

A SURVEY OF INTERPERSONAL ATTITUDES AND PERCEPTIONS OF
REGISTERED NURSES IN MONTANA

by

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ABSTRACT

The problem dealt with in this study was to explore the interpersonal attitudes and perceptions of registered nurses in Montana. The purpose of the study was to determine how older graduates viewed younger graduates and how younger graduates viewed older graduates in order to isolate factors in this relationship which may inhibit a therapeutic milieu for patient care.

Data was collected by use of a survey questionnaire devised by the researcher and sent to three hundred (300) currently registered nurses in Montana. The thirty seven (37) item questionnaire based upon criteria assumed necessary for giving good nursing care to patients, allowed five responses from "poor" to "excellent" for each item. The questionnaire was then sent to each nurse selected for the sample population to elicit her response to members of the opposite group.

A total of one hundred and sixty (160) questionnaires (53%) were returned between June and August 1972 when tabulation of data began. The researcher then developed two equal groups and a statistical application of an Analysis of Variance was used on the data. The results showed that there was no significant difference between the two experimental groups.

Chapter 1

INTRODUCTION

SELECTION OF THE PROBLEM

All members of the nursing profession agree that the main concern of nursing is the patient. Thus, being a professional worker, the nurse needs to be aware of all conditions that may have a bearing on her relationship with patients. Virginia Henderson developed the following concept of what she felt was the nurse's function.

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible. This aspect of her work, this part of her function, she initiates and controls; of this she is master. In addition she helps the patient to carry out the therapeutic plan as initiated by the physician. She also, as a member of a medical team, helps other members, as they in turn help her, to plan and carry out the total program whether it be for the improvement of health, or the recovery from illness or support in death. No one of the team should make such heavy demands on another member that any one of them is unable to perform his or her unique function. Nor should any member of the medical team be diverted by nonmedical activities such as cleaning, clerking, and filing, as long as his or her special task must be neglected. All members of the team should consider the person (patient) served as the central figure, and should realize that primarily they are all "assisting" him.¹

Acknowledging then that it is the common goal of all nurses to improve the physical, mental and social well being of mankind it

¹Virginia Henderson, "The Nature of Nursing," American Journal of Nursing, LXIV (August, 1964), 63.

then becomes necessary for nurses of all levels of experience and education to cooperate and coordinate their knowledge, talent and skills in giving maximum effective nursing care to patients. The inter-relationship of professional nurses in the hospital is crucial to the therapeutic environment. Therefore nurses should be aware of any attitudes that might adversely affect the care which patients receive.

The Statement of the Problem

The problem dealt with in this study was a survey of the interpersonal attitudes and perceptions of two groups of professional registered nurses. One group licensed before 1967 the other group licensed between 1967 and 1971.

The Purpose of the Study

The purpose of this study was to determine how the older graduates view the recent graduates and how the recent graduates view the older graduates.

Assumptions

Basic assumptions on which the problem was approached were:

1. The common goal of all nurses is to improve the physical, mental and social well being of mankind.
2. To achieve this goal it is necessary for nurses of all levels of experience and education to cooperate and coordinate their

knowledge, talent and skills in giving maximum effective nursing care to patients.

Limitations of the Study

This study was limited by the tool that was used to obtain the information. The information elicited was a self report completed by the nurse respondents and prepared by the researcher.

A further limitation of the study was that all data collected was subjective on the part of the nurse respondents and was subject to their value judgments. These answers would, therefore, contain some degree of emotional involvement on the part of the respondents. The involvement might cloud the nurses ability to make an objective response.

No attempt was made to differentiate between the different types of basic nursing education held by the nurses participating in the study, although it was established that the respondents' backgrounds did involve associate degree, diploma and baccalaureate educations.

The population was limited to registered nurses currently licensed in the state of Montana as determined by an examination of the files of the State Board of Nursing.

METHODOLOGY

Procedure

The descriptive survey method was employed to obtain the data used for this study. The assumption was made that the criteria for giving good nursing care to patients would fall into the following categories:

- Personal and Professional Appearance and Demeanor
- Dependability
- Judgment
- Personal and Professional Growth
- Interpersonal Relations
- Attitude Towards Supervision
- Quality of Nursing Care

The Sample

A sample population of three hundred (300) nurses currently registered in the state of Montana served as the population for this study. The population was established by contacting the State Board of Nursing in Helena and receiving permission to use their files as the source of information for obtaining names and addresses of these nurses. (see Appendix A)

Two groups of nurses were selected for this study:

Group I (recent graduates) would be those nurses currently

licensed in the state of Montana but who had taken their state licensure examinations between the years of 1967 and 1971. Their file would contain a current Montana address.

Group II (older graduates) would be those nurses currently licensed in the state of Montana. Their file would contain a current Montana address, and they would have taken and passed their state licensure examination prior to the year 1967 or have received licensure by reciprocity prior to the year of 1967.

The Design of the Questionnaire

A survey type of questionnaire was sent by the investigator to each of the three hundred (300) nurses whose names were selected from the State Board of Nursing files. The questionnaire contained six (6) questions to elicit background information about the respondent and thirty seven (37) questions eliciting information about the nurses perceptions of the opposite group. Each questionnaire was accompanied by a cover letter and by a stamped, self-addressed envelope. (see Appendices B, C and D)

Overview of the Remainder of the Study

The study is divided into four chapters. The first chapter presents the statement of the problem and the methodology. The review of literature as it related to the subject is handled in chapter two. Chapter three is a discussion of (1) the methodology

used in the study and (2) the analysis of the data that was gathered.

The fourth chapter contains the summary, the conclusions, and the recommendations.

Chapter 2

REVIEW OF LITERATURE

A review of current nursing literature revealed that very limited research has been conducted in the area of interpersonal relations among nurses. Much has been written in regards to head nurse or supervisor - nurse relationships or nurse patient relationships, but little on a nurse - nurse relationship. In the past few years nurses have become aware of and have recognized the need for developing skills in interpersonal relations in caring for patients. The writer believes that if these same skills were applied in the association with colleagues the nurse could promote a climate that would be beneficial to the patient.

The review of literature relating to the subject is organized under the following categories:

NEED FOR INTERPERSONAL RELATIONS

Patients, like those who care for them, are people. This very fact increases the necessity for adequate training of the personnel who will care for them. Not only must employees be given adequate training in professional skills necessary to perform their daily tasks, but they must also be trained in the art of getting along with people, especially with sick and worried people---which means

that they must also have acquired the spirit that says "the best and only the best for our patients."¹

Interpersonal relationships within the hospital determine to a large extent the quality of this special medical care. By efficiently utilizing the varied talents and skill of the hospital's employees, better hospital care may be achieved, both in terms of the personal relationships with patients and physicians, and in terms of administrative functions. Indeed it is the provision of the best possible medical care that is the goal of everyone working in the hospital. The hospital personnel, be it administrative officers, medical staff, research workers, or general employees, work as a team to provide this care, and it is unfortunate that the administration frequently forgets the fact that the patient care is dependent upon the skills and attitudes not only of the hospital personnel with whom the patient is in contact, but also upon the skills and attitudes of the many workers whom the patient may never see.²

This emphasis on the attitudes of the staff is significant because it is in the hospital field, more than in any other occupational area, that the employee contacts individuals who are under more than ordinary stress and strain. For this reason, the employee must

¹Norman D. Bailey, Hospital Personnel Administration, (Chicago, Ill.: Physicians' Record Company, 1954), p. 2.

²Ibid.

be given not only adequate training in the professional skills necessary to perform his tasks, but must also acquire the skills necessary to attain better human relations within the hospital.³

NURSING SHORTAGE AND CHANGING ROLES

The specialized training that is necessary to deal with the health of the American populace is currently being carried on by a mere 252,000 active physicians, fewer than 100,000 practicing dentists, and about 580,000 employed graduate nurses. Yet even considering these statistics, there is the cry that there is a shortage of nurses to treat the approximately 190 million people living in the United States.⁴ This shortage of nurses has been precipitated by the increasing demands on the hospital today; not only have the patient loads increased, but there has been an increased number of patients requiring special nursing attention, especially the elderly and the acutely ill. Nursing staffs have not been able to expand as rapidly as hospital facilities, and the frustration resulting from the inability to provide adequate patient care under the new staffing and administrative approaches have driven many nurses to abandon the field of

³Ibid., p. 4.

⁴Ester Lucile Brown, "Preparation for Nursing," American Journal of Nursing, LXV (September, 1965), 72.

nursing, particularly hospital nursing, at precisely the time of the most desperate need.⁵

To cope with the shortage of registered nurses, a complicated division of labor has been instituted. Auxillary groups such as licensed practical nurses and nurses' aides have been incorporated into the hospital hierarchy so that bedside care is no longer the principle occupation of the professional nurse. Education, at the very time when it is becoming more sophisticated, technical, and thorough, is ironically alienating the nurse from the patient, for as she rises in the hospital hierarchy the duties become increasingly administrative and supervisory.⁶ The result is that the best educated and most sophisticated nurses find themselves working behind desks, while the auxillary groups, namely the practical nurses and the nurses' aides, provide the bedside care, the human warmth and comfort.⁷

The result of this division of labor has inevitably caused problems. Nurses of all categories disagree as to who should undertake the tasks which make up the labor that they divide among themselves and it is only natural for this to lead to antagonism within a group or

⁵M. Michael Markowich, "Easing 'Future Shock' in Nursing Service," Supervisor Nurse, III (January, 1972), 39.

⁶Everett C. Hughes, Helen MacGill Hughes, and Irwin Deutscher, Twenty Thousand Nurses Tell Their Story, (Philadelphia and Montreal: J. B. Lippincott Company, 1958), p. 131.

⁷*Ibid.*, p. 272.

sometimes even as individuals. Age, for one thing, is hard to ignore, when distinctions of rank run one way and the deference due to years runs the other, for example, when a young R. N. supervises a group of old time regular employees ten to twenty years her senior, the roles of all are difficult to maintain without interpersonal conflict.⁸ Adherence to recognized lines of authority becomes crucial. Only when a nurse follows the channels of communication, can smooth functioning of the hospital staff be maintained. Circumvention of these recognized lines of authority and communication can pave the way for strained relationships and faulty nursing care.⁹

Another example of complications in the established nursing hierarchy involves the private duty nurse. While the private duty nurse sees her function as one of specialized and individualized patient care, the staff nurses believe it is her role to lighten the load of the general duty nurses, and the nursing office believes her duty is a combination of these two ideas. The disharmony of these conceptions is compounded by the staff nurse's belief that the private duty nurse, caring for only one patient while she has many patients, has an easier time for greater financial rewards. Even though this

⁸Ibid., p. 176.

⁹Agnes Forrest, "Human Relationships in Nursing," Nursing Journal of India, LX (December, 1969), 435.

assumption is not born out by the facts, it can lead to jealousy and lack of cooperation.¹⁰

The Catholic hospital, having its own particular culture, presents another problem. The unique relationship between the sisters and the lay nurses, and the tradition of personal ministering to patients, make it obvious that the Catholic hospital operates under its own hierarchy. Adjustment to this particular hierarchy may prove to be difficult for the younger nurses trained in a secular institution. Resistive under the sisters' discipline, resentful of the lower salaries, and scornful of the older and locally trained R. N.'s submission to and reliance on the sisters, the younger nurse may become frustrated and unhappy with her role.¹¹

All these aspects of the hospital's division of labor and its resulting hierarchy may very well affect patient care. Because the ratio of practical nurses and aides to registered nurses in many general and special hospitals and in nursing homes is too high to assure a safe level of care for the patients, patient care is often fragmented and lacking in continuity.¹²

¹⁰Hughes, op. cit., p. 181

¹¹Ibid.

¹²Helen Nahm, "Nursing Dimensions and Realities," American Journal of Nursing, LXV (June, 1965), 97.

EDUCATION VS EXPERIENCE

When discussing the hospital hierarchy, the special relationship of experience and education must be considered in depth. While the attainment of a position of greater responsibility, a position higher in the hospital hierarchy, usually must be achieved through experience, all too often the experience has not been supplemented by advanced education. Without ever-expanding education, the experience has not been illuminated by an awareness of the perspectives of the past, present, and future, and the results is often the scorn and skepticism of the younger, more educated but inexperienced nurse.¹³ Also, the head nurse or floor supervisor who has risen to her position through experience and is responsible for assigning the staff's work load and for coordinating the members of her team, often has no experience or training in personnel management. Without this special education in personnel management, disharmony often arises among the members of the staff as insecurity develops as each person wonders where his job begins, ends, and fits in.¹⁴

All these complicating factors exert an incredible amount of

¹³Ibid.

¹⁴Temple Burling, M. D., Edith M. Lentz, Ph.D., and Robert Wilson, Ph.D., The Give and Take in Hospitals, (New York: G. P. Putnams Sons, 1956), p. 103.

pressure on the professional nurse, for it is she who is responsible for getting the work done. The pressure to assess her staff and to make sound judgments, to do justice to her patients, and to keep her unit running is staggering. She, and she alone, is responsible for parcelling out the jobs to auxillaries, jobs which are not supposed to be theirs, and she and she alone, is answerable for the outcome.¹⁵ The responsibility for providing good nursing care, the frustration of being understaffed, and the pressure of working within the hospital hierarchy may lead to a harrassed manner and viewpoint on the part of the professional nurse. This attitude, communicated to the patient by overt actions, facial expressions, tone of voice, and general manner and appearance, induces uneasiness in the patient, making him hesitant to ask questions or reluctant to "impose" on the nurse by making requests.¹⁶ Even in hospitals where staff nurses have been relieved of non nursing duties and have been freed to devote their time to direct patient contact, considerable difficulty has been experienced. Individualization of patient care, fostered by a reconsideration of the nature and scope of direct patient nursing, has proven to be a

¹⁵Hughes, op. cit., p. 178.

¹⁶Ibid., p. 154.

difficult transition for the nurse who is used to performing administrative tasks and supervisory functions.¹⁷

CHANGING NURSING TRADITIONS - A COMPARISON
BETWEEN OLDER AND RECENT GRADUATES

All these problems arise because the heritage of nursing is in many respects different from that of medicine and other health professions. It had its origin in nursing orders of ancient and medieval times which emphasized selflessness, self sacrifice, and unending service to others, usually coupled with rigid, military discipline and strict obedience to those in authority.¹⁸ Older nurses remember the days of their training with nostalgia. It was a period of law and order and control. Discipline was strict. Each entering class had to be taught obedience to the class ahead of it, a stern line of command holding the least experienced in check. Each student was taught unquestioning obedience to the physicians. She worked long hours and did all the heaviest cleaning on the wards. Talk of wages was discouraged as unworthy of women whose proper role was one of sacrificial devotion to the common good. Everything, whether it was her technique or relations with people had to be done exactly to form.¹⁹ For many

¹⁷Ester Lucile Brown, Ph.D., Nursing Reconsidered a Study of Change, Part II (Philadelphia-Tronto: J. B. Lippincott Company, 1971), p. 485.

¹⁸Nahm, op. cit., p. 97.

¹⁹Burling, op. cit., p. 97-98.

years the hospital administration relied on the entire nursing service to be carried on by unpaid students who did the nursing under supervision.²⁰ Because nursing was traditionally taught by an apprenticeship system which placed heavy emphasis on performance of procedures involving the physical care of the sick patient, little stress was placed on the emotional, social, and cultural needs of patient care. Knowledge of preventative and educational care, as well as socially and psychologically satisfying care, were neglected.²¹ The care that was given the individual patient was thoughtful, but the older nurse, because of her limited education, could not discuss the emotional needs or the family problems which may impede the patient's recovery. Nor were plans made to teach the patient how to live comfortably with their diseases, nor how to avoid future recurrences, or how to do their treatments after discharge from the hospital.²² The changes in the concept of nursing education in recent years has thus had important repercussions. What the nurse's function is and how she should be prepared to perform these functions is a question which evokes widely varying responses among, nurses, physicians, hospital administrators, and the public. Resulting misunderstandings arise between professional

²⁰Hughes, op. cit., p. 150.

²¹Nahm, op. cit., p. 97.

²²Ruth Sleeper, R. N., "Nursing Care Throughout Fifty Years," American Journal of Nursing, L (October, 1950), 588.

and practical nurses, collegiate and diploma nurses, nurse educators and nursing service personnel, nurses and doctors, nurses and hospital administrators, and the nursing profession and the public.²³

Changes in the field of nursing education therefore supplement the friction between nurses. Graduates of hospital schools being resentful of the relaxation of disciplinary rules, a hostile attitude may be held by older nurses toward younger girls who apparently are receiving their R. N.'s with much less personal sacrifice.²⁴

The situation, then, of older nurses and younger nurses cooperating on a professional basis can be difficult. These workers with different backgrounds of experience and education have to adapt themselves to working together within the same professional community.

The old employee had already accepted the existing situation, and associates her place of employment, with all its demands, within her own world of activities. As she has had many years to struggle through the development of the hospital organization, rules and policies she has come to find a place within that hierarchy in which she can function. All of these are now inherent within herself and they delineate the certain rights, advantages, interesting tasks, security, and social status within which she can function and feel at ease.

²³Nahm, op. cit., p. 22.

²⁴Burling, op. cit., p. 103.

The work set-up which has evolved over these numerous years is a large and important section of her life. For this reason, changes in her working affairs may become remarkably personal, emotional experiences. To her the patients are "my patients", and they form her world of participation and mental activity.

From the young worker's point of view the situation is also quite clearly defined. She just finished her schooling and wants to begin to work to show her capabilities. She pours all her energy into her work and possibly thinks about it less because of lack of experience. The driving need to be competent found in a young employee is an element of force which continuously shapes the nurse's working life, and as such it is both necessary and acceptable. It is obvious, however, that when these two types of workers---the older and the younger nurse---meet in work they become conflicting forces. Objectives, demands and expectations are so different and so diametrically opposed that difficulties must be expected. The older worker often finds that her carefully evolved authority developed by her years of experience is often flaunted by the younger worker. Often she is justified in her feelings. The younger counterpart cannot completely comprehend why she is not allowed to try her utmost in the working milieu. Generally these attitudes are not public, but they are poison in the atmosphere.²⁵

²⁵YRJO Lethi, "The Conflict of Generations in Nursing," International Nursing Review, XVI (April, 1969), 184-186.

It therefore must be realized that within the walls of the hospital are women who are pursuing their own individual careers, who are striving for their own personal goals, who must meet their own special needs. Each nurse's reasons for being within that hospital will differ from that of her colleagues'.

Researchers have found that three general categories describe the motives of nurses. There is the professionalizer type nurse who is not motivated by any blanket dedication to an ideal. Accepting the principle that good health is better than bad, her focus is not especially upon the patient to be healed but upon the special things that must be done and the special modes of operations that must be evolved if the problem of healing is to be more adequately and intelligently met. The traditionalizer type of nurse is, on the other hand, motivated by an ideal long since recognized and venerated in the society, personified in the name of Florence Nightengale. Her basis of action is the wisdom of accumulated experience from the previous generations. The utilizer nurse differs from the other two types in that she is motivated in terms of no goals that transcend her particular short run needs.²⁶

Whatever type nurse she is, the registered nurse faces the additional problem of reconciling her professional status with the

²⁶Hughes, op. cit., p. 94-95.

personal role of wife and mother. To combine a successful career with a happy homelife, the nurse, like any professional woman, must divide her allegiance between her home and her work. The strain of fulfilling each role necessitates a clear and encompassing perspective of her life in its dual nature.²⁷

Chapter two was an attempt to cite literature that was relevant to the interpersonal relations of nurses. The efficiency of a hospital therefore depends to a great degree on how it resolves these aspects and the inter-relationships of its professions. A definitive statement of jurisdictional and status problems is necessary in order for the hospital to perform its therapeutic function of adequately caring for the patient.²⁸

²⁷Ibid. p. 185.

²⁸Edmund D. Pellegrino, "Nursing and Medicine Ethical Implications in Changing Practice," American Journal of Nursing, LXIV (September, 1964), 112.

Chapter 3

METHODOLOGY AND INTERPRETATION OF DATA

INTRODUCTION

The data presented in this study were collected by the survey questionnaire method. The written questionnaire was found to be the best method for collection of data in a nonexperimental descriptive research effort. The design is also conducive to data collection over a large geographic area with relative speed and ease.¹

A survey questionnaire has the advantage of being (1) relatively inexpensive to administer; (2) able to be completed in a short period of time; (3) adaptable to subjects who are cooperative; and (4) is more representative when using a large target population. This technique is contrasted with the experimental approach which is usually more expensive, more time consuming, more apt to involve un-cooperative subjects, and less representative of any large target population.²

THE TOOL

A questionnaire was devised by the researcher to be sent to the three hundred (300) nurses selected in the sample population.

¹Tyrus Hillway, Introduction to Research (Boston: Houghton Mifflin Co., 1956), p. 201.

²Faye G. Abdellah, and Eugene Levine, Better Patient Care Through Nursing Research (New York: Macmillan Co., 1965), p. 166-67.

Based upon the criteria assumed necessary for giving good nursing care to patients the questionnaire was further developed in the following areas: (1) personal and professional appearance and demeanor--six questions, (2) dependability--five questions, (3) judgment--five questions, (4) personal and professional growth--six questions, (5) interpersonal relations--five questions, (6) attitudes toward supervision--four questions, (7) quality of nursing care--six questions. Each of these thirty-seven questions could be answered by placing a check mark in the box for one of the following categories: (1) poor, (2) below average, (3) average, (4) above average, (5) excellent.

Neither the number of questions in each area nor the order in which the areas were listed was indicative of relative importance. To differentiate between the questionnaire sent to Group I (recent graduates) and Group II (older graduates) the instructions given at the beginning of the questionnaire designated which group the respondent was to consider when rating the nursing graduates. Six questions asking for background information were included in the questionnaire to determine specific information that was felt to be relevant to the study: (1) age, (2) years of nursing practice, (3) highest degree of educational preparation, (4) year obtained, (5) position presently held (staff nurse, head nurse, supervisor, other or not presently employed), (6) number of hours worked per week.

PILOT STUDIES

In order to validate and refine the proposed tool, the initial questionnaire was presented to ten (10) students in the Master of Nursing program at Montana State University. Several problem areas relating to clarity and ease of response were identified and revisions were made to produce a final version of the questionnaire.

The revised tool was then pilot tested on eleven (11) registered nurses who were currently working towards a Bachelor of Science Degree at Montana State University. Seven (7) of these would be classified in Group I (recent graduates) and four (4) would come under the Group II (older graduates) classification.

In order to further refine the questionnaire twenty-eight (28) student nurses of Montana State University who had completed the hospital phase of their program and were currently waiting the results of the state licensure exams were also tested. No suggestions or questions of interpretation were offered by these two groups who completed and returned the questionnaire.

SELECTION OF THE POPULATION

The researcher then consulted the currently active files of the Montana State Board of Nursing to select names and addresses for a mailing list.

The selection of Group I (recent graduates) was made by first going through the files and selecting all graduates from the year 1967 till the present. Since the study was limited to nurses in the state of Montana it was necessary to go through this group again and select only Montana addresses. This was accomplished by retaining only cards that contained a current Montana address. If a card did not contain a current Montana address it was eliminated and the next name was pulled until the group contained only cards with current Montana addresses. From this final group one hundred and fifty (150) names were selected by the use of a random sample for Group I.

The files now containing only graduates prior to the year of 1967 were then gone through. Again, those names who did not have a current Montana address were eliminated, and the next name was pulled. If this card contained a Montana address, it was retained. If not, it was rejected and the selection continued until a Montana address was present. From this group one hundred and fifty (150) names were then selected by use of a random sample for Group II (older graduates). These two groups combined gave a total population of three hundred (300).

Those nurses taking their licensure examination in the year of 1972 were excluded as they were still in a state of transition.

The type of basic educational preparation (diploma, associate degree, or baccalaureate degree), the type of program (hospital,

junior college or collegiate) or the fact of graduation from educational institutions within the state of Montana were not factors which affected entrance into the sample.

METHOD OF COLLECTING THE DATA

The questionnaire, a cover letter explaining the purpose of the study and requesting the participation of the respondents, along with a self addressed envelope, were sent to the three hundred (300) nurses selected as the sample population on May 27, 1972

DATA AND ANALYSIS

When tabulation of the data began in August of 1972 the researcher had received one hundred and sixty (160) questionnaires for a fifty three (53) percent return rate of the original three hundred (300) questionnaires mailed to nurses in Montana. Further breakdown revealed that sixty two (62) completed questionnaires for a forty one (41) percent respondent rate for Group II (older nurses). Seventy seven (77) completed questionnaires or fifty one (51) percent of Group I (younger nurses) responded to the questionnaire. Twenty one (21) of the three hundred (300) nurses sampled (13%) incompletely answered the questionnaire.

Biographical data for the two target groups are reported in the

following tables. Table 1 contains the age, years of nursing practice, hours worked and the year their highest degree was obtained.

TABLE 1
Biographical Data for the Recent
and Older Nursing Graduates

Items on Biographical Section	Recent Graduates			Older Graduates		
	Mean	Range	Standard Deviation	Mean	Range	Standard Deviation
Age	23.883	21-35	2.032	41.797	25-62	9.561
Years Nursing Practice	2.267	3 mos- 5 yrs	1.345	16.292	2-39	9.900
Hours Worked	38.108	24-50	4.855	35.235	16-50	8.838
Year Highest Degree Obtained	1969	1967- 1971	1.338	1953	1933- 1967	9.633

As indicated in Table 1 the "average" recent graduate is twenty three (23) years old and has worked for two (2) years. She works thirty eight (38) hours a week and completed her education in 1969. The older "average" graduate is forty one (41) years old and has practiced in her profession for sixteen (16) years. She works thirty five (35) hours per week and completed her nursing education in 1953.

The responses given as to the educational preparation for the recent and older graduates is presented in Table 2. It was noted that

questionnaires were sent to nurses with associate degree, diploma and baccalaureate educations. Responses were received from nurses with educational preparation in all of these areas as indicated in Table 2.

TABLE 2
Educational Preparation of Recent
and Older Nursing Graduates

Respondents	Associate Degree	Diploma	Anesthetist	Bachelor Science	Masters Degree
Recent Graduate	7	40	0	17	1
Older Graduate	3	34	1	14	6

The largest number of graduates for both groups are from a Diploma type school.

Responses were received from nurses holding every type of nursing position available to nurses today. Respondents from both groups are employed largely in the area of staff nurses (see Table 3).

TABLE 3
Position on Staff

Respond- ents	Staff Nurse	Head Nurse	Super- visor	Direc- tor	Not Em- ployed	Instruc- tor	Anes- thetist	Clinical Specialist
Recent Graduates	55	7	3	0	11	1	0	0
Older Graduates	18	11	8	2	9	7	4	1

Table 4 contains the frequency distributions for the questionnaire scores for the two target groups. Each questionnaire statement, as noted in the previous description of the tool, could be rated according to one of five evaluative statements, ranging from "poor" to "excellent." Visual inspection reveals that the majority of the ratings were in the "average" category, with the frequency "scatter" of the nurses' ratings roughly approximating a normal distribution.

TABLE 4
Frequency Distribution for Questionnaire Scores
for Recent and Older Nursing Graduates

Questionnaire Categories	Recent Graduates				Older Graduates					
	Poor	Below Average	Average	Above Average	Excellent	Poor	Below Average	Average	Above Average	Excellent
Personal and Professional Appearance and Demeanor										
Health			38	21	3		1	49	22	3
Punctuality		7	41	12	1		4	36	33	4
Adaptability		7	33	20	1		32	35	8	1
Manners	1	2	41	14	4		2	45	26	4
Personal Appearance		6	29	22	4		4	40	29	4
Cheerfulness	—	4	30	23	5	1	12	53	9	1
Totals	1	26	212	113	18	1	55	258	127	17
Dependability										
Reliability in carrying out responsibility with accuracy		6	40	15	1		5	21	45	6
Efficiency		9	35	17	1		5	35	33	3
Quality of care	1	8	34	17	1		4	45	26	2
Conscientiousness in job performance		7	32	20	1		4	34	32	7
Acceptance of respon- sibility	2	9	33	14	1	—	10	25	35	6
Totals	3	39	174	83	5	—	28	160	171	24

TABLE 4 (continued)

Questionnaire Categories	Recent Graduates				Older Graduates					
	Poor	Below Average	Average	Above Average	Excellent	Poor	Below Average	Average	Above Average	Excellent
Judgment										
Utilization of knowledge		5	36	20	1		8	35	32	1
Integration of knowledge and skills		12	36	12	1		11	38	26	1
Ability to establish priorities in carrying out responsibilities		14	39	8	1	1	7	37	28	4
Recognition of self limi- tation with requests for guidance	2	9	32	18	1	4	19	36	18	
Reporting of pertinent information to the proper authority	<u>1</u>	<u>3</u>	<u>35</u>	<u>22</u>	<u>1</u>	<u>—</u>	<u>5</u>	<u>43</u>	<u>26</u>	<u>3</u>
Totals	3	43	178	80	5	5	50	189	130	9
Personal and Professional Growth										
Creativity		5	39	17	1	2	26	38	11	
Initiative		12	30	19	1	1	14	49	13	
Maturity		14	39	9			1	33	37	6
Democratic		2	41	17	1		15	41	20	1
Contributions to work situations	1	7	36	16	1		10	45	21	1
Contributing recently gained knowledge to other personnel	<u>—</u>	<u>7</u>	<u>31</u>	<u>23</u>	<u>—</u>	<u>2</u>	<u>12</u>	<u>38</u>	<u>20</u>	<u>5</u>
Totals	1	47	216	101	4	5	78	244	122	13

TABLE 4 (continued)

	Recent Graduates					Older Graduates				
	Poor	Below Average	Average	Above Average	Excellent	Poor	Below Average	Average	Above Average	Excellent
Interpersonal Relations										
Patient		5	31	25	1	1	9	44	21	2
Physician		9	39	14			6	37	30	4
Nursing Staff	1	5	43	13		1	6	54	16	
Allied Health Personnel		2	48	10	2	1	22	47	7	
Patient's Family		7	31	22	1	1	22	35	17	2
Totals	1	28	192	84	4	4	65	217	91	8
Attitude Towards Supervision										
Reaction to criticism	1	12	42	6		7	24	41	5	
Reaction to direction	1	7	50	13		3	21	44	9	
Acceptance of guidance		4	32	22		3	27	35	12	
Willingness to learn or change established habit		7	34	18	1	10	37	23	7	
Totals	2	32	148	59	1	23	109	143	33	
Quality of Nursing Care										
Organization	4	11	37	10			8	39	25	5
Responsibility	1	10	38	12	1		3	33	34	7
Charting		4	33	22	2	2	19	39	14	2
Care and use of hospital supplies and equipment		7	45	9			7	34	34	2
Ability to teach patient and patient's family		8	37	13	3	3	21	39	13	1
Technical skills	2	14	30	14	1	1	5	33	31	4
Totals	7	54	220	80	7	6	63	217	151	21
TOTALS	18	269	1340	600	44	44	448	1428	825	92

In order to reduce the raw questionnaire data to quantifiable form, weighted values were given to the five response categories as follows: Poor = 1; Below Average = 2; Average = 3; Above Average = 4; and Excellent = 5. The range of possible weighted scores for each category was between twenty and thirty points. Table 5 contains the weighted values for the seven questionnaire categories.

TABLE 5
Total Weighted Values for Seven
Questionnaire Categories

Graduates	Range	Mean
Recent Graduates	77-150	116
Older Graduates	94-154	118

For the purpose of more thorough data analysis, the Group II sample was randomly reduced to a size of sixty two (62) so that it was equal in number to Group I. Two experimental groups of identical sample size permit the legitimate use of an Analysis of Variance statistical model. Fifteen (15) respondents were randomly eliminated from Group II so that this statistical test might be used to test for

significant differences between the two experimental groups.³ Table 6 presents the results of this test.

TABLE 6

Summary of the Analysis of Variance For The
Nursing Attitude Questionnaire Completed
By the Two Nursing Samples

Source	Sum of Squares	df	Mean Square	F	P
Individuals	12,715.198	122	104.223		
Blocks (Older vs. Recent)	83.613	1	83.613	.802	N.S.
Column (Categories)	1,090,759.141	7	155,822.734	4,431.480	.001
B X C	307.177	7	43.882	1.248	N.S.
Remainder	<u>30,028.931</u>	<u>854</u>	35.163		
TOTAL	1,133,894.060	991			

As reported in Table 6, an analysis of variance ANOVA Model: Case XV, (McNemar, 1969, p. 379) was calculated to test for significant differences between experimental groups (older vs recent nursing graduates), among checklist categories, and for interaction effects

³W. Allen Wallis, and Harry V. Roberts, Statistics a New Approach (Brooklyn, New York: The Free Press, 1956), p. 632-35.

between the experimental groups and checklist categories.⁴ No significant differences were found between the two experimental groups or for interaction effects between the two conditions (Nursing Graduates X Checklist Categories). The significant F ratio reported in Table 6 appears due almost exclusively to the comparison of category 8 (total checklist scores) with the other seven categories, a finding one would expect, because category 8 is the summed total of all the other seven categories.

⁴Quinn McNemar, Psychological Statistics (New York: Wiley, 1969), p. 379.

Chapter 4

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

SUMMARY

The problem dealt with in this study was to explore the interpersonal attitudes and perceptions of registered professional nurses in Montana. The purpose of the study was to determine how older graduates viewed younger graduates and how younger graduates viewed older graduates in order to isolate factors in this relationship which may inhibit a therapeutic environment for patient care.

The review of literature pointed out areas where relations between these two groups has been difficult in the past. Factors such as the shortage of nurses, use of auxillary help, changes in the educational preparation of nurses, nurses positions within the hospital structure and the personal goals of nurses all present problems that are interpersonal in nature.

The study was an nonexperimental survey designed by this researcher. Three hundred (300) registered professional nurses were selected for the sample used in the research endeavor. The target population was then divided into two groups of one hundred fifty nurses (150) each. Group I were nurses who had graduated within the last five years. Group II were nurses who had graduated prior to 1967. Group I (recent graduates) were to rate Group II (older graduates) and vice versa.

A thirty seven (37) item questionnaire allowing five responses from "poor" to "excellent" to each item was sent to each nurse to elicit her response to members of the opposite group. A total of one hundred and sixty questionnaires were returned. The researcher then developed two groups with a population of sixty two (62) nurses each. The purpose of two equal groups allowed for a more powerful statistical test to be applied to the data. The data collected was tabulated according to the rating it received on each category. Age, education, position on the staff, years of experience, highest level of nursing education and hours worked were compared between the two groups. The statistical application of an Analysis of Variance to the data revealed that there was no significant difference between the two experimental groups.

CONCLUSIONS

The respondents surveyed in this study might be considered to be a valid sample of currently registered nurses in Montana. Nurses from every available position in nursing responded to the questionnaire. All levels of nursing educational preparation were present. Age, years of experience and hours worked seemed to be representative of each group. Therefore, for purposes of this study, the target population did seem to supply adequate information.

The fact that negative results were reached at the conclusion of the study makes interpretation difficult. Several factors could have had an influence on the outcome of the study. The particular tool that was devised by the researcher may not have been sensitive to actual differences in the attitudes and preceptions of the two nursing groups towards each other. Responses to the questionnaire were subjective on the part of the respondents and may have been biased by their value judgments and their desire to answer in socially desirable directions. That is, a major contributing factor could be the hesitation on the part of the respondents to outwardly criticize members of their own profession.

A final conclusion might be that there is no significant difference between the attitudes of the two groups and the negative findings that were found are simply indicative of this fact.

RECOMMENDATIONS

The research seemed to develop the fact that further study should be done in this area. Comments elicited on the questionnaire, though not asked for, reveal that some friction is evident (See Appendix E). This maybe a natural, inherent factor within the normal working situation but as nurses we should strive to resolve any conflicts that inhibit us from providing the best possible milieu for patient care.

Variations in technique could be applied to the original study. This could be done by reconstructing the questionnaire using open ended questions which would allow the respondents to more freely express their feelings.

Selection of the population to be studied may be varied. The number of years used to represent differences in groups may have been a more significant factor than originally thought. The study may then have been constructed without such a wide range between the two groups. Another method might have been to have nurses rate members of their own groups.

In terms of future research the use of such an evaluative tool as developed by the researcher maybe beneficial to persons in managerial positions in moving personnel within the hospital structure.

SELECTED BIBLIOGRAPHY

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Books

- Abdellah, Faye G., and Eugene Levine. Better Patient Care Through Nursing Research. New York: Macmillan Co., 1965.
- Baily, Norman D. Hospital Personnel Administration. Chicago: Physicians' Record Company, 1954.
- Brown, Ester Lucile. Nursing Reconsidered a Study of Change. Part II. Philadelphia - Toronto: J. B. Lippincott Company, 1971.
- Burling, Temple, Edith M. Lentz, and Robert Wilson. The Give and Take in Hospitals. New York: G. P. Putnams Sons, 1956.
- Hillway, Tyrus. Introduction to Research. Boston: Houghton Mifflin Co., 1956.
- Hughes, Everett C., Helen MacGill Hughes, and Irwin Deutscher. Twenty Thousand Nurses Tell Their Story. Philadelphia and Montreal: J. B. Lippincott Company, 1958.
- McNemar, Quinn. Psychological Statistics. New York: Wiley, 1969.
- Wallis W. Allen and Harry V. Roberts. Statistics a New Approach. Brooklyn, New York: The Free Press, 1956.

Periodicals

- Brown, Ester Lucile. "Preparation for Nursing," American Journal of Nursing, LXV (September, 1965) 72.
- Forrest, Agnes. "Human Relationships in Nursing," Nursing Journal of India, LX (December 1969), 435.
- Henderson, Virginia. "The Nature of Nursing," American Journal of Nursing, LXIV (August, 1964), 63.
- Lethi, YRJO. "The Conflict of Generations in Nursing," International Nursing Review, XVI (April, 1969), 184-86.

Markowich, M. Michael. "Easing 'Future Shock' in Nursing Service," Supervisor Nurse, III (January, 1972), 39.

Nahm, Helen. "Nursing Dimensions and Realities," American Journal Of Nursing, LXV (June, 1965), 97.

Pellegrino, Edmund D. "Nursing and Medicine Ethical Implications in Changing Practice," American Journal of Nursing, LXIV (September, 1964), 112.

Sleeper, Ruth. "Nursing Care Throughout Fifty Years," American Journal of Nursing, L (October, 1950), 588.

APPENDIXES

APPENDIX A

April 21, 1972

Mrs. Trudy Malone, R. N.
State Board of Nursing
500 Davis at 11th
Helena, Montana

Dear Mrs. Malone:

I am a graduate student at Montana State University, currently working towards a Master's degree in Nursing. Part of the requirements for the completion of this degree is the writing of a technical paper. I plan to study the attitudes of experienced nurses toward the recent graduates and the attitudes of more recent graduates toward the experienced nurse. I would like to use a survey method to accomplish this.

In order to contact nurses in the State of Montana, I would need to obtain the names and addresses of same. Would I be able to work through your department to contact the nurses I need to complete my study?

Any cooperation you could give me would be greatly appreciated.

Sincerely,

Mrs. Patsy Bryan, R. N.

Approved: Mrs. Laura Walker R.N. J-h D
Dr. Laura Walker

APPENDIX B

Route #1
Bozeman, Montana
May, 1972

Dear Colleague,

I am a graduate student at Montana State University, currently working toward a Master's degree in Nursing. Part of the requirements for the completion of this degree is the writing of a technical paper.

I am interested in knowing what older graduates think about younger graduates and what younger graduates think about older graduates. In order to determine this, I would need your assistance. I would appreciate it if you would give me a few minutes of your time to complete the enclosed questionnaire and return it to me in the self-addressed, enclosed envelope.

All information will be held in strictest confidence, and at no time will your name or city be identified in the replies as they are tabulated in my technical paper.

Thank you very much for all your help.

Sincerely,

Mrs. Patsy Bryan, R. N.

Enclosures

This study is being conducted in compliance with the requirements of the Montana State University School of Nursing. Any assistance you can give Mrs. Bryan will be appreciated.

Sincerely,

Laura Walker, R. N., Ph.D.
Director, School of Nursing

APPENDIX C

INSTRUCTIONS: Rate your general impressions of recent nursing graduates on the following scale. Please give your overall impression of recent graduates, not your impression of one or two individuals. Place a check mark in the appropriate column.

	Poor	Below Average	Average	Above Average	Excellent
Personal and Professional Appearance and Demeanor					
(1) Health					
(2) Punctuality					
(3) Adaptability					
(4) Manners					
(5) Personal Appearance					
(6) Cheerfulness					
Dependability					
(1) Reliability in carry- ing out responsibility with accuracy					
(2) Efficiency					
(3) Quality of care					
(4) Conscientiousness in job performance					
(5) Acceptance of respon- sibility					
Judgment					
(1) Utilization of knowledge					
(2) Integration of know- ledge and skills					
(3) Ability to establish priorities in carry- ing out respon- sibilities					

APPENDIX C (continued)

Judgment (continued)	Poor	Below Average	Average	Above Average	Excellent
(4) Recognition of self limitation with requests for guidance					
(5) Reporting of pertinent information to the proper authority					
Personal and Professional Growth					
(1) Creativity					
(2) Initiative					
(3) Maturity					
(4) Democratic					
(5) Contributions to work situation					
(6) Contributing recently gained knowledge to other personnel					
Interpersonal Relations					
(1) Patient					
(2) Physician					
(3) Nursing Staff					
(4) Allied Health Personnel					
(5) Patient's Family					
Attitude Towards Supervision					
(1) Reaction to criticism					
(2) Reaction to direction					
(3) Acceptance of guidance					
(4) Willingness to learn or change established habit					

APPENDIX C (continued)

	Poor	Below Average	Average	Above Average	Excellent
Quality of Nursing Care					
(1) Organization					
(2) Responsibility					
(3) Charting					
(4) Care and use of hospital supplies and equipment					
(5) Ability to teach patient and patient's family					
(6) Technical skills					

Background information

- (1) Age _____ (2) Years of Nursing Practice _____
- (3) Highest Degree of Educational Preparation _____
- (4) Year Obtained _____
- (5) Position Presently Held (Check one)
- Staff Nurse _____
- Head Nurse _____
- Supervisor _____
- Other (Specify) _____
- Not presently employed _____
- (6) Number of hours worked per week _____

APPENDIX D

INSTRUCTIONS: Rate your general impressions of the older nursing graduates on the following scale. Please give your overall impression of older graduates, not your impression of one or two individuals. Place a check mark in the appropriate column.

	Poor	Below Average	Average	Above Average	Excellent
Personal and Professional Appearance and Demeanor					
(1) Health					
(2) Punctuality					
(3) Adaptability					
(4) Manners					
(5) Personal Appearance					
(6) Cheerfulness					
Dependability					
(1) Reliability in carry- ing out responsibility with accuracy					
(2) Efficiency					
(3) Quality of care					
(4) Conscientiousness in job performance					
(5) Acceptance of respon- sibility					
Judgment					
(1) Utilization of knowledge					
(2) Integration of know- ledge and skills					
(3) Ability to establish priorities in carry- ing out respon- sibilities					

APPENDIX D (continued)

	Poor	Below	Average	Above	Excellent
	Average	Average		Average	
Judgment (continued)					
(4) Recognition of self limitation with requests for guidance					
(5) Reporting of pertinent information to the proper authority					
Personal and Professional Growth					
(1) Creativity					
(2) Initiative					
(3) Maturity					
(4) Democratic					
(5) Contributions to work situation					
(6) Contributing recently gained knowledge to other personnel					
Interpersonal Relations					
(1) Patient					
(2) Physician					
(3) Nursing Staff					
(4) Allied Health Personnel					
(5) Patient's Family					
Attitude Towards Supervision					
(1) Reaction to criticism					
(2) Reaction to direction					
(3) Acceptance of guidance					
(4) Willingness to learn or change established habit					

APPENDIX D (continued)

Poor Below Average Above Excellent
Average Average

Quality of Nursing Care

- (1) Organization
- (2) Responsibility
- (3) Charting
- (4) Care and use of hospital
supplies and equipment
- (5) Ability to teach patient
and patient's family
- (6) Technical skills

Background information

- (1) Age _____ (2) Years of Nursing Practice _____
- (3) Highest Degree of Educational Preparation _____
- (4) Year Obtained _____
- (5) Position Presently Held (Check one)
 - Staff Nurse _____
 - Head Nurse _____
 - Supervisor _____
 - Other (Specify) _____
 - Not presently employed _____
- (6) Number of hours worked per week _____

APPENDIX E

VERBATIM COMMENTS FROM OLDER GRADUATES
WHICH WERE WRITTEN ON THE NURSING ATTITUDE QUESTIONNAIRE

Rapid turnover among young personnel. They work for 6 months to a year and then move on.

I do not feel the M.S.U. graduates are given enough ward experience to challenge their initiative and resourcefulness.

I feel these girls know the things from the book but they lack the ability of using it or applying it when working.

The R.N. is too willing to abdicate her position at the patient's bedside to less skilled help.

Much depends upon the type of training program the graduate has had. I have been surprised that diploma and two year graduates more quickly assume responsibility and have greater technical skills than the four year graduate even though they have less organizational skills.

Area of judgment and quality of nursing care improves after about six months to a year after completion of school.

I think the new graduate of today are more interested in sitting behind the desk doing paper work and they have lost contact with the most important thing in nursing, which is nursing care of the patient. I think the new graduate of today is groomed to teach, and supervise.

I do feel the girls need more experience in ward management and assigning and supervising of personnel. Also in actual emergencies and how to distribute their time and care on a busy ward. They do well on a one to one basis or with just a few patients. I realize this comes with experience, but in today's nursing they are expected to be able to take on the whole ward.

I also find rivalry between degree nurses and diploma nurses and this is a hinderance to total interpersonal relationships.

Our nurses are too specialized and need to be flexible enough to take on any job at anytime.

APPENDIX E (continued)

I think the new graduates from the college schools receive a shock when they enter practice. Throughout training they are supervised and allowed to do only certain tasks. Then upon graduation many of them are expected to know many tasks they aren't allowed to do during training.

In the hospital as a patient and nursing care has been poor.

APPENDIX E (continued)

VERBATIM COMMENTS FROM RECENT GRADUATES WHICH WERE
WRITTEN ON THE NURSING ATTITUDE QUESTIONNAIRE

Ability to teach patients is probably great but too many opportunities for teaching are overlooked.

Older nurses generally, I feel, emphasize the technical aspects of nursing and do not give the interpersonal relationships the proper amount of consideration. (Both patient and family and co-workers and aides)

Older nurses tend to under rate themselves in regards to recognition of (a) self limitations with requests for guidance, (b) tend to form fixed opinions, (c) seem to regard the patient's family as being in the way.

In ordinary nursing skills they are above average or excellent but if newer methods or more sophisticated skills are required they are below average.

Statement of Permission to Copy

In presenting this professional paper in partial fulfillment of the requirements for an advanced degree at Montana State University, I agree that the Library shall make it freely available for inspection. I further agree that permission for extensive copying of this professional paper for scholarly purposes may be granted by my major professor, or in his absence, by the Director of Libraries. It is understood that any copying or publication of this professional paper for financial gain shall not be allowed without my written permission.

Signature Patsy J. Bryan
Date 2 March 1973