

THE APPLICATION OF MENTAL HYGIENE PRINCIPLES
FOLLOWING THE PSYCHIATRIC EXPERIENCE

by

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ABSTRACT

This study was an attempt to determine the relationship between the basic psychiatric nursing experience and the student's ability to understand and to apply certain mental hygiene concepts.

This study was based on data collected from two mental hygiene tests. The study group included sophomore students of the Montana State College School of Nursing, Bozeman, Montana, who received the medical-surgical and psychiatric nursing experience fall and winter quarters of 1958 and 1959. One test was administered the first day of formal instruction fall quarter. The second test was administered the last day of formal instruction winter quarter of the same year.

The results of the study indicated an increase in understanding of important mental hygiene principles following the psychiatric nursing experience. The placement of the psychiatric nursing experience failed to be a significant factor in the achievement on the second test.

CHAPTER I

STATEMENT OF THE PROBLEM

A. Introduction

In modern nursing, the nurse must have an understanding of human behavior, including her own, and how to apply the concepts and principles of mental hygiene in her daily life and work. She works directly with people and is present during many critical periods in their lives; therefore, she must be able to help them face reality in a way that will enable them to become strong and grow in emotional maturity.¹

The nurse must be mentally healthy if she is to give safe, effective nursing care. She must (1) develop respect for her own personality and for the personality of others; (2) recognize the limitations in herself and in others; (3) acquire an appreciation of the causal sequence in behavior; (4) develop a realization that behavior is a function of the whole individual; and (5) develop an understanding of the basic needs that motivate behavior.²

According to Peplau, the central task of the professional school of nursing is to promote in nursing students an awareness of how they function in general nursing situations. This is based upon two assumptions:

¹M. Cordelias Cowan, The Yearbook of Modern Nursing, (New York: C. P. Putman's Sons, 1956), p. 107.

²Herbert A. Carroll, Mental Hygiene, the Dynamics of Adjustment, (third edition; Englewood: Prentice-Hall Company, 1956), p. 13.

1. The kind of a person each nurse becomes makes a substantial difference in what each patient will learn as he is nursed throughout his experience with illness.

2. Fostering personality development in the direction of maturity is a function of nursing and nursing education; it requires the use of principles and methods that permit and guide the process of grappling with everyday interpersonal problems or difficulties.³

A close relationship has been established between emotional factors and the incidence and character of disease. The nurse needs to understand the influence of emotional and social forces and particularly the effect family background has on behavior.⁴

Dr. Koos stated that the nurse must consciously perform the duties of a mental hygienist, educator and leader inside the hospital as well as the community. The nurse helps the patient regain morale lost in a critical situation or to gain the release through verbalization by encouragement and sympathetic listening. The nurse becomes a mental hygienist as well as an educator when she decreases tensions in the frightened patient by giving support through the interpretation of need for treatment and explaining to him what happens. Leadership is provided by the nurse as she recognizes that patients profit from group interaction and group morale, even though the hospital ward is a group of persons with vastly different characteristics and needs.⁵

³Hildegard E. Peplau, Interpersonal Relations in Nursing, (New York: G. P. Putman's Sons, 1952), p. xii.

⁴Genevieve Burton, "Education for Life: Developing Insight and Understanding in the Classroom," Nursing Outlook, 4:265-267, May, 1956.

⁵Earl Lomon Koos, The Sociology of the Patient, (New York: McGraw-Hill Company, 1950), pp. 237-239.

Lester Coleman, M. D., stated that in his many years of medical practice, "It has become a great concern to me that the fears and anxiety of patients frequently are completely out of proportion to the severity of the illness." For many, this fear is far more destructive and devitalizing than the disease itself. Anxiety seems to dominate the patients' behavior during, and sometimes long after, their illness. This anxiety varies in intensity with each patient, but it appears to be present in all patients. The patients' fears, as well as their illnesses, determine how quickly and how well they will re-establish themselves in their homes and jobs.⁶

Some of the principles and techniques or methods used in treatment of people with emotional disorders may be useful in the care of people suffering from physical illnesses as well as in working with those who are considered healthy or well.

Abdella recently stated that teachers of nursing must begin to look at ways in which students can be taught skills in communication, teaching patients and families, planning and organizing work, problem solving, understanding patient behavior, and similar relationship areas, in addition to the skill required in giving physical care to patients.⁷

Instructors must have a working concept of mental health which they are able to sustain through the curriculum and teaching methods,

⁶Lester Coleman, M. D., Freedom From Fear (New York: Hawthorn Book Company, 1954), pp. 12-13.

⁷Faye G. Abdella, "How We Look at Ourselves," Nursing Outlook, VII (May, 1959), pp. 273-275.

and particularly in the kind of supervision and teaching that promotes confidence and security in the students. They should be genuinely interested, accepting and showing respect for the student, giving her support and encouragement so as to promote growth and maturity in the students.

The progressive nursing schools of today have revised the curriculum with objectives so the student practices comprehensive nursing care in all clinical areas. The student's concept of comprehensive nursing care is based on the use of physical ministrations to provide care as a way and means to obtain intimate understanding and knowledge of the patient and a way and means for the nurse to establish mutual trust.⁸

Instructors in all clinical areas are becoming increasingly aware that psychological and human relation content can become a vitalizing part of each of the clinical areas.⁹

B. The problem

This study was an attempt to determine the relationship between the basic psychiatric nursing experience and the student's ability to understand and apply certain mental health concepts. It was based upon

⁸Frances Reiter Kreuter, "What is Good Nursing Care?" Nursing Outlook, V (May, 1957), pp. 302-304.

⁹Kathleen Black, "Human Relations Content in the Basic Curriculum," Nursing Research, V (June, 1956), pp. 4-17.

the mental hygiene test developed by Dr. Helen Nahm, who graciously gave her permission to use the test in this study.¹⁰

C. Purposes of the study

The purposes of this study were: (1) to determine whether areas of strengths and weaknesses in mental health knowledge could be identified following the basic psychiatric nursing experience, and (2) to make recommendations, within the limits of this study, concerning the mental health principles the student should be expected to use in giving general hospital patient care following the psychiatric nursing experience.

It was not the purpose of this study to determine these mental health concepts that should be included in the teaching of nursing.

D. Importance of the study

The faculty of Montana State College School of Nursing recognized the need to revise the curriculum if they were to keep abreast of current nursing needs.

This study was one part of the total research project being carried on by the faculty of Montana State College School of Nursing. The baccalaureate degree program was undergoing a change with a reorganization of the lower division of the school to meet requirements of an

¹⁰Helen Nahm, An Evaluation of Selected Schools of Nursing with Respect to Certain Educational Objectives, (Applied Psychology Monograph No. 17, Stanford, California: Stanford University Press, 1948) pp. 85-95.

associate degree program. Part of the reorganization affected student clinical rotation in such a way that students would receive the psychiatric experience the second, third or fourth clinical quarter of their sophomore year.¹¹ Prior to the reorganization, students received the psychiatric nursing experience during the second year of the clinical experience (fourth, fifth or sixth clinical quarter of their junior year).

In preparation for the reorganization, a consultant in mental health joined the faculty of Montana State College School of Nursing. She assisted faculty members in integrating mental health concepts throughout the curriculum. One of the learning experiences in psychiatric nursing was emphasis on the one to one nurse-patient relationship introduced in the fall of 1958. About the second week of the psychiatric nursing experience, the student selected or was assigned a patient whom she visited daily for a period of fifteen minutes to one hour, depending on both the patient's and student's needs.

This relationship was utilized to aid the student in developing greater sensitivity toward patients and in increasing her self-understanding. Periodic group and individual conferences were held to discuss with the student her progress and problems in the development of these skills as well as to give her needed support. The student was assisted in understanding how her own needs may inhibit development of nurse-patient relationships.

¹¹See Appendix.

The psychiatric nursing experience was intended to develop an awareness of the importance of understanding one's own emotional needs as well as those of the patient in order to give comprehensive care and to assist the student in relating her experience in psychiatric nursing to patients in general hospitals.¹²

With the emphasis on the need for every professional nurse to understand and use principles of mental hygiene, it seemed well to evaluate to what extent this objective was achieved following the psychiatric nursing experience. The instructors in other clinical areas would then have a guide for the effective planning of learning experiences for the student.

E. Assumptions

The assumptions underlying this study were: (1) learning is evidenced by a change of behavior; (2) knowledge can be transferred from the specific to produce generalizations by recognition between past experiences and the present situation; (3) mental health principles are included in the teaching of all nursing; and (4) the student has some opportunity throughout nursing to apply these principles.

F. Definition of terms used

In order to establish a common understanding, and to prevent misunderstanding, the following definitions were used:

¹²Nahm, op. cit., p. 46.

Comprehensive nursing care: "Involves the whole patient--body, mind and spirit; promotes his spiritual, mental and physical health by teaching and by example; stresses health education and health preservation, as well as ministration of the sick; involves the care of the patient's environment--social and spiritual as well as physical; and gives health services to the family and community as well as to the individual."¹³

Medical-surgical nursing: The combined theory and clinical experience in medical-surgical nursing (N317-N318) extended over an academic quarter--10-11 weeks. The students received this experience during their sophomore year at Montana State College School of Nursing.

Basic psychiatric nursing experience: The combined theory and clinical experience in psychiatric nursing (N210-N211) at Montana State Hospital extended over an academic quarter--10-11 weeks. The student received this experience during her sophomore year at Montana State College School of Nursing.

Mental health: "Mental health is the capacity in an individual to form harmonious relations with others and to participate in, or contribute constructively to, changes in his social and physical environment. It implies his ability to achieve harmonious and balanced satisfactions of his own potentially conflicting instinctive drives,

¹³Esther L. Brown, Nursing for the Future (New York: Russell Sage Foundation, 1948), p. 74.

harmonious in that it reaches an integrated synthesis, rather than the denial of satisfactions to certain other instinctive tendencies as means of avoiding the thwarting of others."¹⁴

Mental hygiene: "Mental hygiene consists of the activities and techniques which promote and maintain mental health."¹⁵

G. Organization of the remainder of the study

The remainder of this study was arranged into three chapters. Chapter II consists of the methodology and limitations of this study. Chapter III presents the findings and interpretations of the data accrued from two mental hygiene tests. Chapter IV contains the summary, implications and recommendations.

¹⁴Expert Committee on Mental Health, World Health Organization Technical Report Series, Series No. 31 (Geneva: World Health Organization, 1950), p. 4.

¹⁵Ibid.

CHAPTER II

METHODOLOGY AND LIMITATIONS

A. Construction of testing instrument

Dr. Helen Nahm in her doctoral dissertation, "An Evaluation of Selected Schools of Nursing with Respect to Certain Educational Objectives," evaluated mental hygiene principles as one of the educational objectives.¹⁶ Inasmuch as a satisfactory test was not available, Dr. Nahm constructed a special testing instrument. Prior to the construction of the test items by Nahm, statements of mental hygiene principles were formulated. These statements of mental hygiene principles were checked by a group of experts who offered suggestions for revising and combining them.

The author gained permission from Dr. Nahm to use the mental hygiene test so developed. Dr. Nahm also supplied the author with the answer key.

Situation-type items were developed by Dr. Nahm, with three possible responses to each item; one of these responses presumably indicated understanding of and ability to apply a mental hygiene principle. These items were answered by a group of experts. An item was retained when 80 per cent agreed to the responses which should be given. A short case study was included to determine whether the students could make a tentative diagnosis and could suggest a satisfactory solution.

¹⁶Nahm, op. cit., p. 41.

The test was developed into two parts by the split-half procedure. Test I was made up of the even-numbered test items and the case study. Test II was made up of the odd-numbered test items and the same case study.¹⁷ The test instrument was accepted by the author as reliable and valid, since Nahm in her study had validated it.¹⁸

B. The limitations to this study

This study was conducted by means of two pencil and paper tests. The limitations of paper and pencil tests were fully recognized. The decision to use such tests was based on the theory that students will act as they think and feel. It was recognized, however, that there might be a difference between acceptance of a theory and application in performance by the student in giving patient care.

It was fully recognized that this study was limited because of the nature of the study and the size of the population tested.

The participants of this study were all sophomore students from Montana State College School of Nursing who had been rotated through the medical-surgical and the psychiatric nursing experience fall and winter quarters of 1958 and 1959. The study group included students from the three hospital divisions of the Montana State College School of Nursing: Billings, Butte and Great Falls. A total of 43 students was used in the study.

¹⁷See Appendix.

¹⁸Ibid.

The test location was the classroom in the individual hospital divisions. The tests were administered by instructors at the individual hospitals. The directions were printed for the student and were read to the participants by the instructor administering the test. The students were told that this test would in no way affect their grades.¹⁹

C. Methodology of this study

The study was based on a population of 43 students. The data was collected by two tests and a case study. The constructed tests were sent to the Director of Nursing Education of each of the three hospital divisions and the State Hospital at Warm Springs, with directions for administration. The tests were returned to the author for scoring and tabulation. Test I was given the first day of formal instruction fall quarter 1958 and 1959. Test II was given the last day of formal instruction winter quarter 1958 and 1959. These groups of students had all received the medical-surgical and basic psychiatric nursing experience when Test II was administered.

The items from the tests were categorized according to the classification used by Horowitz in a study she did using the same test items. These classifications were: (1) an appreciation of the importance of the causal sequence of behavior; (2) the ability to accept limitations in herself and others; (3) to show respect for the student's own personality; (4) the realization that behavior was a function of

¹⁹See Appendix.

the whole individual; and (5) an understanding of other basic needs which motivate behavior.²⁰

The papers of students tested were then divided into two groups according to the student's rotation. Those 24 students having had psychiatric nursing fall quarter, followed by medical-surgical nursing winter quarter, comprised one group. The second group consisted of the 19 students who had medical-surgical nursing prior to the psychiatric nursing experience. The scores were then tabulated according to the percentage of correct responses in each classification for each group. The scores were tabulated so that Test I and Test II could be compared.

The items from Test I and Test II were further grouped according to specific areas of strengths and weaknesses in the ability to understand and apply mental hygiene principles as discussed by Dr. Nahm in her study. These areas were: (1) failure to recognize the importance of the home and childhood background in producing personality maladjustment; (2) naive certainty about the ease with which individuals could make satisfactory adjustments after being given so-called "good advice"; (3) inability to recognize that apparent snobbishness may actually be due to pronounced feelings of inferiority; (4) inability to recognize the seriousness of withdrawal types of behavior; (5) moralistic rather than scientific behavior disorders; (6) inability to recognize the need

²⁰Hazel Lucille Horowitz, "Understanding and Ability to Apply Mental Hygiene Principles: A Study of the University of Washington Basic Nursing Students" (unpublished Master's Thesis, The University of Washington, Seattle, 1952), pp. 32-48.

of the timid individual for commendation and success; (7) belief in punishment or reprimand for so-called "wrong-doing"; (8) inability to recognize attention-getting mechanisms in patients and others; (9) failure to recognize defense mechanisms, such as rationalization, sarcasm and various behavior problems; (10) attitude toward the patient presenting problems was one of acceptance, patient endurance, and, at times, active disgust, rather than one of objectivity, understanding, or active searching for causative factors and the application of positive therapy; and (11) making of hasty judgments rather than looking for underlying causes of behavior problems.²¹ After grouping the test questions into the 11 areas, each test was tabulated according to the percentage of correct responses in both tests. These were then tabulated for comparison of the correct responses from Test I and Test II.

The same case study was included in Test I and Test II. The case study was included in both tests to determine if the psychiatric nursing experience would increase the student's ability: (1) to distinguish between symptoms and causes of maladjustment; (2) to make a satisfactory tentative diagnosis; and (3) to make positive recommendation for treatment.

The treatment of the data from the case study in both tests was very general. The student was given full credit if she could distinguish between symptoms and causes of maladjustment, could make a

²¹Nahm, op. cit., p. 45.

satisfactory tentative diagnosis, and was able to make a positive recommendation for treatment.

CHAPTER III

PRESENTATION AND INTERPRETATION OF FINDINGS

Forty-three sophomore nursing students of the Montana State College School of Nursing participated in this study, 18 in 1958 and 27 in 1959. Of these, 24 had the psychiatric nursing experience fall quarter followed by medical-surgical nursing winter quarter of the same year. The remaining 19 students participating in the study received the medical-surgical experience fall quarter, followed by the psychiatric nursing experience winter quarter of the same year. No attempt was made to differentiate between the group who participated in 1958 and the group participating in 1959. Throughout the study, the groups will be referred to by rotation, or as prior to, or following the psychiatric and medical-surgical nursing experience rather than the year they participated in the study.

The test used in the study was given on a split-half basis for comparison between Test I and Test II. The sample was not deemed appropriate for treatment by statistical analysis.

The scores from the tests were tabulated into the broad categories as given in Table I and Table II. The rotation of students failed to show any significant difference in achievement on Test I (Table II). The students who had just completed the psychiatric nursing experience failed to achieve a higher score than those who had completed the experience fall quarter (Table II).

TABLE I

THE RESULTS OF SCORES OF TEST I (MENTAL HYGIENE TEST)
ACCORDING TO FIVE MENTAL HEALTH PRINCIPLES

	Category I Appreciation of importance of the causal sequence of behavior	Category II Ability to recognize and accept limitations in others	Category III Respect for own personality and personality of others	Category IV Realization that behav- ior was a function of whole indi- vidual	Category V Understanding of other basic needs which motivate be- havior
Test I*					
Average Per- centage of correct items	63	89	72	93	73
Range of Per- centage of correct items	99 - 45	100 - 25	88 33	100 - 33	100 - 50

*Test I - Test taken by all students preceding medical-
surgical and psychiatric experience.

TABLE II

THE RESULTS OF SCORES OF TEST II (MENTAL HYGIENE TEST)
ACCORDING TO FIVE MENTAL HYGIENE PRINCIPLES

	Category I Appreciation of importance of the causal sequence of behavior	Category II Ability to recognize and accept limitations in others	Category III Respect for own personality and personality of others	Category IV Realization that behav- ior was a function of whole indi- vidual	Category V Understanding of other basic needs which motivate be- havior
Test II**					
Group A*** Average % of items correct	88	83	75	75	91
Range of % items correct	100 - 50	100 - 50	100 - 71	100 - 50	100 - 33
Group B**** Average % of items correct	88	85	85	95	91
Range of % items correct	100 - 60	100 - 62	100 - 43	100 - 50	100 - 33

**Test II - Test taken by all students following medical-surgical and psychiatric nursing experience.

***Group A - Students receiving psychiatric nursing fall quarter followed by medical-surgical nursing spring quarter.

****Group B - Students receiving medical-surgical fall quarter followed by psychiatric nursing winter quarter.

Category I was designed to show the appreciation of the importance of the causal sequence of behavior. The student nurse must understand and accept the mental hygiene principle that all behavior is caused, consciously or unconsciously, realizing that what the individual does is the result of a long chain of experiences which need to be understood. On Test I the students answered approximately 62 per cent of the items in this group correctly. On Test II they were able to answer 88 per cent of the items correctly. The high and low scores on Test I and Test II were approximately the same. This would indicate that a small number of students did not increase their understanding of this principle. A greater number of the students tested were able to treat behavior more objectively and impartially following the psychiatric and medical-surgical rotation.

Category II showed the students' ability to recognize and accept limitations in herself and others. The students answering these items correctly were able to accept the conditions, even though difficult. They were able to recognize and understand individual differences according to the ability and need. Students answered approximately 89 per cent of the items correctly on Test I. On Test II they answered 84 per cent correctly. The percentage of items correct ranged from 100 to 25 on Test I and from 100 to 50 on Test II. The higher scores achieved on Test I would indicate that many students had achieved this mental hygiene principle before receiving psychiatric nursing. Students receiving the low scores in this category had a better understanding of this principle on Test II in comparing the low ranges. This

would indicate that the low range group of students increased their understanding of this principle following the basic psychiatric and medical-surgical nursing experience.

Category III showed the student's respect for her own personality and for the personality of others. The students answering these items correctly were expected to be able to recognize those persons who are liked and accepted by the group, including herself. She would stress tolerance, build up the ego of others, praise and use a positive approach in her relationship with others. The students were able to answer approximately 72 per cent of the items correctly on Test I and approximately 80 per cent correctly on Test II. On Test I the highest percentage of correct items was 88 and the lowest 33. The highest percentage on Test II was 100 and the lowest 43. The group of students who had just completed the psychiatric nursing experience before taking Test II showed better understanding of this principle than the group who had just completed medical-surgical nursing.

Category IV dealt with the students' realization that behavior was a function of the whole individual. The students answering these items correctly recognized the need for a genuine interest in the patient, consciously directing their relations to the patient in line with their own knowledge of how the personality functions in illness. The students were able to answer approximately 93 per cent of the items correctly on both tests. It was indicated from the results on the test that most of the students tested had achieved this principle before the psychiatric or medical-surgical nursing experience. Students who

received the psychiatric nursing followed by medical-surgical nursing answered approximately 75 per cent of the items correctly on Test II. Those who had just completed psychiatric nursing were able to answer 95 per cent of the items correctly. The group who had completed the psychiatric nursing experience fall quarter appeared to have lost some of their ability to apply this principle.

The items in Category V illustrated an understanding of other basic needs which motivate behavior. Students answering these items correctly recognized the need for self-dependence, a desire for mastery for a purpose and to develop permanent interest. Approximately 74 per cent of the students were able to answer these items correctly on Test I. On Test II, 89 per cent were able to answer the items correctly. It would appear that students following the psychiatric nursing experience had a better understanding of some of the basic needs which motivate behavior.

The second step in the tabulation of findings consisted of the classification of the items according to the specific areas of strengths and weaknesses in the ability to understand and apply mental health principles discussed by Dr. Nahm.²² The per cent of correct responses for each item was then established.

On Test II the students indicated a better understanding of the importance of the home and childhood background in producing personality maladjustment than on Test I.

²²Nahm, loc. cit.

Test I			Test II		
Item	Per cent	of correct	Item	Per cent	of correct
2	19		4	78	
6	23		14	37	
15	10		17	94	
16	93				
20	87				
Mean	46.3		Mean	69.6	

Prior to the psychiatric nursing experience, a higher per cent of students had a naive certainty about the ease with which individuals could make adjustment after being given "good advice" than following the psychiatric nursing experience.

Test I			Test II		
Item	Per cent	of correct	Item	Per cent	of correct
10	52		9	82	
12	71		22	80	
15	10		32	52	
21	73				
27	93				
Mean	59.8		Mean	71.3	

Following the psychiatric nursing experience, a higher per cent were able to recognize that apparent snobbishness may actually be due to pronounced feelings of inferiority rather than superiority.

Test I			Test II		
Item	Per cent	of correct	Item	Per cent	of correct
6	23		12	78	
13	87		25	96	
29	71				
Mean	60.3		Mean	87.	

It appeared that the psychiatric nursing experience helped the student recognize the seriousness of withdrawal-type behavior.

Test I		Test II	
Item	Per cent of correct	Item	Per cent of correct
3	48	6	82
21	73	13	89
		15	86
		22	79
Mean	60.5	Mean	84.

On Test I the students tended to have a moralistic rather than a scientific attitude toward behavior disorders. The results of Test II would indicate a much better understanding of this principle.

Test I		Test II	
Item	Per cent of correct	Item	Per cent of correct
1	69	6	82
3	48	8	75
4	85	11	98
14	96	14	37
15	10	22	79
21	73	23	98
		25	96
		30	94
		33	89
Mean	76.8	Mean	83.1

There was only one item in each test in which the student could recognize the need of the timid soul for commendation and success. The students indicated a better understanding of this principle on Test I than on Test II.

Test I		Test II	
Item	Per cent of correct	Item	Per cent of correct
32	96	2	69

A higher per cent believed in punishment or reprimand for so-called "wrong doing" prior to the psychiatric experience.

Test I		Test II	
Item	Per cent of correct	Item	Per cent of correct
3	48	6	82
21	73	13	89
		15	87
		22	79
Mean	60.5	Mean	84.2

Students tended to recognize attention-getting mechanisms in patients and classmates in both tests. This indicated that this principle was understood by most students before the psychiatric experience.

Test I		Test II	
Item	Per cent of correct	Item	Per cent of correct
9	85	7	96
11	87	22	79
14	96		
16	94		
27	94		
30	82		
Mean	89.6	Mean	85.

A high per cent of the students were able to recognize defense mechanisms, such as rationalization, sarcasm, and various behavior problems in both tests.

Test I		Test II	
Item	Per cent of correct	Item	Per cent of correct
13	82	18	79
20	87	21	87
Mean	84.5	Mean	83.

A high percentage of students, when dealing with patients' behavior problems, were able to demonstrate an attitude of objectivity and understanding and an active searching for causative factors with the application of positive therapy.

Test I		Test II	
Item	Per cent of correct	Item	Per cent of correct
27	94	27	94
28	100	29	91
29	91	30	94
30	82		
31	79		
32	96		
Mean	90.3	Mean	93.

Only a small number of students were inclined to make hasty judgments rather than look for underlying causes of behavior problems.

Test I		Test II	
Item	Per cent of correct	Item	Per cent of correct
23	94	10	96
24	89	30	94
Mean	91.5	Mean	95.

The third step in the tabulation of findings consisted of the treatment of data from one case study. The same case study was included in Test I and Test II for comparison of the student's ability to analyze. The treatment of the data was very general. The author felt one case study did not provide sufficient information upon which to base conclusions.

The student could earn four points. She was allotted one point for recognition of three or more symptoms of maladjustment; she was given one-third point for less than three. The second area, the ability

to recognize causes of maladjustment, was scored similarly. She accumulated a third point for making the correct diagnosis. A fourth point was obtained when the student was able to make a positive recommendation for treatment.

From their reaction to the case study, it seemed evident that about 85 per cent of the students could recognize symptoms of maladjustment on Test I. The psychiatric nursing experience did not increase their ability to recognize the probable cause of maladjustment following the psychiatric nursing experience.

A high percentage of the students used very broad terminology, i.e. "immature and insecure" for the diagnosis both times they attempted the case study. A high percentage of the students, particularly when the case study was written the second time, described the defense mechanism used. This seemed to indicate that confusion existed between the defense mechanism and diagnosis in behavior problems.

The first time the students attempted the case study, 42 per cent were able to diagnose the case correctly as inferiority complex, while on the re-test only 34 per cent were able to diagnose it correctly.

In recommendations for treatment suggested by the students, there was little change from the first and second attempt at analyzing the case study. Those students who suggested nondirective therapy, in which the individual is encouraged to talk, to develop insight, and to work out her own solutions, on the first test gave the same or similar suggestions on the re-test. Approximately 18 per cent of the students

who either did not offer any suggestions for treatment, or could offer nothing but arbitrary, authoritarian explanations and advice on the first test were able to suggest nondirective therapy on the re-test. On the re-test, only 50 per cent of the students were able to suggest some form of nondirective therapy.

In general, the relationship between the mean scores on Test I and Test II and the ability to analyze the case study seemed close. Those students who made high scores on the tests appeared better able to analyze the case study in most instances.

CHAPTER IV

SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

The investigator recognized that the nurse needs, as a fundamental part of her professional equipment, an objective point of view toward human behavior, and needs, in addition, knowledge and skill in applying mental hygiene principles in her relationship with others if she is to function effectively.

The problem of this study was an attempt to determine the relationship between the psychiatric experience and the student's ability to understand and apply certain mental health concepts.

Black states that while the primary purpose of the psychiatric experience is to prepare nurses to give nursing care of good quality to psychiatric patients, the students will learn something of the psychological care of other types of patients in other areas.²³

The purposes of the study were: (1) to determine whether areas of strengths and weaknesses in mental health knowledge could be identified following the psychiatric nursing experience; and (2) to make recommendations, within the limits of this study, concerning the mental health principles the students should be expected to use in giving general hospital care following the psychiatric nursing experience.

The investigation was limited to a paper and pencil test. The source of data was obtained by testing students from the Montana State

²³Black, loc. cit.

College School of Nursing who were rotated through the medical-surgical and psychiatric nursing experience (a total of 43 students) fall and winter quarters 1958 and 1959.

Since this inquiry was limited by the nature of the study and the size of the population tested, the author recognized that definitive conclusions could not be made from the findings.

The tabulation of data included categorizing the items from the two tests into the five classifications discussed by Horowitz: (1) an appreciation of the importance of the causal sequence of behavior; (2) the ability to accept limitations in herself and others; (3) to show respect for the student's own personality; (4) the realization that behavior was a function of the whole individual; and (5) an understanding of other basic needs which motivate behavior.²⁴ Following the psychiatric experience, students tended to have more appreciation of the importance of the causal sequence of behavior and to better understand the other basic needs which motivate behavior. On Test II, those students who had just completed the psychiatric nursing experience showed more respect for their own personality and the personality of others and recognized that behavior was a function of the whole individual than did the group who had just completed the medical-surgical experience. Both groups demonstrated less ability to recognize and accept limitations in others following the psychiatric nursing experience.

²⁴Horowitz, loc. cit.

In analyzing the areas of strengths and weaknesses discussed by Dr. Nahm, the students indicated a better understanding of mental hygiene principles following the psychiatric nursing experience.²⁵ It seemed the areas of greatest improvement in understanding were: (1) the effect of the home and childhood background in producing personality maladjustment; (2) that snobbishness may actually be due to pronounced feelings of inferiority rather than superiority; (3) a change to a more scientific attitude toward behavior disorders; and (4) the belief in punishment or reprimand for so-called "wrong-doing" lessened.

The analysis of responses to one case study indicated little or no improvement in the students' ability to distinguish between symptoms and causes of maladjustment, make a satisfactory tentative diagnosis, and make positive recommendations for treatment.

Definitive conclusions cannot be drawn from the findings of this study. However, there may be certain implications drawn from the responses by students taking the test. The following implications were identified:

1. It appeared evident that most students had a better understanding of the important mental hygiene areas identified in the test following the psychiatric nursing experience.
2. Students had not only increased mental health concepts during the psychiatric nursing experience, but these concepts were apparently reinforced to some degree by experience in medical-surgical nursing.

²⁵Nahm, loc. cit.

3. During the psychiatric nursing experience, most students were assisted to attain at least a beginning acceptance and understanding of the emotionally-disturbed patient encountered in the clinical setting. This acceptance and understanding was evidenced by the fact that the students did not demonstrate the need to use unconscious defenses against stress situations in ways that were not constructive.

4. According to the test results on Test II, the group of students who had just completed the psychiatric nursing experience showed evidence of a more positive approach in their relationship with others than did the group who had just completed the experience in the general hospital. This may indicate that the personnel with whom the students had contact in the general hospital did not apply this mental hygiene principle when working with patients and students.

5. The failure of students to be more accepting of limitations in themselves and others after additional clinical experience may indicate that supervisors, headnurses, instructors and other nurses with whom students work are not applying this mental hygiene principle when working with patients and student nurses.

Due to the limited scope of this study and the lack of clear-cut findings, it is desirable that more extensive investigation be made to determine if nursing education is adequately equipping the professional nurse in the area of mental health. The following areas of study are recommended for investigation:

1. A study be made to determine to what extent students actually apply mental hygiene principles in the practice of nursing care with patients who are not in institutions for the mentally ill.

2. A study be made to determine if associate and baccalaureate degree students have gained sufficient mental hygiene principles at the time their educational program is completed so that they are able to meet the patient's emotional needs effectively.

3. A study be made to determine to what extent nursing service and nursing education hold common understandings in their acceptance and application of mental hygiene principles and practices.

BIBLIOGRAPHY

BIBLIOGRAPHY

- Abdella, Faye G. "How We Look at Ourselves," Nursing Outlook, VII (May, 1959), 273-275.
- Black, Kathleen. "Human Relations Content in the Basic Curriculum," Nursing Research, V (June, 1956), 4-7.
- Brown, Esther L. Nursing for the Future. New York: Russell Sage Foundation, 1948.
- Burton, Genevieve. "Education for Life: Developing Insight and Understanding in the Classroom," Nursing Outlook. 4:265-67, May, 1956.
- Carroll, Herbert A. Mental Hygiene, The Dynamics of Adjustment. Third edition. Englewood: Prentice-Hall Company, 1956.
- Coleman, Lester. Freedom from Fear. New York: Hathorn Book Company, 1954.
- Cowan, M. Cordelias (ed.). The Yearbook of Modern Nursing. New York: C. P. Putman's Sons, 1956.
- Expert Committee on Mental Health. World Health Organization Technical Report Series, Series No. 31. Geneva: World Health Organization, 1950.
- Horowitz, Hazel Lucille. "Understanding and Ability to Apply Mental Hygiene Principles: A Study of the University of Washington Basic Nursing Students." Unpublished Master's Thesis, The University of Washington, Seattle, 1952.
- Kreuter, Frances Reiter. "What Is Good Nursing Care?" Nursing Outlook, V (May, 1957), 302-304.
- Koos, Earl Lomon. The Sociology of the Patient. New York: McGraw-Hill Company, 1950.
- Nahm, Helen. An Evaluation of Selected Schools of Nursing with Respect to Certain Educational Objectives. Applied Psychology Monograph No. 17.
- Peplau, Hildegard E. Interpersonal Relations in Nursing. New York: G. P. Putman's Sons, 1952.

APPENDIX

CURRICULUM IN NURSING

FRESHMAN YEAR

Campus: First Through Third Quarter

	Lect.Lab.		A	W	S
	Cr.	Cr.			
Microbiology in Relation to Man... (Bact. 101).....		4			4
General Chemistry..... (Chem. 101, 102)...	3	1	4	4	
Fundamentals of Org. Chem., or.... (Chem. 201).....	5	0			5
Elective.....					
Oral and Written Communication.... (Eng. 121).....	4		4		
Child Development..... (H.Ec. 105).....	2	1	3		
Elem. Foods and Nutrition..... (H.Ec. 217).....	3				3
Human Growth and Development..... (H.Ec. 205).....	2	1		3	
Physical Education Activities..... (H&PE 101).....		1	1		
Introduction to Nursing..... (N. 101, 103).....		1		1	1
Community Health..... (N. 111).....	4		4		
Introductory Sociology..... (Soc. 201).....	3			3	
Anatomy and Physiology..... (Z&E 111, 112).....	3	2		5	5
Electives.....				1	

SOPHOMORE YEAR

Hospital: Fourth Through Eighth Quarter

	Lect.Lab.		Su	A	W	S	Su
	Cr.	Cr.					
First Aid, Standard and Advanced.. (H&PE 221)...	1	2	3				
Nursing I..... (N. 202).....	3	2	5				
Nursing II..... (N. 203).....	2	2	4				
History of Nursing..... (N. 206).....	3			3			
Psychiatric Nursing..... (N. 210).....	5					5	
Psychiatric Nursing..... (N. 211).....		6				6	
Intro. to Medical-Surgical Nursing (N. 214).....	3		3				
Medical-Surgical Nursing..... (N. 317).....	3	3		6			
Medical-Surgical Nursing..... (N. 318).....	3	3		6			
Maternal and Child Care..... (N. 330).....	4	3			7		
Maternal and Child Care..... (N. 331).....	3	3			6		
*Nursing III or Elective..... (N. 441).....	1	0					1

*N.441 Laboratory required of Diploma students only.

320 South 6th
Bozeman, Montana
July 24, 1958

Dr. Helen Nahm
Dean, School of Nursing
University of California
Berkeley, California

Dear Dr. Nahm:

I am working toward my Master Degree in Nursing at Montana State College. To partially fulfill the requirements for the degree it is necessary to do a research report.

Since I am particularly interested in the integration of mental health concepts in clinical teaching, I have decided to do my project in that area.

Your paper, "An Evaluation of Selected Schools of Nursing With Respect to Certain Educational Objectives," contains a test which you developed. I should be most grateful to have permission to use it in connection with my study.

In my study it will be necessary to give a test after several clinical experiences. I am wondering if your test was developed in such a manner that it can be used for parallel testing or "split-half" technique?

Sincerely yours,

Harriet Anderson, R. N.

Approved:

Head, School of Nursing

UNIVERSITY OF CALIFORNIA MEDICAL CENTER
San Francisco 22, California

School of Nursing
Office of the Dean

July 31, 1958

Mrs. Harriet Anderson
320 So. 6th
Bozeman, Montana

Dear Mrs. Anderson:

I will be very happy for you to use the Mental Hygiene test in your study. It was not developed to be used specifically for parallel testing or the application of the split-half technique. I believe your adviser would be in a better position than I to advise you about statistical problems associated with the use of the test.

A scoring key for the test is attached.

Sincerely yours,

Helen Nahm, Dean
School of Nursing

HN:dm
Enclosure

2116 6th Ave. So.
Great Falls, Mont.
August 22, 1958

Director of Nursing Education
Montana Deaconess Hospital
Great Falls, Montana

Dear :

I am working toward my Master Degree in Nursing at Montana State College. To partially fulfill the requirements for the degree it is necessary to do a research report.

Since a great deal of emphasis is being placed on mental health concepts in clinical teaching, I am doing my project in that area under the direction of Miss Carolyn Kinney.

In my study it is necessary to give a mental hygiene test to determine the relationship of the psychiatric experience to the ability of students to utilize certain hygiene concepts.

I would be very appreciative if you would administer the first half of the test to all students registered in N317-318 the first day of instruction this fall quarter. It is imperative that the test be given before formal instruction begins so the results obtained will be as reliable as possible.

Enclosed you will find the test and instructions for administration.

Thank you for your participation and consideration in assisting me in conducting the study.

Sincerely yours,

Harriet Anderson, R. N.

Approved:

Head, School of Nursing

INSTRUCTION FOR ADMINISTRATION OF THE MENTAL HYGIENE TEST

INFORMATION FOR THE STUDENT (Please Read)

The scores from this test are to be used in relation to a research study being conducted by a graduate student at the Montana State College School of Nursing. The name and individual scores of the participants will not be published in the study. The answers to these questions will not in any way become related to your academic record.

INSTRUCTIONS FOR THE ADMINISTRATOR

1. Students should complete the test-time factor is not important.
2. Administer the first day of formal instruction to the students listed below.
3. Administer to the entire group at the same time.
4. Return test to me for correction.

Mrs. Harriet Anderson, R.N.
2116 6th Ave. South
Great Falls, Montana

Students to take test

MENTAL HYGIENE TEST
TEST I

Name _____
Hospital Division _____

Date _____

The following items include brief descriptions of individuals in various situations. Much more information could be given about these individuals. However, you are requested to make judgments on the basis of available information. Encircle the letter before the statement which best represents your reaction to the following situations.

1. Marge R. was caught stealing things from other students. In a discussion which followed, supervisors expressed various opinions about her. With which of the following would you agree?
 - a) Marge is too dishonest to be trusted with the care of sick patients on hospital divisions.
 - b) Though she takes things from students, it does not necessarily follow that she could not be trusted to care for patients in the proper manner.
 - c) A student who steals could not be trusted either in the nurses' residence or on hospital divisions.
2. Elsie T. can never be depended upon to tell the truth; and, as a consequence, the other students distrust her. When she makes mistakes on hospital divisions she always has a ready excuse. What is the most likely explanation of her behavior?
 - a) She is an only child and her parents have always been much concerned about every aspect of her behavior.
 - b) She does not know her nursing procedures well enough to be sure of herself.
 - c) Instructors have not sufficiently impressed her with the importance of telling the truth.
3. Alice R. pays little attention to her instructor's lectures. She distracts other students around her by giggling and whispering. The instructor sent her out of the classroom, telling her she could return when she learned to behave.
 - a) The instructor discovered a good way to get Alice to behave.
 - b) The method used helped Alice to realize the value of good behavior in the classroom.
 - c) A humiliating form of punishment, such as this, probably does more harm than good.
4. Joan B. always seemed to get along without much difficulty. She was usually good-natured and happy and seemed able to solve her problems. After the sudden death of the man to whom she was engaged, followed in a short time by the loss of a job that she

enjoyed, she became sarcastic and moody. Her entire outlook on life seemed changed. How would you judge her behavior?

- a) Probably not as well adjusted as she appeared to be before these difficulties occurred.
- b) Even quite well-adjusted individuals may have difficulty in adjusting during periods of extreme stress and strain.
- c) Probably lacking in ability to "take it."

4f
5. Caroline T. becomes emotionally upset at frequent intervals. She worries about her ability to do satisfactory work. How would you deal with this behavior?

- a) Advise her to stop worrying and to learn to control her emotions.
- b) Explain to her that lack of emotional control is detrimental to success in nursing.
- c) Try to get her to talk about her problems and develop insight into her difficulties.

6. Sarah R. is an attractive and intelligent girl. Her close friends are devoted to her. She makes enemies by her tendency to lose her temper at the slightest provocation and to tell people exactly what she thinks of them. What is the most likely explanation of her behavior?

- a) She has a superiority complex and cares little about anyone except her closest friends.
- b) When she was a child, her mother exercised control over a large family by constantly yelling at them.
- c) She inherited a bad temper from her mother.

7. Susan M. is usually late on duty. She appears unable to follow directions given by the head nurse. She tends to be unresponsive both in class and on hospital divisions. However, at times she appears alert and interested in her patients and surroundings. It is difficult for the majority of people to engage her in a conversation, though she talks freely to a few people whom she seems to trust.

- a) She is probably not intelligent enough to follow directions or to respond in class.
- b) She evidently lacks interest in nursing.
- c) She has well-developed withdrawal tendencies which should be recognized and given immediate treatment.

8. Margaret R. has had poor eyesight since childhood, making it necessary for her to wear thick glasses. She has always been thin and scrawny. As a child, she was constantly compared with an attractive older sister. In school she was not popular with other children. She spent much time in daydreaming. At college, teachers took much interest in her, but she failed to respond. Other students referred

to her as that "queer-looking and queer-acting kid." She was finally sent to a hospital for the mentally ill.

- a) Margaret's mental illness was primarily due to her unhappy experiences during childhood.
- b) Her mental illness was probably caused by her unhappy experiences at college.
- c) Her mental illness was probably entirely due to a poor inheritance.

9. Katherine S. is the youngest of three children. Her two older sisters have given her everything she has wanted. They have financed her way through high school and have tried to help her choose a profession. In the school of nursing, her grades are poor and her work on hospital wards only average. She is easily upset and cries a great deal. She secludes herself from others and then broods over her lack of attention.

- a) Katherine's sisters helped her a great deal. She should work harder to compensate them for their sacrifices.
- b) Katherine is evidently too poorly adjusted to appreciate what her sisters have done for her.
- c) By their excessive attention, the sisters have helped to make her an egocentric and dependent person.

10. Sylvia L. is twenty-one. She says that she is in love with a forty-one year old man. She has always preferred the company of older men and women. How would you handle this situation?

- a) Try to find out why she prefers attention of older people to that of individuals her own age.
- b) Point out the disadvantages of marrying an older man and the advantages of associating with people her own age.
- c) Urge her to participate in social activities in which she will meet people her own age.

11. Doris B. is very noisy and boisterous. She often wears extreme clothes of unusual color combinations. How would you judge her behavior?

- a) She craves attention of others and uses these devices to obtain it.
- b) She probably does not know how to dress becomingly and has not learned what good manners are.
- c) She probably just naturally wants to be different from other people.

12. Barbara N. is not adjusting well to situations on hospital wards or in the nurses' residence. What procedure would you follow in dealing with this case?
- a) Try to talk about her difficulties and then to work out her own solutions.
 - b) Regard her as an adult who should be able to solve her problems without interference of others.
 - c) Find the cause of her difficulties and give her advice as to how they should be solved.
13. Evelyn L. is a young head nurse of superior ability and a pleasing personality. However, she has lost several positions by a tendency to be very sarcastic at times. How would you judge her behavior?
- a) Her behavior may be due to insecurity and a feeling of inferiority. She should be helped to develop insight into her own behavior.
 - b) She should be talked to because of her sarcasm and warned that she will lose her position unless she improves.
 - c) She should probably be advised to enter some field of nursing in which she will not need to be responsible for other individuals.
14. Wanda M. is about thirty pounds overweight and appears, in consequence, to have developed definite feelings of inferiority. Her family background is good. She is not popular with boys her own age. Other students report that she picks up strange men in hotels and makes dates with them. How would you judge her behavior?
- a) Her need for attention and affection is evidently very great.
 - b) She evidently lacks understanding of the value of good behavior.
 - c) She is evidently a weak character who lacks will power necessary for good behavior.
15. June R. made poor high school grades, despite the fact that she was somewhat above average in intelligence. She failed in all of her first-semester courses in the school of nursing.
- a) She is naturally lacking in energy and ambition.
 - b) She was not interested in her school of nursing work.
 - c) Her mother died when she was a small child. Her father has provided for her financially but has taken little interest in her welfare.
16. Anna B., a student in nursing, had a minor operation about a year ago and has been ill at frequent intervals since that time. Doctors have been unable to find anything the matter with her. How would you judge her behavior?
- a) She probably feigns illness as a method of getting sympathy from others.
 - b) She is probably actually ill even though doctors have failed to make a diagnosis.
 - c) She probably feels ill without fully realizing that she uses illness to satisfy unfulfilled needs.

17. Sally A. enjoys ordering other people around. She is always telling younger students and classmates that they are going things incorrectly. How would you judge her behavior?
- a) She is probably covering up well-developed feelings of inferiority.
 - b) She evidently feels very superior to other people.
 - c) She is probably merely trying to be helpful toward others.
18. Helen M. has superior intellectual ability. Though she seems to understand how to perform procedures, her work is often carelessly done. Because of this, head nurses assign only simpler tasks to her. They feel that they cannot trust her with more responsible procedures. How would you judge this situation?
- a) Head nurses are probably correct in assuming that she cannot be trusted.
 - b) Giving her additional responsibility might stimulate her toward more effective performance.
 - c) Telling her about her faults would probably be the only way of helping her to improve.
19. Jean M., a student in nursing, is very unhappy unless all of her grades are A's. To make good grades she studies a great deal and participates in few social activities. She makes herself unpopular by her critical attitudes toward other students. What will probably happen to her in the future?
- a) Because of her excellent record and good habits of application she will probably be very successful.
 - b) She will probably be successful in her profession but will be socially maladjusted.
 - c) She will probably fail to make a satisfactory adjustment to either her work or social situations.
20. Isabelle K. has much difficulty in making decisions. No matter what she does she needs constant reassurance that it was the right thing to do. What is the most likely explanation of her behavior?
- a) She was an unwanted youngest child who was never secure in her family relationships.
 - b) She has lost several jobs because she is too shy and retiring.
 - c) She excuses her own failure by blaming others. Her accusations against other students are probably untrue.
21. It was customary in the school of nursing to grant an award to the senior with the highest grades. Because of her intense desire to win this award, Betty B. cheated on examinations. When her cheating was discovered, she was severely reprimanded, and all of her social privileges were taken away for a month. Soon after this, she dropped out of the school. A short time later the faculty

- began hearing reports about her questionable behavior in the community. What is your judgment of this incident?
- a) Her cheating and delinquency indicate that she was lacking in honesty and integrity. The faculty handled this case in the proper manner.
 - b) The faculty was not strict enough. She should have been expelled immediately.
 - c) The faculty handled this case very poorly, and in so doing probably contributed to the development of delinquent behavior.
22. Peggy D. is a high school senior. She uses much make-up, bleaches her hair, smokes, drinks, and is very loud and boisterous. Which of the following is of most importance in producing such behavior?
- a) Her mother died when she was very young. She has received little affection and attention from her father or her older brothers and sisters.
 - b) She was a very attractive child who was much envied by her schoolmates. She evidently desires a continuation of this state of affairs.
 - c) Her elementary teacher frequently disapproved of her behavior and disciplined her rather severely.
23. Frances L. is an eight-year-old child. Her mother never leaves her. On previous occasions, when she tried to do so, Frances cried until she was exhausted. She could not eat for several days afterward.
- a) The mother is wise in never leaving her.
 - b) The mother should realize that she gets her way by crying and should ignore her behavior.
 - c) The mother should attempt to trace the cause of what may be a real fear and attempt to remove it.
24. Mrs. W. is a woman of forty-seven who is suffering from a severe mental depression. Her husband has always been very attentive. Her interests have been centered in her home and one child. Her son is devoted to her. She has always complained of poor health. How would you judge her behavior?
- a) She evidently has very little reasons for being mentally depressed.
 - b) Her mental depression is probably the result of her poor health.
 - c) Her mental depression is probably the result of very narrow interests over a long period of time.
25. Dorothy K. is very shy and quiet. She is not much interested in her personal appearance. She listens to suggestions but soon seems to forget them. It is difficult to engage in talk with her.

When counselors succeed in drawing her into a conversation, her remarks seem disorganized and disconnected. What would you predict for her future?

- a) With the right kind of help and attention, she will probably make a good adjustment.
 - b) Even with much help and attention, she may develop mental illness at a later date.
 - c) Even though given skilled attention, she will probably remain much the same.
26. Mrs. C., a patient in a hospital, is very despondent and cries a great deal. After visits from her husband and son, she becomes more despondent and nervous. She writes letters to them saying she hopes they miss her. She threatens to kill herself.
- a) Since she becomes despondent after their visits, the husband and son should be advised to stay away as much as possible.
 - b) She should be regarded as a seriously maladjusted person for whom any treatment would be of little help.
 - c) An attempt should be made to help members of her family to understand her evident craving for affection and attention.
27. Mrs. B.'s baby was born four and one-half months after her marriage. Though only eighteen years old, she constantly told nurses how they should carry out procedures. She talked a great deal about her husband and bragged about the things they were going to do when she left the hospital.
- a) She was probably just too immature to know how to behave differently.
 - b) Her behavior was probably a result of an attempt to cover up a feeling of guilt and insecurity.
 - c) She probably had a feeling of superiority toward nurses.
28. Mrs. S. is a young woman with a diagnosis of a mild cardiac condition. In the hospital she complained continually about pain in her head and chest and numbness in her hands and legs. Soon everyone thought she was a "pill."
- a) The doctor should suggest to her that the pain and numbness are probably imaginary ailments which will soon disappear.
 - b) Little can be done for a patient of this type except to give her medicines for her ailments.
 - c) If psychotherapy were used to relieve her fears and anxieties, her pain and numbness would probably disappear.
29. Mrs. T. constantly worried about her baby. To her, it was the "only baby." She was very demanding of nurses' time. When they

wanted her to sit up, she said she couldn't. When they wanted her to get up, she said she was too weak.

- a) Nurses should recognize her attempts to get attention and should look for desirable qualities upon which she might be complimented.
- b) Nurses should try to make her understand that they have other patients to care for.
- c) Probably nothing could be done for this patient except to make the best of the situation during her stay in the hospital.

30. Mrs. S. complains of nausea, dizziness, and fatigue. She talks constantly about her ailments. She refuses medicines and is critical of any treatment suggested. However, at times she is quite cheerful. She seems to have above-average intelligence. Nurses enjoy talking to her when they can keep her from talking about herself.

- a) A patient of that type could probably be helped to gain insight into her own behavior so that she might make a better adjustment.
- b) Doctors and nurses could reason with her and show her that she is hamming herself by her behavior.
- c) She has probably been maladjusted for so long that little could be done to help her.

31. Mrs. A. has been in the hospital for several months. She is well enough to go home but does not wish to leave. She never smiles but tries at all times to look very sick. She finds fault with everything. She looks for defects in people and in their work. It seems impossible to get her interested in anything but herself.

- a) Nurses are justified in losing all sympathy toward her.
- b) Nurses should recognize that she is sick and should overlook her behavior.
- c) Nurses should realize that her need for attention is probably greater than her need for the approval of others.

32. Miss R. is a very efficient head nurse. Patients on her division receive excellent care. She is a very good teacher and is interested in students. However, when they make mistakes or fail to follow directions, she reprimands them severely. She is impatient when they are slow or inefficient.

- a) Miss R. will probably stimulate inefficient students to do their very best work.
- b) Even though she is interested in them, Miss R. will have little success with the majority of students.
- c) Students who are efficient will probably get along very well under her direction, but students who are shy and timid will become more inefficient and more lacking in self-confidence than they were before coming in contact with Miss R.

33. The following brief case study presents information about a student who was enrolled in a school of nursing. Specific questions are

asked about the case. Please answer them as thoughtfully and carefully as you can.

Mary L., an attractive girl of superior intellectual ability, was the only girl in a family of three children. Her mother was a college graduate and had been a teacher before her marriage. Her father drove a truck for a bakery. The family had never had an adequate income. They lived, as Mary expressed it, "on the wrong side of the tracks." The majority of Mary's classmates were children of professional and business men. They were rather snobbish in their attitudes toward students from lower income groups. Mary's parents were very strict with her, seldom permitting her to stay out late. However, they pampered her in other ways, usually giving her the things she desired.

Mary entered a university school of nursing in 1955. Her grades in her class work were always satisfactory. She did good work in hospital wards during her preliminary period, but after that it became of poorer and poorer quality. Head nurses said that she lacked interest and could not be depended upon. Her classmates began to complain of her behavior. They said she drank to excess at times and that her friends were "the scum of the campus." In public places she created attention by being very noisy. She resented her classmates' attempts to help her and was often rude to them. She was always attractively dressed, though her parents had difficulty in giving her everything she wanted.

- a) What are the symptoms of maladjustment? (List in order 1, 2, 3, etc.)
- b) What are the probable causes? (List in order 1, 2, 3, etc.)
- c) How would you diagnose Mary's behavior?
- d) How would you handle this situation?

MONTANA STATE COLLEGE
Bozeman

Montana Deaconess Hospital
Great Falls, Montana

2116-6th Ave. South
February 13, 1959

Director of Nursing Education
Billings Deaconess Hospital
Billings, Montana

Dear :

I am working toward my Master Degree in Nursing at Montana State College. To partially fulfill the requirements for the degree it is necessary to do a research report.

Since a great deal of emphasis is being placed on mental health concepts in clinical teaching, I am doing my project in that area under the directions of Miss Carolyn Kinney.

In my study it is necessary to give mental hygiene tests to determine the relationship of the psychiatric experience to the ability of the students to utilize certain mental hygiene concepts.

I would be very appreciative if you would administer the second half of the test to the students whose names I am enclosing the last day of formal instruction this winter quarter. It is imperative that the test be given to the entire group the last day of formal instruction so the results obtained will be as reliable as possible.

Enclosed you will find the test, the list of students who are to take the test and instruction for the administration. Please return the tests to me for correction.

Thank you for your participation and consideration in assisting me in conducting this study.

Sincerely yours,

(Mrs.) Harriet Anderson, R. N.

HA/k
enc

INSTRUCTION FOR ADMINISTRATION OF THE MENTAL HYGIENE TEST

INFORMATION FOR THE STUDENT (Please Read)

The scores from this test, as well as the one you took at the beginning of fall quarter, are to be used in relation to a research study being conducted by a graduate student at the Montana State College School of Nursing. The name and individual scores of the participants will not be published in the study. The answers to these questions will not in any way become related to your academic record.

INSTRUCTIONS FOR THE ADMINISTRATOR

1. Students should complete the test-time factor is not important.
2. Administer the last day of formal instruction to the following students who have had N317-N318 and N410-N411 Fall and Winter Quarter of 1958-59.
3. Administer to the entire group at the same time.
4. Return test to me for correction
Mrs. Harriet Anderson, R.N.
2116-6th Avenue South
Great Falls, Montana

Students to take test

MENTAL HYGIENE TEST
TEST II

Name _____

Date _____

Hospital Division _____

The following items include brief descriptions of individuals in various situations. Much more information could be given about these individuals. However, you are requested to make judgments on the basis of available information. Encircle the letter before the statement which best represents your reaction to the following situations.

1. Betty L. has average ability but is failing in most of her courses. She seems restless and nervous and appears to be uninterested in anything except having a good time. Which of the following methods would probably be most effective in helping her to improve?
 - a) Advising her to spend more time in study.
 - b) Restricting her social activities until her grades improve.
 - c) Trying to help her find a solution for some of her unsolved problems.

2. Esther B. seems to understand the principles involved in the performance of procedures. However, she becomes very nervous when supervised and makes many mistakes in actual performance. Head nurses complain constantly about her work. How should this situation be handled?
 - a) Everytime Esther makes a mistake it should be pointed out to her, and she should be told how to do things correctly.
 - b) It might be wise in this situation to ignore her mistakes and to commend her for anything that is done well.
 - c) She should be allowed to observe individuals who do things well to see how they should be done.

3. Joan A. cannot sleep or eat. She wants to get married; yet, if she does, she knows she will lose the job she likes very much. She is very nervous, irritable, and cries easily. People find it difficult to work with her.
 - a) She is a spoiled individual who goes to pieces if she cannot have what she wants.
 - b) She is reacting to a conflict between strong motives.
 - c) She is probably physically ill.

4. Sarah K. seems to fear all teachers and supervisors. The most probable cause of her fear is as follows:
 - a) Some of the teachers and supervisors are inclined to be brusque with students.
 - b) Sarah is afraid because she often fails to study and so comes to class unprepared.
 - c) Fear of her father has led her to associate fear with authority.

5. Sally N. is a shy, timid girl of above-average intelligence. She seldom participates in activities in the nurses' residence, preferring to remain in her room. She reads a great deal. She never gives anyone any trouble, as she performs her work in a quiet, efficient manner and always makes good grades. She is well liked by supervisors but not popular with other students. What do you think may happen to this student in the future?
 - a) She will probably outgrow her timidity in time and will be very successful in her work.
 - b) She will probably develop mental illness in the years to come.
 - c) She will probably continue to be timid and may become even more withdrawn.
6. Harriet R. swears a great deal and quite frequently drinks to excess. The majority of students disapprove of her behavior and tend to let her alone. What should the director of the school do in this case?
 - a) Ask Harriet to leave the school since she seems to lack the personal integrity necessary to uphold the standards of the profession.
 - b) Warn her about such behavior and tell her that unless it is stopped, she must leave the school.
 - c) Regard her drinking and swearing as symptomatic and look for causative factors upon which to base treatment.
7. Sally M. grew up in a very unhappy home. She does not get along with either of her parents. She is "brazen" in her manners and attitudes and tries to impress others with her sophistication. Her classmates think of her as a rather "hard" young person. What is the most likely explanation of her behavior?
 - a) She probably acts this way because she feels guilty over her inability to get along with her parents.
 - b) Her manners and attitudes are probably due to lack of proper discipline at home.
 - c) Because of her unhappy experiences at home, she has developed aggressive tendencies as a defense mechanism.
8. Mary M. and Ruth R. have equal intellectual ability. Both do good work on hospital divisions and make much the same grades. However, other students frequently accuse Mary of lying and suspect her of stealing minor items at intervals. She usually seems cheerful and happy. Ruth is shy and retiring and does not mix well with other students.
 - a) Mary should be dismissed from the school, but every possible effort should be made to help Ruth.
 - b) If Mary receives help and attention, she will probably make a better future adjustment than Ruth.
 - c) Ruth will probably make a better future adjustment than Mary.

9. Evelyn R. is overweight. Her hair and complexion are oily, and she frequently has skin eruptions on her face. She is slow, unable to organize work well, nervous, and clumsy in the performance of procedures. When emergencies arise, she becomes very upset.
- a) There is probably a relationship between her inability to do effective work and feelings of inferiority which grow out of her unattractive personal appearance.
 - b) From the above description, we can be sure that she lacks ability and personal characteristics needed for success in nursing.
 - c) With help in improving her personal appearance, we could be fairly certain that she would develop characteristics needed for success in nursing.
10. Harriet L. is a student of high scholastic ability. She makes excellent grades in classwork but is very awkward in the performance of procedures. How should this situation be handled?
- a) She will probably never make a good nurse and should be advised to enter some other profession.
 - b) Supervisors should explain the importance of doing good work and give suggestions as to how she can improve her performance of procedures.
 - c) Supervisors should try to discover underlying causes of poor performance and should make every possible effort to help this student.
11. Caroline L.'s behavior frequently antagonizes her instructors and also the chaperon of the dormitory. She always has ready excuses for this behavior and brags to classmates about her ability to get out of difficulties by telling administrators a hard luck story. How would you judge her behavior?
- a) She is very immature in her reactions.
 - b) She is just naturally a "liar" and nothing much can be done about it.
 - c) Since she is an adult who should know better, her behavior is inexcusable.
12. Edith L. attracts attention because of her good looks. She has superior intellectual ability. She is not friendly toward strangers and usually appears to have a snobbish, superior air. However, her close friends are devoted to her.
- a) Because of her good looks, she feels superior to other people.
 - b) Because of her superior intellectual ability, she desires to associate with only a few select friends.
 - c) She actually has a pronounced feeling of inferiority which makes her very shy with strangers.
13. Ruth R.'s parents do not get along well with each other, and, as a consequence, the home life is unhappy. Ruth has developed the

habit of staying out late at night and running around with a rather "fast" crowd.

- a) Ruth's parents should forbid her to run with this group.
- b) Ruth's parents should cooperate in disciplining her for her behavior.
- c) Ruth's parents should try to make the home life happy and should not reprimand her too much for her present behavior.

14. Lola L. frequently fails to comply with established rules and regulations. Assignments of case studies and special reports are seldom completed when due. She always says she intends to reform but does not seem to make much progress. What is the most likely explanation of her behavior?

- a) She is a rather weak character who lacks will power necessary to change her personality.
- b) She has never been interested in nursing, as she entered it only upon the insistence of her mother.
- c) She does not understand the importance of cooperating with others.

15. Marie M. is a young graduate nurse who has always done satisfactory work. She was given a vacation and did not return until several days after the superintendent of nurses had expected her back. When she did return, she was told that her services were no longer needed.

- a) The superintendent of nurses should have retained her, warning her that such behavior must not happen again.
- b) This was the best way of impressing her with the seriousness of her offense.
- c) The superintendent of nurses should have tried to help her realize the obligations and responsibilities involved in holding any position.

16. Betty L. complains that everyone picks on her and that she never gets a fair deal. She says that students laugh at her when she walks across the campus and that teachers give her lower grades than she deserves. What is the most likely explanation of her behavior?

- a) She was an only child. She experienced a long and severe illness in childhood and was pampered and waited upon constantly after that time.
- b) She has rather mediocre ability and has never succeeded in making superior grades.
- c) She is not well accepted by other students at the college.

17. Georgia R. has a hostile attitude toward her instructors and all other people in authority. These individuals tend to criticize

- her for her attitudes. What is the most likely explanation of her behavior?
- a) Her behavior had developed as a result of hostile attitudes of instructors and administrators in the school of nursing.
 - b) When she was a child, her parents constantly criticized her and compared her with a younger, more attractive sister.
 - c) Some of her high school instructors were critical of her behavior.
18. Laura F. is an intellectually able girl who makes only inferior grades. She says she doesn't care about making good marks because a liberal education must include time for many dates, bridge, the latest popular magazines, and "cokes" at frequent intervals. Her teachers have talked to her about her ability and have urged her to do better work. How would you judge her behavior?
- a) Laura is probably not interested in good marks.
 - b) She probably does not fully realize the importance of a good college record.
 - c) She probably senses the importance of a good record and looks for acceptable excuses for her behavior.
19. Ruth R. is a nineteen-year-old girl whose moods fluctuate from extreme despondency to a highly elated state. When she is unhappy she cries a great deal and is exceedingly difficult to get along with. When she is happy, she is an active, likeable person and can be the "life of the party."
- a) With the right kind of help, she could develop good emotional control.
 - b) With help, she would improve and become a well-adjusted person.
 - c) Even with skilled help, she may develop mental illness in the years to come.
20. Doris M. is very much upset because she knows that she is failing a course. She says that the teacher is not fair, and that, if she had cheated as other students did, she might have gotten by. What would be your judgment of this situation?
- a) The teacher probably disliked Doris and so gave her a poor grade.
 - b) Other students probably did cheat but Doris' conscience would not permit such behavior.
 - c) Doris excuses her own failure by blaming others. Her accusations against other students are probably untrue.
21. Miss R. is a head nurse on a busy division. She takes her job very seriously, and though all the other nurses on her division

- go off duty, she remains overtime each day. She says that unless she does this, patients will not be properly cared for.
- a) She is evidently a conscientious and admirable person who should be commended for her willingness to work overtime.
 - b) Much of her overtime work may be unnecessary. She probably enjoys "playing the martyr."
 - c) She is evidently much more interested in her work than are other nurses on her division.
22. Jane R. wears sloppy, dirty clothes. Her hair is unkempt. She is always late to class and creates much commotion in getting to her seat. How should the instructor handle this situation?
- a) Try to find out why she acts this way.
 - b) Advise her to come to class on time and to try to be cleaner and neater.
 - c) Count her absent when she comes late. Tell her that unless her appearance improves, she may not come to class.
23. Doris O. is an attractive and intelligent high school senior. She seems to possess qualities of leadership. However, she is rapidly losing her reputation because of her careless choice of associates and the fact that she frequents night clubs of questionable character. What would you predict for her future?
- a) If her abilities and interests can be directed toward worthwhile work and activities, she will probably be well adjusted, both socially and professionally.
 - b) Because of her present bad habits and lack of discretion, she will never make a satisfactory adjustment, either socially or professionally.
 - c) She may succeed in a job but will be socially maladjusted.
24. Irene S. is the only child of a wealthy family. She always had everything she wanted. She is snobbish in her attitudes toward others and associates only with a few picked friends. She is uncooperative and lacking in a sense of responsibility. Teachers and others have tried to impress upon her the value of genuine friendship, cooperativeness, and a sense of responsibility. However, she doesn't try to change her manner and attitudes.
- a) Her teachers are using a good method of trying to help her, even if she doesn't seem to appreciate it.
 - b) Merely trying to impress individuals with the value of good behavior seldom brings about genuine personality changes.
 - c) If she would try to realize the value of good behavior, she could probably change her manner and attitudes in a short period of time.
25. Susan H., an attractive girl from a small-town family of average means, associates only with students who are good looking,

- popular, or have money. She pays attention to wealthy patients but is not much interested in others. How would you explain her behavior?
- a) Susan evidently feels superior to the majority of people.
 - b) Because she actually feels inferior, Susan tries to identify herself with people whom she considers superior.
 - c) Susan is evidently a spoiled and selfish individual.
26. Rose N., a twenty-year-old girl, is suspicious of others and believes that people whisper uncomplimentary things about her. She says that there is nothing to live for. She seems to enjoy annoying others. She has been completely neglected by her parents. Social agencies have placed her in boarding homes, have sent her to summer camps, and have made it possible for her to acquire a vocational education. However, little improvement has been noted. How would you handle this situation?
- a) Tell her that she must learn to appreciate the things that have been done for her.
 - b) Advise her to change her present attitudes and habits and try to be more friendly toward others.
 - c) Recognize that she is seriously maladjusted and that any treatment used may be of little help.
27. Mrs. J., a patient in a hospital, talks about her troubles constantly. She is never satisfied with anything. When things are done for others, she immediately wants the same thing done for her.
- a) Explaining the need for her help and cooperation would be the best way of dealing with this patient.
 - b) The only way of dealing with her would be to tell her firmly that nurses are busy and therefore cannot spend so much time with her.
 - c) The best way of handling this situation would be to try to get her interested in simple activities and pleasant topics of conversation.
28. Mr. P., a negativistic patient, refuses to take his medicines or to eat food served by the hospital. How would you handle this situation?
- a) Recognize that he might take his medicines and eat his food if he were made to feel that he was under no compulsion to do so.
 - b) Insist that he eat and take his medicines even though it requires much time and patience.
 - c) Explain the importance of taking medicines and food so that he will recover more quickly.
29. Mrs. B. was a wealthy patient. She was very fussy. Her meals had to be served at special times. If nurses failed to answer her

light immediately, she became very sarcastic. She had many servants in her home and so never had to wait for anything she desired.

- a) Nurses should understand that because she is a wealthy patient, she must be given more service.
- b) Nurses must try to understand that because of her background she has never had an opportunity to learn cooperation.
- c) Nurses should expect cooperation from her during these busy times.

30. Mrs. R. is a twenty-three-year-old mother who seems uninterested in her baby and quite indifferent to it. She says she plans to wean it as soon as she gets home and that she cannot be bothered with feeding it during the night. She talks about herself constantly and says that she doesn't intend to have any more children.

- a) Nurses are justified in feeling disgusted with her behavior.
- b) Nurses could probably change her attitudes a great deal during the time that she is in the hospital.
- c) Nurses should withhold judgment and try to look for underlying causes of her behavior. They probably could not radically change her attitudes in a short hospital stay.

31. Miss F., a head nurse on a busy division, had had a difficult morning. Among other things, a prominent doctor had told her that he felt that his patients were being neglected. After the doctor left, the head nurse severely reprimanded a young student for a minor mistake. How would you judge this situation?

- a) The head nurse probably reprimanded the student to keep her from making the same mistake again.
- b) The head nurse evidently lacks understanding of students and how to work with them.
- c) There was a relation between the severity of the reprimand and the situation in which the head nurse had been working.

32. Mrs. L. talked to everyone about how cruelly her family had treated her. She felt that no one understood her. When she came to the hospital, she had some nembital in her possession. One night she took twenty-four tablets, and then immediately summoned the head nurse. After having her stomach lavaged, she announced that she would again try to take her life.

- a) There is real danger that this patient will commit suicide.
- b) The chances that she will commit suicide are not very great.
- c) From her behavior, we can be sure that she will never actually commit suicide.

33. Jane M. is the oldest child of a large family with a rather small income. She had been suspected of taking money and other

possessions from her classmates and was finally discovered searching the room of another student. How would you judge her behavior?

- a) She is too dishonest to be trusted in any situation in the nurses' residence or on hospital divisions.
- b) Stealing is symptomatic. If the cause could be removed or modified, the stealing episodes should be disregarded.
- c) She might be trusted in some situations, but it would be dangerous to take a chance with a girl of this type.

34. The following brief case study presents information about a student who was enrolled in a school of nursing. Specific questions are asked about the case. Please answer them as thoughtfully and carefully as you can.

Mary L., an attractive girl of superior intellectual ability, was the only girl in a family of three children. Her mother was a college graduate and had been a teacher before her marriage. Her father drove a truck for a bakery. The family had never had an adequate income. They lived, as Mary expressed it, "on the wrong side of the tracks." The majority of Mary's classmates were children of professional and business men. They were rather snobbish in their attitudes toward students from lower income groups. Mary's parents were very strict with her, seldom permitting her to stay out late. However, they pampered her in other ways, usually giving her the things she desired.

Mary entered a university school of nursing in 1955. Her grades in her class work were always satisfactory. She did good work in hospital divisions during her preliminary period, but after that it became of poorer and poorer quality. Head nurses said that she lacked interest and could not be depended upon. Her classmates began to complain of her behavior. They said she drank to excess at times and that her friends were "the scum of the campus." In public places she created attention by being very noisy. She resented her classmates' attempts to help her and was often rude to them. She was always attractively dressed, though her parents had difficulty in giving her everything she wanted.

- a) What are the symptoms of maladjustment? (List in order 1, 2, 3, etc.)
- b) What are the probable causes (List in order 1, 2, 3, etc.)
- c) How would you diagnose Mary's behavior?
- d) How would you handle this situation?