

CERTAIN EXPERIENCES STUDENT NURSES MAY OBTAIN
DURING THE AFTERNOON AND NIGHT SHIFTS WHICH
FURTHER THE EDUCATIONAL OBJECTIVES OF THE
SCHOOL OF NURSING

by

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A PAPER

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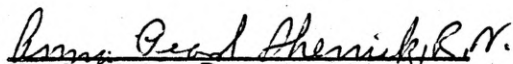
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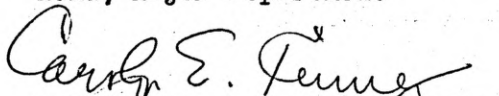
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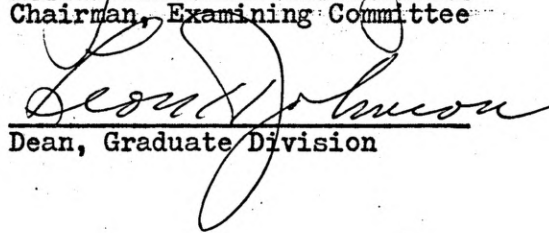
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ABSTRACT

The purpose of this study was to attempt to determine whether the afternoon and night shifts were valuable in the student nurses experience.

The study was based on the results of a survey conducted by sending questionnaires to the students in their last two quarters of hospital experience in three hospitals which were affiliated with a College School of Nursing.

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I. INTRODUCTION

Origin of Problem

A graduate of a baccalaureate program should be prepared to meet the objectives of the nursing educational program as formulated by the Western Council on Higher Education for Nursing sponsored by the Western Interstate Commission for Higher Education. They are as follows:

1. Diagnose a patient's nursing problems and adjust nursing care to meet the patient's changing needs.
2. Plan, organize and provide the type of nursing care required by the physician's plan of treatment.
3. Observe the progress of the patient and his response to nursing care and communicate these observations effectively.
4. Assist the patient and his family to adjust to physical limitations.
5. Work as a member of a nursing team and cooperate in planning for nursing care.
6. Work with allied health professions in planning for optimum health programs.
7. Strive to improve nursing standards.¹

Tyler summarizes the importance of objectives as follows:

Teaching is a complex, purposeful activity. It is complex in its involvement of human beings who represent wide variations in ability, in interests, in previous background and personality structure and the like. It is complex, also, in its application to the many facets of life, the many varieties of concrete situations which people encounter and in which their learning is applied.

¹Western Council on Higher Education for Nursing, Guidelines, October, 1958

Teaching is purposeful, in that there are results which are expected.....Teaching is expected to bring about changes in the behavior of students, "behavior" being used in the broad sense to include thinking, feeling and acting.....The changes in behavior which teaching is expected to produce in students are the objectives of teaching....The complexity of teaching prevents the use of simple rules or formulas on how to teach. Each group of students, each teaching situation, must, to a considerable degree, be treated as a problem of how to achieve certain desirable results under particular conditions. The solution of these teaching problems requires on the part of the teacher a clear idea of the objectives sought.²

Ole Sand recognized the importance of a statement relative to the learning process to serve as a check on the attainability of the objectives.

His statement follows:

1. Learning is manifested by change in behavior. Research in learning has not shown us precisely what goes on inside a human being while he is learning. However, authorities agree that learning is evidenced by change in behavior. This change in behavior involves the way an individual thinks and feels as well as his overt action.
2. Changes in behavior resulting from experience rather than merely from the process of maturation are the essence of learning.
In the School of Nursing those changes in behavior that take place in the student are primarily the result of experience.
3. A student has not really learned unless the changes in behavior persist.
Learning, to become relatively permanent, must be used in actual practice.³

The importance of practice in the learning process has always been recognized, and the opportunity for practice in a real situation is one of nursing education's most treasured possessions. Now the trend is toward a

²Ralph W. Tyler, "How Can We Improve High School Teaching?" The School Review, LVI, No. 7, (September, 1948), pp. 387 - 399.

³Ole Sand, Curriculum Study in Basic Nursing Education, G. P. Putnam's Sons, 1955, New York, pp 53 - 54.

much closer tie-up between classroom study and actual practice. There is no good substitute in nursing education for learning in the actual nursing situation—learning focused on the kinds of problems the graduate nurse of today and tomorrow must be prepared to tackle.⁴

That portion of clinical practice known as "nursing service" is scheduled on a particular ward by the nursing office and the assignment to nursing duties is made by the head nurse. The student participates in ward nursing activities as a member of the staff. She learns as an apprentice or intern and has the opportunity to continue to develop nursing skills which increase with experience and practice.⁵

Definition of Terms

Terms used for the purposes of this study are defined as follows:

Nursing diagnosis. A nursing diagnosis is the determination of the nature and extent of nursing problems of individual patients or families receiving nursing care.

Nursing problem. A nursing problem is a condition faced by the patient or family which the nurse can assist him or them to meet through the performance of her professional functions.

Nursing activity. A nursing activity is a course of action within the province of nursing selected for the solution of a nursing problem.

Nursing service. Nursing service includes the direct nursing care of patients and those activities which are associated with this care and are rendered by nursing service personnel.

⁴Jean A. Curran and Helen L. Bunge, Better Nursing—A Study in Nursing Care and Education in Washington, University of Washington Press, 1951, Seattle, Washington. pp. VIII - IX.

⁵Mary S. Tschudin, Helen C. Belcher, Leo Nedelsky, Evaluation in Basic Nursing Education, G. P. Putnam's Sons, 1958, p. 18.

Afternoon Shift. Afternoon shift is usually from 3:00 P.M. until 11:00 P.M. In some hospitals it is from 4:00 P.M. until 12:00 midnight. Evening shift, P.M. shift, relief shift, and evening tour of duty are all synonymous with afternoon shift.

Night Shift. Night shift is usually from 11:00 P.M. until 7:00 A.M. It may also be from 12:00 midnight until 8:00 A.M.

Charge Nurse. Charge Nurse refers to the nurse who has responsibility of an entire ward or service in the hospital.

Statement of the Problem

In reviewing literature it was found that apparently nothing has been done as to research studies concerning the importance of the afternoon shift in the student nurses experience. The investigator in her position as a supervisor and clinical instructor on afternoon shift previous to the entrance to graduate study feels that this is a problem which should be investigated as some schools of nursing either have or are contemplating deleting this experience from the student nurse's practice.

Hypothesis

The rationale for undertaking this study is based on the assumption that the afternoon shift is valuable during the student nurses educational period in helping them to more fully meet the objectives of the school of nursing as outlined in the origin of the problem.

Need for the Study

It was felt that a study of this type would help in planning the educational program for nursing students.

Scope and Limitations of the Study

Due to lack of time and money it was decided that this research be limited to the students in their last two quarters of hospital experience in each of

three hospitals affiliating with a College School of Nursing. It was also decided to contrast the experiences obtained on day shift with those on evening and night shift.

Methodology

The questionnaire type of interview was used in conducting this study. The questionnaires were constructed, approved and mailed with a letter to each of the Directors of Nursing Education in the three hospitals asking for their assistance. The identity of the investigator, the hospitals and the students was kept confidential so as not to influence the answers.

II. REPORT OF THE STUDY

Construction of Questionnaire

Questionnaires were mailed to the thirty-six students in the last two quarters of experience in the three hospital divisions. Twenty-three of these were filled out and returned.

The questionnaires were constructed in two parts. (See Appendix) Part I consisted of seven questions with which the investigator hoped to gain some background information as to where the students were in their training, approximately how many shifts were spent on afternoons and nights throughout their experience, whether these were planned as part of their educational programs and some of their attitudes as to the value or lack of value of afternoon and night experience.

Analysis of Part I

In question number one four students indicated that they were in their twenty-first month of training which, considering the fact that the investigator used only those students in their last two quarters of hospital experience, suggests that these four students were enrolled in the two-year program. However, the next question indicated that all except two planned on obtaining their Bachelor's Degree.

In grouping questions three, four, five and six, it was learned that there was much variance in the amount of time spent on afternoons and nights. One student reported she had spent no time on these shifts since re-entering training, but had spent many when formerly in training (1947-1948). Another reported she had spent approximately one-half her time on afternoons and nights. It was later learned that many of the students spent much time working for nursing service on their days off. This would seem to account for the high

incidence of afternoon and night shifts throughout their experience. Most of the students reported that their nursing service time was planned as part of their educational program.

Question number seven was an open-end type of question and many varied answers were received. All of the students except one defended the need for afternoon and night experience in their educational programs. This student felt they were not necessary and stated that in her opinion these shifts should be eliminated so more married students would be able to take training.

Eleven students felt that by incorporating the afternoon and night shifts in their educational experience they had been able to learn the duties of the various personnel, had received more charge nurse experience, were able to learn the routines practiced on these shifts and had met different situations.

Ten students responded that they learned to accept responsibilities and "depend upon themselves" more fully than they had on days.

Two students felt that afternoon and night shifts were valuable in that they had learned that patients respond differently emotionally at these times.

Five of the students had mixed feelings and, even though they had stated that these shifts were valuable, defended the attitude that they are not necessary. One stated that it must be remembered that the student needs some social life while another responded that there was much more to nursing than "just giving baths". One felt they work a hardship on the student "when it comes to studying since more studying is necessary in the new program". Two others responded that under the new program with adequate supervision one receives good experience on days and can apply the basic principles learned to the experiences they might obtain on afternoons and nights.

Analysis of Part II

Part II of the questionnaire was procedure-centered and the investigator attempted to contrast the experiences received on days with those obtained on afternoons and nights. The plan used and the results obtained follow:

RESULTS OF PART II OF QUESTIONNAIRE:

Please make a check (✓) mark in the column listed under the day shift and the column listed under the afternoon and night shifts which most accurately describes the experience you have gained in the specific activity listed:

OFTEN - means those activities which you have an opportunity to practice frequently.

OCCASIONALLY - means those activities which you have an opportunity to practice at times.

NEVER - means those activities which you did not have an opportunity to practice.

	DAYS		ACTIVITY	AFTERNOONS AND NIGHTS	
	Often	Never		Often	Never
1.	15	8	Admission of patients	18	4
2.	20	3	Dismissal of patients	10	10
3.	1	12	Care of the dead	5	15
4.	4	8	Putting down gastric suction	5	9
5.	15	8	Care of the patient with gastric suction	14	6
6.	16	7	Sitz bath	11	8
7.	0	12	Colloidal bath	1	4
8.	9	7	Dermatitis packs	8	5
9.	14	7	Catheterization	15	5
10.	12	3	Bladder irrigation	10	7

	DAYS			ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally	Never		Often	Occasionally	Never
11.	8	8	7	Bladder instillation	5	7	11
12.	22	0	1	Care of retention catheter	8	5	10
13.	9	7	7	Prostatic irrigation	8	5	10
14.	15	6	2	Care of decubiti	14	6	3
15.	16	4	3	Application of sterile dressings	14	6	3
16.	5	6	12	Nasal O ₂ administration	7	6	10
17.	6	10	7	Mask O ₂ administration	7	8	8
18.	19	3	1	Care of patient in O ₂ tent	16	5	2
				Assisting the doctor with:			
19.	6	12	5	Vaginal examination	4	7	12
20.	15	6	2	Draping the patient	12	5	6
21.	6	13	4	Applying casts	2	6	15
22.	4	9	10	Bronchoscopy	2	3	18
23.	1	7	15	Tracheotomy	2	3	18
24.	3	6	14	Myringotomy	2	0	21
25.	4	12	7	Thoracentesis	2	2	19
26.	5	15	3	Paracentesis	3	5	15

	DAYS			ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally	Never		Often	Occasionally	Never
27.	1	9	13	Sternal puncture	1	2	20
28.	0	4	19	Iliac puncture	1	2	20
29.	3	17	3	Spinal puncture	1	7	15
30.	10	11	2	Physical examination	5	8	10
31.	2	11	10	Proctoscopy	2	2	19
32.	1	10	12	Cut-down	2	7	14
33.	20	3	0	Administration of Insulin	13	6	4
34.	22	1	0	Testing urine for sugar and acetone	20	2	1
35.	7	13	3	Teaching the diabetic patient	7	11	5
36.	13	10	0	Care of the patient with a colostomy	12	8	3
37.	5	9	9	Lavage	5	7	11
38.	4	12	7	Gavage	4	8	11
39.	2	6	15	Gastrostomy feeding	2	8	13
40.	2	10	11	Teaching crutch walking	3	4	16
41.	7	8	8	Care of patient in Stryker frame	7	6	10
42.	7	14	2	Care of patient with an amputation	7	11	5
43.	20	3	0	Care of patient in traction	20	2	1

	DAYS			ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally	Never		Often	Occasionally	Never
44.	7	10	6	Care of patient with chest surgery	6	10	7
45.	7	15	1	Care of patient with nephrectomy	6	12	5
46.	4	10	9	Care of patient with craniotomy	4	8	11
47.	15	5	3	Care of patient with surgery of spine	13	4	6
48.	15	6	2	Care of patient with eye surgery	13	6	4
49.	7	13	3	Emergency care of patient in out-patient department	9	5	9
50.	7	7	9	Prepping the surgery patient	12	4	7
51.	12	10	1	Instilling eye drops	12	9	2
52.	8	9	6	Instilling ear drops	8	6	9
53.	13	9	1	Isolation technique	13	9	1
54.	5	13	5	Temperature sponge	8	13	2
55.	7	10	6	Administration of Intravenous Infusions	7	7	9
56.	3	10	10	Administration of hypodermoclysis	6	6	11
57.	9	12	2	Assisting with E. S. T.	0	3	20
58.	4	7	12	Throat culture	4	5	14
59.	5	9	9	Throat irrigation	4	11	8

	DAYS		ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally Never		Often	Occasionally Never	
60.	0	3	Taking slide for pinworm test	0	1	22
61.	10	11	Care of patient with burns	8	13	2
62.	13	10	Assisting with deliveries	13	7	3
63.	13	10	Listening to fetal heart tones	13	7	3
64.	12	11	Prepping the O.B. patient	13	6	4
65.	2	4	Rectal exam of labor patient	2	3	18
66.	16	7	Timing of contractions	15	4	4
67.	21	2	Perineal care	16	5	2
68.	10	11	Care of the premature	7	9	7
69.	10	10	Taking doctor's orders over phone	17	3	3
70.	21	2	Learning to organize work	22	0	1
71.	9	6	Charge nurse experience	12	5	6
72.	6	10	Team leader experience	9	3	11
73.	1	11	Orienting personnel	1	11	11
74.	2	14	Teaching auxiliary personnel	2	14	7
75.	12	10	Making rounds with the doctor	15	6	2
76.	7	6	Calling doctor about patient's condition	14	2	7

Activities of Part II of Questionnaire

In order to make the results more meaningful, the activities in this part of the questionnaire were divided into the following categories:

- I. Administrative Activities
- II. Procedural Activities
- III. Teaching Activities
- IV. Assisting the Doctor
- V. Care of Patients with Gastro-Intestinal Conditions
- VI. Care of Patients with Selected Surgical Conditions
- VII. Maternal-Child Care

ACTIVITIES OF QUESTIONNAIRE:

Table I. ADMINISTRATIVE ACTIVITIES:

	DAYS			ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally	Never		Often	Occasionally	Never
1.	15	8	0	Admission of patients	18	4	1
2.	20	3	0	Dismissal of patients	10	10	3
3.	1	12	10	Care of the dead	5	15	3
49.	7	13	3	Emergency care of patient in out-patient department	9	5	9
69.	10	10	3	Taking doctor's orders over phone	17	3	3
70.	21	2	0	Learning to organize work	22	0	1
71.	9	6	8	Charge nurse experience	12	5	6
72.	6	10	7	Team leader experience	9	3	11
75.	12	10	1	Making rounds with the doctor	15	6	2
76.	7	6	10	Calling doctor about patient's condition	14	2	7

TABLE II. PROCEDURAL ACTIVITIES:

	DAYS			ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally	Never		Often	Occasionally	Never
6.	16	7	0	Sitz Bath	11	8	4
7.	0	12	1	Colloidal bath	1	4	18
8.	9	7	7	Dermetitis packs	8	5	10
9.	14	7	2	Catheterization	15	5	3
10.	12	3	8	Bladder irrigation	10	7	6
11.	8	8	7	Bladder instillation	5	7	11
12.	22	0	1	Care of retention catheter	8	5	10
13.	9	7	7	Prostatic irrigation	8	5	10
14.	15	6	2	Care of decubiti	14	6	3
15.	16	4	3	Application of sterile dressings	14	6	3
16.	5	6	12	Nasal O ₂ administration	7	6	10
17.	6	10	7	Mask O ₂ administration	7	8	8
18.	19	3	1	Care of patient in O ₂ tent	16	5	2
33.	20	3	0	Administration of insulin	13	6	4
34.	22	1	0	Testing urine for sugar and acetone	20	2	1
50.	7	7	9	Prepping the surgery patient	12	4	7
51.	12	10	1	Instilling eye drops	12	9	2

TABLE II. PROCEDURAL ACTIVITIES: (cont.)

	DAYS		ACTIVITY	AFTERNOONS AND NIGHTS	
	Often	Occasionally		Often	Occasionally
52.	8	9	Instilling ear drops	8	6
53.	13	9	Isolation technique	13	9
54.	5	13	Temperature sponge	8	13
55.	7	10	Administration of intravenous infusions	7	7
56.	3	10	Administration of hypodermoclysis	6	6
58.	4	7	Throat culture	4	5
59.	5	9	Throat irrigation	4	11
					8
					17

TABLE III. TEACHING ACTIVITIES:

	DAYS		ACTIVITY	AFTERNOONS AND NIGHTS	
	Often	Occasionally Never		Often	Occasionally Never
35.	7	13	Teaching the diabetic patient	7	11
40.	2	10	Teaching crutch walking	3	4
73.	1	11	Orienting personnel	1	11
74.	2	14	Teaching auxiliary personnel	2	14

TABLE IV. ASSISTING THE DOCTOR.

	DAYS		ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally		Often	Occasionally	Never
19.	6	12	Vaginal examination	4	7	12
20.	15	6	Draping the patient	12	5	7
21.	6	13	Applying casts	2	6	15
22.	4	9	Bronchoscopy	2	3	18
23.	1	7	Tracheotomy	2	3	18
24.	3	6	Myringotomy	2	0	21
25.	4	12	Thoracentesis	2	2	19
26.	5	15	Paracentesis	3	5	15
27.	1	9	Sternal puncture	1	2	20
28.	0	4	Iliac puncture	1	2	20
29.	3	17	Spinal puncture	1	7	15
30.	10	11	Physical examination	5	8	10
31.	2	11	Proctoscopy	2	2	19
32.	1	10	Cut-down	2	7	14
57.	9	12	Assisting with E. S. T.	0	3	20

TABLE V. CARE OF PATIENTS WITH GASTRO-INTESTINAL CONDITIONS:

	DAYS		ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally		Often	Occasionally	Never
4.	4	8	Putting down gastric suction	5	9	9
5.	15	8	Care of the patient with gastric suction	14	6	3
36.	13	10	Care of the patient with a colostomy	12	8	3
37.	5	9	Lavage	5	7	11
38.	4	12	Gavage	4	8	11
39.	2	6	Gastrostomy feeding	2	8	13

TABLE VI. CARE OF PATIENTS WITH SELECTED SURGICAL CONDITIONS:

	DAYS		ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally		Often	Occasionally	Never
41.	7	8	Care of patient in Stryker frames	7	6	10
42.	7	14	Care of patient with an amputation	7	11	5
43.	20	3	Care of patient in traction	20	2	1
44.	7	10	Care of patient with chest surgery	6	10	7
45.	7	15	Care of patient with nephrectomy	6	12	5
46.	4	10	Care of patient with craniotomy	4	8	11
47.	15	5	Care of patient with surgery of spine	13	4	6
48.	15	6	Care of patient with eye surgery	13	6	4
61.	10	11	Care of patient with burns	8	13	2

TABLE VII. MATERNAL-CHILD CARE:

	DAYS		ACTIVITY	AFTERNOONS AND NIGHTS	
	Often	Never		Often	Never
60.	0	20	Taking slide for pinworm test	0	22
62.	13	0	Assisting with deliveries	13	3
63.	13	0	Listening to teal heart tones	13	3
64.	12	0	Prepping the O. B. patient	13	4
65.	2	17	Rectal exam of labor patient	2	18
66.	16	23	Timing of contractions	15	4
67.	21	0	Perineal care	16	2
68.	10	2	Care of the premature	7	7

SUMMARY OF ACTIVITIES

In the administrative activities in Table I of Part II the students received slightly more experience on the afternoon and night shifts in those activities pertaining to leadership and doctor-nurse contact.

The procedural activities involved in Table II show that the students on the whole received many more experiences on days than on afternoons and nights.

The students practiced the teaching activities, Table III, more often on days as far as patient teaching was concerned; however, in teaching personnel they had the same amount of experience on all shifts.

In assisting the doctor, Table IV, the students were able to obtain more experience on days.

In the activity described as care of the patients with gastrointestinal conditions, Table V, only the activities involving putting down gastric suction and gastrostomy feeding were practiced slightly more on afternoons and nights.

On the whole more experience was gained on days in the care of patients with selected surgical conditions, Table VI.

In the category on maternal-child care, Table VII, more activities were performed on days than on afternoons and nights.

III. CONCLUSIONS AND SUGGESTIONS FOR FURTHER STUDY

Conclusions

The students on the whole felt that afternoon and night shift experiences were valuable in (1) learning that patients respond differently emotionally at these times, (2) obtaining more charge nurse experience, (3) learning the duties of the various personnel, (4) learning to accept more responsibilities, (5) learning the routines practiced on these shifts and (6) in meeting situations which are unique to these shifts.

In analyzing the procedure centered activities it was found (1) the students had more opportunity on day shift to practice most of the activities investigated and (2) had slightly more opportunity for experience in activities pertaining to leadership and doctor-nurse contact on afternoon and night shifts. However, in thinking through the procedure centered activities one wonders if these experiences are valuable in re-inforcing their learning or if they are merely repetitive chores. The importance of actual practice in the learning process has always been recognized, but if a student is to meet the heavy responsibilities that will be hers tomorrow, it is evident that a student nurse's time must be dedicated entirely to educational activities. One must remember that this study was limited to the senior students in three hospitals and consideration must also be given to the fact that many of the afternoons and nights worked by these students were spent as service days for the hospitals.

We know that learning is evidenced by changes in behavior which persist. There are no means of evaluation of the students behavior in this study. Further studies would need to be done in actual situations.

Suggestions For Further Study

Several suggestions for further study arose during the development of this technical study. From these the following recommendations are made:

1. The present study should be repeated in other Schools of Nursing in order to check the findings;
2. An evaluation study should be done of senior students who have had no afternoon and night experience as related to those who have had experience on all shifts so as to determine whether it is really necessary that they have afternoon and night experience in order to meet the educational objectives of the school;
3. Studies involving the instructors in the actual learning situation should be done in order to learn how much repetition is necessary before changes in behavior of students persist; and
4. A study should be done focusing only on certain critical incidents which seem to be unique to afternoon and night shifts. A check list of such incidents would have to be carefully compiled, perhaps after conducting such a study as suggested by number 2 above.

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A P P E N D I X

902½ W. Babcock,
Bozeman, Montana.
June 1, 1959.

Miss _____,
Director of Nursing Education,
_____ Hospital,
_____, Montana.

Dear _____,

I am a Master's student at Montana State College and I must write a research paper about a subject in which I am interested to fulfill partial requirements for my degree. I am planning a study of the experience gained by student nurses on the day shift in contrast with the evening and night shift. I wish to use the students (those in their last two quarters in the hospital) in the three hospitals affiliated with Montana State College. The identity of the hospitals and the participating students will be held confidential.

Since you are the Director of Nursing Education at the _____ Hospital would you please ask your senior students to fill out the enclosed questionnaires (preferably at once) and would you return them to me at once as I will be leaving Bozeman June, 11?

Would please keep my identity confidential? Thank you for your cooperation.

Sincerely,

Alice V. Platts

The Montana State College School of Nursing faculty appreciate your assistance in this research. This study should assist in planning the educational program for nursing students.

Head, School of Nursing

141130

QUESTIONNAIRE

1. Please answer the questions carefully, giving information as accurately as possible.
 1. Where are you, at present, in your training program (number of months you have been in the program)? _____
 2. Are you planning on obtaining your Bachelor's Degree? ___Yes ___No
 3. Approximately how many shifts did you spend on afternoons and nights? _____
 4. Were they spent at random (one occasionally)? ___Yes ___No
 5. Were these afternoons and evenings planned as part of your educational program? ___Yes ___No
 6. Were they spent as service days for the hospital? ___Yes ___No
 7. In many schools of nursing, the afternoon and night shifts have already been taken out of the educational experience of the students. If this were so in your school, how would you:
 - a) Defend the need for these shifts?
 - b) Defend the attitude that they are not necessary?

11. Please make a check (✓) mark in the column listed under the day shift and the column listed under the afternoon and night shifts which most accurately describes the experience you have gained in the specific activity listed:

OFTEN - means those activities which you have an opportunity to practice frequently.

OCCASIONALLY - means those activities which you have an opportunity to practice at times.

NEVER - means those activities which you did not have an opportunity to practice.

	DAYS		ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally		Often	Occasionally	Never
1.	—	—	Admission of patients	—	—	—
2.	—	—	Dismissal of patients	—	—	—
3.	—	—	Care of the dead	—	—	—
4.	—	—	Putting down gastric suction	—	—	—
5.	—	—	Care of the patient with gastric suction	—	—	—
6.	—	—	Sitz bath	—	—	—
7.	—	—	Colloidal bath	—	—	—
8.	—	—	Dermatitis packs	—	—	—
9.	—	—	Catheterization	—	—	—
10.	—	—	Bladder Irrigation	—	—	—
11.	—	—	Bladder Instillation	—	—	—
12.	—	—	Care of retention catheter	—	—	—
13.	—	—	Prostatic irrigation	—	—	—
14.	—	—	Care of decubiti	—	—	—
15.	—	—	Application of sterile dressings	—	—	—
16.	—	—	Nasal O2 administration	—	—	—
17.	—	—	Mask O2 administration	—	—	—

	DAYS		ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally		Often	Occasionally	Never
18.	___	___	Care of patient in O2 tent	___	___	___
19.	___	___	Assisting the doctor with: Vaginal examination	___	___	___
20.	___	___	Draping the patient	___	___	___
21.	___	___	Applying casts	___	___	___
22.	___	___	Bronchoscopy	___	___	___
23.	___	___	Tracheotomy	___	___	___
24.	___	___	Myringotomy	___	___	___
25.	___	___	Thoracentesis	___	___	___
26.	___	___	Paracentesis	___	___	___
27.	___	___	Sternal puncture	___	___	___
28.	___	___	Iliac puncture	___	___	___
29.	___	___	Spinal puncture	___	___	___
30.	___	___	Physical examination	___	___	___
31.	___	___	Proctoscopy	___	___	___
32.	___	___	Cut-down	___	___	___
33.	___	___	Administration of insulin	___	___	___

	DAYS			ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally	Never		Often	Occasionally	Never
34.	—	—	—	Testing urine for sugar and acetone	—	—	—
35.	—	—	—	Teaching the diabetic patient	—	—	—
36.	—	—	—	Care of the patient with a colostomy	—	—	—
37.	—	—	—	Lavage	—	—	—
38.	—	—	—	Gavage	—	—	—
39.	—	—	—	Gastrostomy feeding	—	—	—
40.	—	—	—	Teaching crutch walking	—	—	—
41.	—	—	—	Care of patient in Stryker frame	—	—	—
42.	—	—	—	Care of patient with an amputation	—	—	—
43.	—	—	—	Care of patient in traction	—	—	—
44.	—	—	—	Care of patient with chest surgery	—	—	—
45.	—	—	—	Care of patient with nephrectomy	—	—	—
46.	—	—	—	Care of patient with craniotomy	—	—	—
47.	—	—	—	Care of patient with surgery of spine	—	—	—
48.	—	—	—	Care of patient with eye surgery	—	—	—
49.	—	—	—	Emergency care of patient in out-patient department	—	—	—
50.	—	—	—	Prepping the surgery patient	—	—	—

	DAYS			ACTIVITY	AFTERNOONS AND NIGHTS		
	Often	Occasionally	Never		Often	Occasionally	Never
51.	—	—	—	Instilling eye drops	—	—	—
52.	—	—	—	Instilling ear drops	—	—	—
53.	—	—	—	Isolation technique	—	—	—
54.	—	—	—	Temperature sponge	—	—	—
55.	—	—	—	Administration of intravenous infusions	—	—	—
56.	—	—	—	Administration of hypodermoclysis	—	—	—
57.	—	—	—	Assisting with E.S.T.	—	—	—
58.	—	—	—	Throat culture	—	—	—
59.	—	—	—	Throat irrigation	—	—	—
60.	—	—	—	Taking slide for pinworm test	—	—	—
61.	—	—	—	Care of patient with burns	—	—	—
62.	—	—	—	Assisting with deliveries	—	—	—
63.	—	—	—	Listening to fetal heart tones	—	—	—
64.	—	—	—	Prepping the O.B. patient	—	—	—
65.	—	—	—	Rectal exam of labor patient	—	—	—
66.	—	—	—	Timing of contractions	—	—	—

	DAYS		ACTIVITY	AFTERNOONS AND NIGHTS	
	Often	Occasionally		Often	Occasionally
67.	—	—	Perineal care	—	—
68.	—	—	Care of the premature	—	—
69.	—	—	Taking doctor's orders over phone	—	—
70.	—	—	Learning to organize work	—	—
71.	—	—	Charge nurse experience	—	—
72.	—	—	Team leader experience	—	—
73.	—	—	Orienting personnel	—	—
74.	—	—	Teaching auxillary personnel	—	—
75.	—	—	Making rounds with the doctor	—	—
76.	—	—	Calling doctor about patient's condition	—	—