	33
321	Having no one to tell my troubles to	3	33
19	Nervousness	2	22
38	Needing encouragement to continue in nursing	2	22
50	Unable to perform procedures effectively	2	22
59	Going through nursing on too little money	2	22
64	Unskilled in conversation	2	22
73	Too few dates	2	22
87	Poor memory	2	22
118	Being watched by other people	2	22
154	Not observant enough in bedside care	2	22
162	Too little money for recreation	2	22
206	Afraid of causing pain when giving treatments	2	22
213	Living quarters unsatisfactory	2	22
256	Can't be firm with patients	2	22
364	Disillusioned in nursing ideals	2	22

*Participants circled more than one problem

The student reaction to the summarizing questions at the end of the Problem Check List is shown in Table 7. Eighty-five per cent of the students indicated the list adequately represented their problems. The explanations by the 12% who reacted negatively included:*

Jealousy of roommate

There should be separate evaluations and grades for theory and clinical practice instead of one grade for both.

I am frequently frustrated by the trite and immature and rude behavior that many of the girls in this particular class exhibit. I am also tired of hearing girls complain of unfair tests, too much work, mean housemother and I'm tired of hearing gossip about class members by their supposed friends.

I feel my biggest problem is wondering if I'll have enough strength to wait 2½ yrs. until I graduate to get married . . . Also the man I love is not a Christian and I am torn between love for him and love of God; which should come first?

The majority of the students indicated they enjoyed filling out the Check List and felt it was worth while doing. The common reaction was the Check List gave them a chance to pinpoint their problems, discuss them if they wanted and to make a plea for constructive help.

Typical comments were:*

Feel like I've aired my problems and got something "off my chest."

It gave me a chance to look at how I feel on some things and write about them.

It's helped me to understand some of my feelings.

Put into words my feelings. Will portray the problems of this class as a whole very well.

*No attempt has been made to edit the comments.

It will perhaps give others a glimpse of more common nursing student problems, and aid them in counseling other students to enter, or not enter nursing.

I hope the results are helpful to school's of nursing - even ours.

Maybe if you find out what's bothering us as a group, something can be done about it.

A contrast in reaction is noted between the student who stated, "I was completely honest in my reactions" and the student who replied, "I was . . . a little hesitant at answering or underlining some of the others in that I was perhaps a bit reluctant to admit that these were real problems to me."

Sixty-five per cent of the students replied they would like to discuss their problems with someone on the faculty. Of the students indicating this desire, 54% knew the particular person(s) with whom they would like to have this discussion. The majority of the students (71%) named a specific individual; a few (10%) listed "ward instructor."

Table 7. Per Cent of 60 Sophomore Student Nurses Responding to the Summary Questions

Summary Questions	Yes	No	Omit	Total %
1. Do you feel that the items you have marked on the list give a well-rounded picture of your problems?	85	12	3	100
2.* How would you summarize your chief problems in your own words? Write a brief summary.				
3. Have you enjoyed filling out the list?	88	7	5	100
4. Whether you have or have not enjoyed filling out the list, do you think it has been worth while doing?	93	2	5	100
5a. If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty?	65	33	2	100
5b.** If so, do you know the particular person(s) with whom you would like to have these talks?	54	38	8	100
* Discussed independently				
** Based on the number answering yes in 5a				

All but three of the students responded to question 2, "How would you summarize your chief problems in your own words? Write a brief summary." Social and personal-psychological problems were mentioned most frequently with nursing problems and finances also receiving noticeable attention. Representative comments include:*

*No attempt has been made to edit the comments.

My chief problems relate to the lack of social life and of dates that I find here. Also, the high expenses and lack of money to spend on recreation contribute to the problem.

I would say my chief problems are social, or relations with people. They are intertwined with each other. It is almost as if I solved one, the others would be eliminated. The problem of financial dependence is already being solved.

My chief problem is in interpersonal relations with strangers and the opposite sex.

. . . inferiority complex and a lack of self confidence.

Low grades and fear of flunking out. Financial things such as loans to go through school then pay back after school.

In one word, immaturity.

My chief problems at present are concerned with school and with my social life.

. . . Also, the high expenses and lack of money to spend on recreation contribute to the problem.

I think I am too shy and nervous. I lack confidence in myself

The academics-class competition. If there was not the feeling of competitiveness I would not be under the pressure of getting higher grades.

Problems of learning to adjust to the nursing role which changes with time and experience.

My chief problems consist of never meeting my own goals, or those of the instructors; not finding satisfaction or gratification in ward work; finding little outlet in nursing for my own particular "strong points" or special abilities.

My chief problems involve getting to know God and myself better in order that I may be more capable of helping others. I would like more quiet times to just think. I also need more exercise and outdoor activity.

The instructors were not required to complete the summarizing questions; however, some commented on the students' chief problems as follows:

The chief problems lie in the realm of study and lack of social contacts on this campus. They then filter down the gamut of all problems-specific to the individual.

In general the problems seem to fall in the area of (1) lack of funds, (2) difficulty in adjustment to the school curriculum and the living situation, (3) concern about grades, and (4) needing more opportunities for social life with men.

--Striving to exceed scholastically above intellectual capacity--Drive for personal status among peer group--Over-magnification of insignificant worries--Financing tuition etc., other costs of nursing.

The chief problems of students as observed, implied, or stated to me most frequently were those concerned with adjustment to the role of student nurse and those accompanying educational expenses. Also, the change in living circumstances and social opportunities from major campus life to school of nursing campus represented problem areas.

Learning to make decisions concerning responsibility as nursing student which may be in conflict with personal desires for social activity. Learning to discuss my own actions without feeling that such discussion is a means of criticizing "me" as a person.

One faculty member added she would hope the students would feel they could talk with someone; however, she felt they should have a counselor other than their nursing instructor.

Table 8 shows a comparison of the average number and range of underlined problems in seven related studies.

The average number of problems underlined by the students in this study was higher than the average number for the related studies. The 2-127 range in Morison's study was eight points larger than the 9-126

range reported in this study.

Table 8. Comparison of the Average Number and the Range of Underlined Problems Reported in Seven Selected Studies

Study	Year	Number of Students	Average Number Underlined Problems	Range of Problems Underlined
Morison	1947	321	35.6	2-127
Johnson	1952	24	24.8	4-57
Anthony and Chambers	1953	41	50.0	19-125
Pollman	1958	102	28.5	3-107
McCarthy	1959	20	40.0	12-123
Darm	1961	50	39.6	7-84
Grimm	1964	60	51.6	9-126

Table 9 is a comparison of rank order of problems underlined by the sophomores in this study, Dill's freshmen, Anthony and Chambers' freshmen, Darm's sophomores, Pollman's freshmen, Morison's freshmen, Johnson's freshmen, and McCarthy's freshmen. These studies range from the first completed by Morison in 1947 to the present study reported in 1964.

Table 9. Comparison of Rank Order of Problems Underlined on Grimm's Study and Seven Related Studies

Area*	Dill Fr. (a)	Morison Fr.	Johnson Fr.	Anthony- Chambers Fr.	Pollman Fr.	McCarthy Fr.	Darm Soph. (b)	Grimm Soph.
SRA	1	1	2	2	6	8	3	1
PPR	2	3	5	4	3	1	1	2
HPD	3	4	3	5	2	9	5.5	5
CSP	4	5	6	3	12	3	8	10
ASN	5	2	1	1	4	2	2	3
AAH	6	6	8	8	11	4	10.5	6
FPE	7	8.5	9	7	9	6	5.5	7
FLC	8	7	4	6	8	13	7	4
AHR	9	10	13	13	13	12	13	12
SPR	10	8.5	7	10	1	5	4	8
CSM	11	11	12	9	5	10	9	9
MR	12	12.5	11	11	7	7	12	11
HF	13	12.5	10	12	10	11	10.5	13

*Appendix A lists titles of problem areas

(a) Fr. = Freshmen

(b) Soph. = Sophomores

Table 10 shows the rank order correlation of problems underlined between this study and seven related studies. There is a close relationship between this study and the studies by Dill, Morison, Anthony and Chambers, Darm, and Johnson. A slight relationship exists between the Grimm sophomores and the Pollman freshmen but no relationship exists between the sophomores in this study and McCarthy's freshmen. The correlations are listed in chronological order--the oldest study listed first.

Table 10. Rank Order Correlation of Problems Underlined Between Grimm's Study and Seven Related Studies

Studies	Rank Order Correlation
Grimm sophomores - Dill freshmen	.786*
Grimm sophomores - Morison freshmen	.863*
Grimm sophomores - Johnson freshmen	.830*
Grimm sophomores - Anthony and Chambers freshmen	.803*
Grimm sophomores - Pollman freshmen	.516**
Grimm sophomores - McCarthy freshmen	.363
Grimm sophomores - Darm sophomores	.819*

* significant at .01 level
 ** significant at .10 level

The summary of the findings, the conclusions, and the recommendations for further studies are found in the following chapter.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS FOR FURTHER STUDY

Summary

The Problem Check List Form for Schools of Nursing was administered in December of 1963 to 60 sophomore nursing students and nine medical-surgical nursing instructors in a selected collegiate school of nursing. The researcher was present when the students completed the tool. The faculty returned their responses by mail.

The Check List was administered in an attempt to identify common problems confronting the student nurses, to determine the problems of most concern to the students, to determine if the students would like to discuss their problems with someone on the faculty, and to determine faculty awareness of student problems.

The data were analyzed and tabulated in terms of the purposes of this study. The frequency of problems underlined and circled was calculated, the rank order correlated for both groups, and the results interpreted.

The Problem Check List contains 364 statements and is divided into 13 areas with 28 problems in each area. Identification of the areas is not likely because of the way in which they are arranged. The list contains five summary questions in addition to the statements.

The 60 sophomores underlined 3097 problems for an average of 51.62. The largest number of problems underlined was in the area of "Social

and Recreational Activities" with "Personal-Psychological Relations", "Adjustments to School of Nursing" and "Finances and Living Conditions" following in rank order. The smallest number of underlined problems was in the area of "Home and Family".

Nine instructors underlined 528 problems, averaging 58.7 per individual. The top problem area for the group was "Adjustment to School of Nursing" followed by "Adjustment to Administration of Nursing Care", "Finances and Living Conditions", and "Social and Recreational Activities." The smallest number marked was in the area of "Morals and Religion."

The sophomores had an average of 15.5 circled problems. Ranking highest were "Personal-Psychological Relations", "Adjustment to School of Nursing", "Social and Recreational Activities", and "Courtship, Sex, and Marriage."

The instructors circled an average of 14.1 problems. The areas of "Adjustment to School of Nursing", "Social and Recreational Activities", and "Adjustment to Administration of Nursing Care" received the majority of circles.

There was a high degree of correlation between problems underlined by the students and those circled by the students (.868) and between the problems underlined by the instructors and the problems circled by the instructors (.881). The correlation between problems underlined by the students and those underlined by the instructors was .758 (P. .02); the correlation between those problems circled by the students and those circled by the instructors was .661 (P. .05).

The most frequently underlined problems by both the students and instructors were:

1. Worrying about examinations
2. Afraid of making mistakes
3. Too little social life
4. Nervousness
5. Failing to organize my work well
6. Not observant enough in bedside care
7. Lacking self-confidence

The problems most frequently circled by the sophomores as well as by the instructors were:

1. Worrying about examinations
2. Getting low grades
3. Afraid of making mistakes
4. Nervousness
5. Lacking self-confidence
6. Failing to organize my work well

Eighty-five per cent of the students indicated that the Check List gave a well-rounded picture of their problems. Eighty-eight per cent of the students enjoyed filling out the list; 93% felt it had been worth while.

Sixty-five per cent of the students indicated a desire to talk over their problems with someone on the faculty and the majority named a specific medical-surgical nursing instructor.

Conclusions

A significant correlation was found between the problems underlined by the students and those underlined by the instructors. Thus the null hypothesis, that there would not be a significant correlation between the problem areas identified by the students and the problem areas of the students as identified by the instructors, was rejected.

On the basis of this limited population no wide-spread generalizations can be drawn. However, it can be concluded:

1. The common problems confronting the majority of these students in their adjustments to nursing could be similar to any student and are not limited to nursing students.

2. Concern over scholastic achievement and personal ability were the problems of most concern to the students.

3. The majority of the student nurses desire an opportunity to discuss their problems with a member of the faculty; many identified a particular individual.

4. The faculty is significantly aware of the problems confronting the student nurses; however, they placed added emphasis on problems related to nursing.

5. Based on the number of years of teaching experience, this faculty is relatively new to the area of teaching student nurses.

Recommendations for Further Study

As logical outgrowths of the findings, the following recommendations are presented:

1. A similar study be conducted in other schools of nursing to compare the degree of faculty awareness of student problems. This would help to substantiate or negate the present study and identify if the high correlation between problems students underlined and circled with those marked by the faculty is unique to one setting.

2. Conduct a similar study on the campus of a general college and compare the nursing faculty's awareness of students' problems with the awareness of the faculty members on the general campus.

3. Repeat this study and add a supplement to determine:

- a. the degree of guidance the students think they receive from their instructors,
- b. the degree of correlation between faculty awareness of student problems and the amount of guidance they think they give.

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APPENDIX A

PROBLEM CHECK LIST:
FORM FOR SCHOOLS OF NURSING

APPENDIX B

FORMULA FOR RANK ORDER CORRELATION
AND CRITICAL VALUES FOR THIS STUDY

Formula:
$$r' = 1 - \frac{6D^2}{n(n^2-1)} \quad (9)$$

Critical values:

Number of cases	Critical Values of Spearman Rank Order Coefficient of Correlation			
	13	.74	.67	.57
P/	.01	.02	.05	.10

Two-tail tests

APPENDIX C

ITEMS CHECKED BY THE LARGEST FREQUENCY OF STUDENTS IN EACH AREA

Health and Physical Development

Problem Underlined	Frequency	Per Cent
Not getting enough outdoor air and sunshine	34	57
Not getting enough exercise	32	53
Not enough sleep	31	52
Being overweight	25	42
Not eating a well-balanced diet	21	35
Poor complexion	19	32
Tiring very easily	17	28
Being clumsy and awkward	12	20
Frequent headaches	12	20

Finances and Living Conditions

Problem Underlined	Frequency	Per Cent
Disliking financial dependence on family	31	52
Too much discipline in Nurses' Home	28	47
Tiring of same meals all the time	22	37
Too little money for clothes	20	33
Not getting along with the House Mother	20	33
Managing my finances poorly	18	30
Family worried about finances	15	25
No regular source of income	15	25
Not enough suitable clothes to wear	14	23

Social and Recreational Activities

Problems Underlined	Frequency	Per Cent
Too little social life	31	52
Not enough time for recreation	25	42
Too little chance to read what I like	25	42
Missing former social life	24	40
Too little time for sports	24	40
Too little chance to enjoy art or music	22	37
Being ill at ease at social affairs	21	35
Too little chance to do what I want to do	21	35
Unskilled in conversation	18	30
Not enough time for myself	17	28
Too little chance to listen to the radio	12	20
Unable to lead a well-rounded life	12	20

Social-Psychological Relations

Problems Underlined	Frequency	Per Cent
Wanting a more pleasing personality	19	32
Speaking or acting before I think	19	32
Tend to complain too much	19	32
Shyness	17	28
Hurting people's feelings	16	27
Feelings too easily hurt	15	25
Feeling inferior	14	23
Being slow in making friends	12	20
Too easily led by other people	12	20

Personal-Psychological Relations

Problems Underlined	Frequency	Per Cent
Afraid of making mistakes	32	53
Lacking self-confidence	30	50
Nervousness	30	50
Taking things too seriously	22	37
Moodiness, having the "blues"	22	37
Worrying about unimportant things	18	30
Daydreaming	18	30
Forgetting things	18	30
Can't make up my mind about things	17	28
Too easily discouraged	15	25
Too self-centered	12	20

Courtship, Sex, and Marriage

Problem Underlined	Frequency	Per Cent
Wondering if I'll find a suitable mate	26	43
Too few dates	25	42
Wondering if I'll ever get married	25	42
Not mixing well with opposite sex	19	32
Wanting love and affection	17	28
Absence of boyfriend	16	27
Deciding whether I'm in love	15	25

Home and Family

Problem Underlined	Frequency	Per Cent
Parents sacrificing too much for me	18	30
Not telling my parents everything	13	22

Morals and Religion

Problem Underlined	Frequency	Per Cent
Can't forget some mistakes I've made	20	33
Confused in my religious beliefs	17	28
Confused on some moral questions	16	27
Failing to go to church	13	22

Adjustment to School of Nursing

Problem Underlined	Frequency	Per Cent
Worrying about examinations	43	72
Afraid to speak up in class discussions	27	45
Unable to concentrate well	26	43
Getting low grades	21	35
Slow in reading	20	33
Unable to express myself in words	16	27
Fear failure in school of nursing	16	27
Poor memory	16	27
Don't know how to study effectively	15	25
Not smart enough in scholastic ways	13	22
Weak in logical reasoning	13	22

The Future: Professional and Educational

Problem Underlined	Frequency	Per Cent
Wanting to get out of school and be on my own	32	53
Needing to know my professional abilities	25	42
Afraid I'll not be adequately prepared for nursing	21	35
Wondering if I'll be successful in life	18	30
Afraid I will lack experience in some fields of nursing	16	27
Not knowing what I really want	14	23
Needing encouragement to continue in nursing	13	22
Needing to plan ahead for the future	13	22
Not knowing what kind of person I want to be	12	20

Curriculum and School Program

Problem Underlined	Frequency	Per Cent
Director of Nurses lacks understanding of students	20	33
Grades unfair as measures of ability	20	33
Hard to study in living quarters	19	32
School too indifferent to student's problems	13	22

Adjustment to Human Relationships in Nursing

Problem Underlined	Frequency	Per Cent
Can't be firm with patients	20	33
Can't seem to please some supervisors	12	20
Afraid of some of the doctors	12	20

Adjustments of Administration of Nursing Care

Problem Underlined	Frequency	Per Cent
Failing to organize my work well	30	50
Not observant enough in bedside care	30	50
Afraid of causing pain when giving treatments	27	45
Too little chance to know the patient as a "whole"	25	42
Afraid of becoming a "hard boiled" nurse	22	37
Unable to perform procedures effectively	21	35
Can't carry out nursing practice as taught in theory	13	22

APPENDIX D

PROBLEMS IN MORISON CHECK LIST NOT UNDERLINED BY ANY STUDENT

Number	Problem
36.	Being a nurse on insistence of family
55.	Threatened with a serious ailment
66.	Being made fun of
67.	Being talked about
80.	Mother not living
99.	Supervisors too friendly
109.	Needing money for education beyond nursing course
142.	Dread leaving school and starting on my own
143.	Wanting advice on steps after leaving school
147.	Instructors lacking interest in students
185.	Being forced to go to church
218.	Too much social life
242.	Absent from classes too often
249.	Courses too unrelated to each other
275.	Picking the wrong kind of friends
298.	Afraid of unemployment after graduation
312.	Rule against accepting patient's invitations unfair
319.	Inadequate discipline in Nurses' Home
336.	Venereal disease
358.	Get too friendly with subordinates
359.	Unable to direct subordinate workers

Typed by
Gwendolyn M. Dunning

PROBLEM CHECK LIST

FORM FOR SCHOOLS OF NURSING

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

By LUELLA J. MORISON

Please fill out these blanks:

Date of birth.....

Name of the School of Nursing.....

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

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

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

Date.....

DIRECTIONS FOR FILLING OUT THE CHECK LIST

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

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

1. Tiring very easily
2. Being underweight
3. Being overweight
4. Not enough sleep
5. Not enough suitable clothes to wear
6. Too little money for clothes
7. Having less spending money than others
8. Managing my finances poorly
9. Not enough time for recreation
10. Lacking a place to entertain friends
11. Wanting to learn how to entertain
12. Being ill at ease at social affairs
13. Shyness
14. Being slow in making friends
15. No real friends in the school of nursing
16. Feelings too easily hurt
17. Too self-centered
18. Taking things too seriously
19. Nervousness
20. Getting too excited
21. Not mixing well with opposite sex
22. Not enough time for dates
23. "Going steady"
24. Being in love with someone I can't marry
25. Being criticized by my parents
26. Mother
27. Father
28. Parents sacrificing too much for me
29. Belonging to a minority religious group
30. Belonging to a minority racial group
31. Affected by racial or religious prejudice
32. Bothered by the vulgarity of hospital talk
33. Feeling lost in school of nursing
34. Purpose in going through nursing not clear
35. Dislike of nursing
36. Being a nurse on insistence of family
37. Family opposing my professional choice
38. Needing encouragement to continue in nursing
39. Needing to know my professional abilities
40. Not knowing what kind of person I want to be
41. School too indifferent to student's problems
42. Dull classes
43. Director of Nurses lacks understanding of students
44. Instructors lacking personality
45. Annoyed by supervision
46. Can't seem to please some supervisors
47. Supervisors poor managers
48. Supervisors not trusting us enough
49. Failing to organize my work well
50. Unable to perform procedures effectively
51. Lacking the aptitude for procedures
52. Can't carry out nursing practice as taught in theory
53. Not getting enough exercise
54. Not getting enough outdoor air and sunshine
55. Threatened with a serious ailment
56. Afraid I may need an operation
57. Going in debt for nursing expenses
58. Missing previous regular salary
59. Going through nursing on too little money
60. Doubting that nursing is worth the financial sacrifices
61. Boring days off
62. Too little social life
63. Awkward in meeting people
64. Unskilled in conversation
65. Unpopular
66. Being made fun of
67. Being talked about
68. Feeling inferior
69. Moodiness, having the "blues"
70. Not having any fun
71. Failing to get ahead
72. Sometimes wishing I'd never been born
73. Too few dates
74. Uninterested in opposite sex
75. Embarrassed in discussions of sex
76. Wondering if I'll find a suitable mate
77. Parents separated or divorced
78. Death in the family
79. Father not living
80. Mother not living
81. Learning undesirable habits
82. Disillusioned in religious ideals
83. Confused in my religious beliefs
84. Confused on some moral questions
85. Unable to concentrate well
86. Weak in logical reasoning
87. Poor memory
88. Worrying about examinations
89. Needing to plan ahead for the future
90. Doubting the wisdom of future plans
91. Wanting to get out of school and on my own
92. Wondering if I'll be successful in life
93. Inadequate high school training
94. Nursing textbooks hard to understand
95. Too few books in the library
96. Instructors lacking grasp of subject matter
97. Supervisors don't understand our educational needs
98. Supervisors expecting too much of us
99. Supervisors too friendly
100. Dissatisfied in present department
101. Working too long hours
102. Off-duty time not scheduled so one can plan for it
103. Nursing care assignments unevenly distributed
104. Nursing care assignments not clear

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Third Step: Answer the following five questions:

SUMMARIZING QUESTIONS

1. Do you feel that the items you have marked on the list give a well-rounded picture of your problems?

.....Yes.No.

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

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

(Questions are continued on next page →)

2. How would you summarize your chief problems in your own words? Write a brief summary.

3. Have you enjoyed filling out the list?Yes.No.

4. Whether you have or have not enjoyed filling out the list, do you think it has been worth while doing?Yes.No. Could you explain your reaction?

5. If the opportunity were offered, would you like to talk over any of these problems with someone on the nursing faculty?Yes.No. If so, do you know the particular person(s) with whom you would like to have these talks?Yes.No.

Names.....

Note to Counselors: Normally the summary of items checked is to be made by the counselor. In some situations, however, the counselor may want students to make their own summaries. In these cases, students should be given definite instructions and a demonstration of the method, preferably after they have filled out the check list.

Instructions for Making Summary of Items Checked

For convenience in summarizing results on an individual case or on groups of students, the 364 problems are classified in thirteen areas:

- | | |
|--|--|
| (1) Health and Physical Development (HPD) | (8) Morals and Religion (MR) |
| (2) Finances and Living Conditions (FLC) | (9) Adjustment to School of Nursing (ASN) |
| (3) Social and Recreational Activities (SRA) | (10) The Future: Professional and Educational (FPE) |
| (4) Social-Psychological Relations (SPR) | (11) Curriculum and School Program (CSP) |
| (5) Personal-Psychological Relations (PPR) | (12) Adjustment to Human Relationships in Nursing (AHR) |
| (6) Courtship, Sex, and Marriage (CSM) | (13) Adjustments to Administration of Nursing Care (AAN) |
| (7) Home and Family (HF) | |

There are 28 problems in each area, these being arranged in groups of four items across the seven columns of problems. The first area is the top group, the second the second group, and so on down the pages. On page five there is at the end of each group a box in which to record the count of problems marked in each area. In the left half of the box put the number of items circled as important; in the right half, put the total number marked in the area (including the circled items as well as those underlined only). At the bottom of the column enter the totals for the list.

NOTES

The remainder of this page and the next may be used for counselor's notes.

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

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