Statement of Permission to Copy

In presenting this thesis 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 thesis 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 thesis for financial gain shall not be allowed without my written permission.

Signature Lucille Campbell Paddock

Date January 5, 1970

A SURVEY OF COUNSELING NEEDS OF A SELECT GROUP OF STUDENT NURSES AT MONTANA STATE UNIVERSITY

by

LUCILLE CAMPBELL PADDOCK

A professional paper submitted to the faculty of the School of Nursing in partial fulfillment of the requirements for the degree

of

MASTER OF NURSING

Approved:

Head, Major Department

Chairman, Examining Committee

Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

March, 1970

TABLE OF CONTENTS

Chapter		Page
I.	INTRODUCTION	1
	Problem	4
	Purposes	4
	Scope and Limitations	4
	Assumption	5
	Definition of Terms	5
	Method of Research	6
	Purpose of Study	6
	Review of Literature	7
II.	ANALYSIS AND INTERPRETATION OF DATA	17
	Strong Points in the Present Counseling Program	28
	Suggestions for Improvement of Present Counseling Program	32
III.	SUMMARY, CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER STUDY	38
	Summary	38
	Conclusions	40
	Recommendations	41
LITERATURE CITED		44
APPENDIX		46

LIST OF TABLES

Table		Page
I.	Availability of Counseling to Student Nurses	19
II.	Adequacy of Counseling in Meeting Students' Needs	19
III.	Times When Counseling Was Felt to be Most Needed	21
IV.	Number of Interviews in Each Problem Area	23
V.	Persons from Whom Counseling Was Sought in Various Problem Categories	24
VI.	Persons Responsible for Initiation of Counseling Interviews	25
VII.	Persons Responsible for Initiating Counseling Interviews in Various Problem Categories	26

ABSTRACT

This study was designed to survey the senior nursing students of Montana State University to determine whether or not they felt they had had adequate counseling during high school and college; from whom they had received counseling; what types of problems caused them to seek counseling; and suggestions for improvement of the present counseling program. A questionnaire was devised and used as the tool to collect data. It was found that the majority of the students felt that counseling had been available and adequate, both in high school and college; that most of the counseling was done by nursing instructors; counseling was most needed during hospital quarters; that the services offered by the University Testing and Counseling Department were not well enough understood. Suggestions made most frequently for the improvement of the present counseling services included more instructor initiated interviews; counseling before hospital quarters; more vocational and career guidance for the graduating nurse; and a few asked for more unbiased, non-judgmental approaches by instructors who counsel.

CHAPTER I

INTRODUCTION

Counseling in some form has probably been in existence as long as man has been able to communicate. It seems natural for people to seek out someone they can trust when they have difficulties they are unable to solve themselves. People in all walks of life need help, at times, to solve their problems and learn to understand themselves. In this study an attempt will be made to determine the counseling needs of student nurses that might play a part in their development into professional nurses. The personalities of most student nurses are still in the formative stage and their mental health and adjustment to the environment relates closely to their eventual maturity and success.[1]

The changes in nursing education in recent years haven't made much change in the problems student nurses face with which they must learn to cope. A nurse is subjected to the same pressures of daily living that the general public must face as well as the added pressure of everyday contact with people in crisis situations. It is an integral part of a nurse's job to help people meet and adjust to their particular crises. She is better able to do this if she is able to do the same for herself.

---

[1]Stephanie B. Covelski, "Can Counseling Help", American Journal of Nursing, February, 1969, p. 73.

Nursing education has become increasingly aware of the importance of the behavioral sciences and their value to the nurse, herself, and of their relationships to patient care. In learning to understand herself it would be hoped that the nurse could understand and therefore care for patients more effectively.

Mary Ann Iofella states that counseling is an integral part of every educational program and the focus should be on the "normal" developmental problems of the majority. Provision should be made for the guidance of the "non-problematic" students as well as for those with obvious difficulties.[2]

Nursing may be losing capable young women because they are unable to cope with their problems of adjustment to professional expectations. The rate of attrition has been a concern of educators for many years. Berg, in "A Study of Success and Failure of Nursing Students", done in 1947, reported a 38 per cent attrition rate within the first nineteen months.[3] Martin, in 1962, reported a 35 per cent rate in his study dealing with the correlation between admission tests and graduation from nursing schools.[4] While the largest percentage of drop outs are

---

[2]Mary Ann Iofella, "Guidance in Nursing Education", Journal of Nursing Education, January, 1969, p. 15.

[3]Irwin Berg, "A Study of Success and Failure Among Nursing Students", Journal of Applied Psychology, August, 1947, p. 389.

[4]Jack R. Martin, "The Correlation Between Pre-admission Tests and Graduation from Nursing Schools", Journal of Nursing Education, December, 1962, p. 3.

attributed to academic failure, a study done by Rottcamp revealed that 50 per cent of the students who failed felt that emotional strain due to pressure and tension was a determining factor in their failure.[5]

However, it was found by Michael in a study done in 1959 that a significant reduction in the number of drop-outs (from 40 per cent to 10 per cent) was attained by the use of a test battery of cognitive measures given prior to the student's admission to a nursing school.[6] This would seem to indicate that a guidance program that would help a student choose a career would be advisable as well as a continuing program after entering a nursing school.

The implications for counseling are present as the students progress through their educational program and it is the belief of this investigator that the identification of counseling needs of student nurses could be of value in the planning for counseling facilities and improvement of an existing counseling program.

According to Mary Ann Iofella, a sound program, comprehensively organized and professionally conducted should culminate in a substantial general improvement in interpersonal relationships among students, a higher quality of graduate nurses prepared to assume responsibilities of

---

[5]Barbara C. Rottcamp, "Attrition Rates in Basic Baccalaureate Nursing Programs", Nursing Outlook, June, 1968, p. 45.

[6]W. B. Michael and others, "Development and Validation of a Test Battery for Selecting Student Nurses", Educational Psychological Measures, 19: Winter, 1959, p. 641.

a nursing career, improvement of patient care, a more responsible and well adjusted citizenry, and a substantial reduction in a school's attrition rate.[7]

Problem

This study was an attempt to identify counseling needs of a selected group of student nurses and determine whether or not these needs are being met.

Purposes

1. To obtain suggestions for improvement of the counseling program for student nurses at Montana State University.
2. To identify counseling needs of student nurses.
3. To determine whether or not these counseling needs are being met.

Scope and Limitations

This study was limited to the senior student nurses who graduated at the end of Spring Quarter, 1969, from Montana State University. This population was chosen to survey because they had had experience on the University campus and in the hospital and had had the opportunity to

---

[7] Op. Cit., Iofella, p. 21.

come in contact with, or use, the counseling services offered in both settings. Other limitations were:

1. Sincerity and honesty in answering the questions by the respondents must be considered.

2. The completeness of the answers in the survey.

Assumption

1. That nursing students need counseling.

Definition of Terms

1. Counseling.--A purposeful, designed, relationship between a counselor and a counselee involving the diagnosis and mutual understanding of a problem, the aim of the relationship being the development of insight and gradual self determination on the part of the counselee.[8]

2. Students.--In the context of this study, those individuals who are participating in an educational program which will prepare them to function as professional nurses.

3. Need.--May be felt as an immediate problem which an individual has to analyze, meet, and solve in some way.[9]

---

[8]C. H. Smeltzer, Psychological Evaluations in Nursing Education, New York: MacMillan Co., 1965, p. 163.

[9]Robert Hendry Matthewson, Guidance Policy and Practice, New York: Harper and Brothers, 1965, p. 49.

Method of Research

Purpose of Study

1. To obtain suggestions for improvement of counseling program for student nurses at Montana State University.

2. To identify counseling needs of student nurses.

3. To determine whether or not these counseling needs are being met.

In order to pursue the purposes stated above, the descriptive survey method of research was selected. The questionnaire was selected as the tool for collecting the data.

The questionnaire is one of the most common methods used for making a survey because of the ease and relative speed by which it can be distributed.

Due to the short time available to reach the selected group of students (spring quarter) and the difficulty in contacting and setting up personal interviews with a class of 78 students, it was felt that the questionnaire was the only feasible method.

After an explanation of the study by the investigator the questionnaire was distributed at a regularly scheduled class where it was presumed that the majority of the group would be present. It was requested that the questionnaire be completed and returned at the same class time two days later when the investigator would be present to

collect them. Sixty-four questionnaires were distributed and thirty-eight returned at the next class period. An attempt was made to get more questionnaires returned by a notice placed on the student bulletin board at the School of Nursing. A total of seven more were returned. There was no way of checking outstanding questionnaires so at the end of the week the notice was removed. This made a total of forty-five questionnaires returned or 68 per cent of those distributed.

The questionnaire (Appendix) consists of thirteen questions devised to elicit information concerning the availability and use of counseling prior to entering college; availability and use of counseling during college; what kinds of problems prompted students to seek counseling; who provided counseling; whether there was a time in their educational program when counseling was felt to be most needed; opinions on strong and weak points of present counseling program; opinions on comparative values of individual or group (multiple) counseling; and suggestions for the improvement of the present counseling program.

Review of Literature

The need for counseling in schools of nursing has long been recognized by those responsible for nursing education. The National League for Nursing published "Guidance Programs for Schools of Nursing" in 1946 outlining the characteristics of good counseling. Phoebe Gordon, Katherine Densford, and E. G. Williamson wrote "Counseling in Schools of Nursing" in 1947 in which they advocated the establishment of

a personnel department in nursing schools in order that guidance would be available to all students.[10]

Physical maturity of a young woman is generally reached between the ages of 16 and 18 years while the emotional maturity is attained in varying degrees and at different ages, usually several years after the maximum physical growth. It is difficult for the nursing student to separate the problems associated with the nursing school and the normal maturation process.[11]

> "Nursing students have the ambiguities of adolescence and are subject to insecurities and anxieties in their attempt to bridge the gap between adolescence and early adulthood."[12]

The nursing students are often frightened of the hospital environment and their sudden responsibilities; upset by the discrepancies between preconceived images and the realities of nursing; discouraged by their sometimes futile struggle in life and death situations; or ashamed of their guilt feelings when they react negatively to a patient. The student must be assisted to develop a realistic self concept, an integrated personality and a meaningful philosophy of life.[13]

---

[10]Phoebe Gordon, Katherine Densford, E. G. Williamson, Counseling in Schools of Nursing, New York: McGraw-Hill Book Co., 1947, p. viii.

[11]Charlotte G. Babcock, "Emotional Needs of Nursing Students", American Journal of Nursing, March, 1949, p. 166.

[12]Mary Ann Iofella, "Guidance in Nursing Education", Journal of Nursing Education, January, 1969, p. 15.

[13]Ibid., p. 16.

According to Gordon, nursing students need help to be able to see relationships in their academic courses to nursing. What could possibly be useful about history or an art course? They also need help in learning to apply theory to sound clinical practice.[14]

The student nurse finds herself in a milieu of more diverse human relationships than the average college student, i.e., faculty, patient, physician, non-professional personnel, other professional groups, and the community. All have different expectations of her. She must find ways of adapting to these interpersonal relationships.[15]

Counseling is one of the least understood functions of education and programs labeled "Counseling" may vary drastically. A program may deal only with planning of study programs or it may go to the extreme where it encompasses extensive clinical services of trained clinical psychologists.[16] There seems to be no common understanding among experts on how counseling should be done.[17] Specific courses or programs for nurses are sparse.[18] The guidance and counseling programs are so varied that the decision as to whether or not a nursing school should employ a

---

[14] Op. Cit., Gordon, p. 17.

[15] Ibid., p. 25.

[16] Roy Bixler and Genevieve Bixler, Administration for Nursing Education, New York: G. P. Putnam and Sons, 1954, p. 219.

[17] Ibid., p. 219.

[18] C. H. Smeltzer, Psychological Evaluation in Nursing Education, New York: MacMillan Co., 1965, p. 154.

counselor with nursing background would depend on the duties of the position.[19]

Koback makes the assertion that faculty are still the key persons in guidance of students toward self-realization and good adjustment. Also according to Miss Koback, the role of the faculty in the guidance and counseling program should include:

1. Guidance of students through learning processes and motivation of students toward well defined goals and objectives.
2. Observation of students in a variety of social, academic, and clinical practice sessions.
3. Recording observations which later serve as a basis for individual counseling.
4. Serve on guidance committees to consider problems which majority of students present, and plan for the student's optimal physical, emotional, social, intellectual, and spiritual growth and development.[20]

The ultimate success of any guidance and counseling program in a school of nursing will depend on the foresight, knowledge, skill and tact of the staff who are in daily contact with the students.[21] It is the responsibility of each faculty member to be alert to students' problems and be prepared to counsel them on those she can help them solve. She must be able to recognize those problems which are beyond her

---

[19] Ibid., p. 155.

[20] Goldie Ruth Koback, "What is the Role of the Faculty in the Guidance and Counseling Program?", Nursing Outlook, May, 1957, p. 370.

[21] Ibid.

ability so that she may be able to refer them to those experts who can continue the counseling process.[22] Any instructor may be qualified to counsel if she is interested in human beings; if she can listen with an attentive, objective ear; if she is skillful in problem-solving techniques.[23]

Mary Ann Iofella feels that there are limitations on the effectiveness of the counseling done by nursing instructors. This is partly due to the fact that students equate teacher and "authority". However, she feels that teachers can incorporate guidance principles in all learning activities.[24] It is important that the nursing instructor understand the whole girl and understand the qualities usually found in nursing students so that she may employ the methods most effective in meeting the psychological needs of the pre-adult woman.[25]

Iofella states that ideally every nursing school should employ a full time, professionally educated guidance counselor. She lists the functions of a guidance specialist in a nursing school:

---

[22]Jeanette Nehren and Barbara Killen, "Preventive Counseling for Nursing Students", Nursing Outlook, January, 1967, p. 37.

[23]Ibid.

[24]Op. Cit., Iofella, p. 20.

[25]Op. Cit., Babcock, p. 166.

1. Organize and coordinate total guidance program.
2. Assist in screening prospective students.
3. Orienting new students.
4. Counseling individual students.
5. Conducting group guidance classes - all students.
6. Counseling individual faculty members regarding specific student problems.
7. Conduct in-service to help faculty identify and develop their guidance functions.
8. Assisting in the selection and administration of standardized tests.
9. Interpreting test results to students, parents, and educational staff.
10. Participating in student evaluation procedure.
11. Updating the student personal files.
12. Serving as liaison between school and community mental health resources.[26]

Iofella, however, recognizes that while a full time counselor is the ideal, this may be impossible due to budget restrictions and the availability of personnel. She makes the following suggestions for alternatives:

1. Part time specialist employed.
2. Two or more schools cooperate and share fees and services for certified counselor.
3. Guidance consultant periodically engaged to assist faculty in-service training.
4. Faculty members with some educational preparation might divide time between teaching courses.
5. Faculty members with special ability encouraged to do graduate work in the field.[27]

There have been many studies done to determine the counseling needs of student nurses. These include studies done concerning the needs of the high school student prior to admission to a nursing school,

---

[26] Op. Cit., Iofella, p. 21.

[27] Ibid., p. 21.

the needs for career guidance, opinions on guidance in clinical nursing, needs involved with graduate education, to name a few.

The high attrition rate in schools of nursing has been a major concern for nursing educators. If a means of recognizing potential drop-outs could be devised it would not only be a saving in time and money to the student but also a means of preventing disappointment and disillusionment.

A study done by Wayne Anderson in 1968 showed that academic failure could be predicted by pre-admission testing with standardized tests. The new Minnesota Multiphasic Personality Inventory will predict 50 per cent of the academic failures; transfers out of the curriculum are predicted by the Strong Vocational Interest Blank. He also found that clinical practicum failures have certain traits in common, namely:

1. Would be expected to be more rebellious.
2. Less anxious.
3. Less concerned with physical symptoms.
4. More likely to enjoy parties and other social activities than girls who succeed in clinical practicum.

However, these characteristics seem to be normally distributed among college girls so it would be necessary to do more extensive testing at several schools of nursing to determine whether the scores would be comparable for those who fail in nursing practicum.[28]

---

[28]Wayne Anderson, "Predicting Graduation from a School of Nursing", Vocational Guidance Quarterly, June, 1968, pp. 298-300.

Jack Martin found, in 1962, in his study designed to determine the correlation between pre-admission testing and graduation from nursing schools, that while there was a significant relationship between scores of applicants and scores of graduates on pre-admission tests, he felt that scores should not be the determining factor for admission. Motivation seems to play a large part in the graduation of low scorers and motivation is difficult, if not impossible, to measure. He recommends other methods be used in conjunction with tests to determine admissability, i.e., personal interview and high school records.[29]

While the present study cannot show anything about the students who dropped out of this class it is hoped that information might be obtained concerning the availability to and the use of high school counseling, as well as college counseling, by this group of student nurses.

Nori Komarita, in a study done in 1965, asked for student opinions toward the methods of guidance and counseling in clinical nursing. Her findings were that:

1. Students generally believed that day-to-day guidance by the clinical instructor was most helpful.
2. Students expect constructive guidance in an evaluation conference.
3. Students appreciate an informal atmosphere.
4. Students want instructors to be direct, frank, and specific.
5. Juniors like evaluation in terms of grades.[30]

---

[29]Jack R. Martin, "The Correlation Between Pre-Admission Tests and Graduation from Nursing Schools", Journal of Nursing Education, December, 1962, p. 20.

[30]Nori Komarita, "Students Opinions Toward Methods of Guidance in Clinical Nursing", Nursing Research, Spring, 1967.

Benjamin and Cicatrello conducted a study on career counseling needs of student nurses and found that few seniors had had any counseling to help them decide upon their career after graduation. They also found that most faculty felt inadequately prepared to offer this type of counseling.[31]

The needs of the nursing profession for capable people to continue into graduate work is widely known, yet in a study completed by Lois Graham in 1968, it was indicated that seniors felt that not enough was being done to motivate undergraduates to continue their education. The seniors surveyed suggested that there is a need in the basic nursing program for more individual counseling on abilities and interests; more information to be provided by the high school, college, and nursing counselors on values and requirements of graduate preparation; information concerning kinds of jobs requiring graduate preparation; information about admission requirements, funds available, and general education content.[32]

In the present study it is the hope of this investigator that the group of student nurses participating in the survey will be able to identify their counseling needs and be able to offer some positive

---

[31]Nancy Benjamin and Patricia Cicatrello, "Needed: Career Counseling for Nursing Students", Nursing Outlook, October, 1964, p. 56.

[32]Lois E. Graham, "Are We Motivating Students to Go On for Graduate Education?", Nursing Outlook, August, 1968.

suggestions that might be helpful in the provision of adequate counseling services in the nursing department of the Montana State University.

CHAPTER II

ANALYSIS AND INTERPRETATION OF DATA

The importance of the availability and the use of counseling by student nurses has been previously stated. It was hoped by this investigator that by the use of the questionnaire (Appendix) data would be obtained from this selected group that would pertain to the needs for and the adequacy of the counseling the students had experienced during their educational program. It was also hoped that some concrete suggestions might be obtained that would provide the school of nursing with information which could be valuable in maintaining a useful and adequate counseling program.

The questionnaire consists of thirteen questions devised to elicit information concerning the availability and use of counseling prior to entering college; whether there was a time during their educational program when counseling was felt to be needed most; opinions on strong points of the present counseling program; opinions on comparative value of individual and group (multiple) counseling; and suggestions for the improvement of the present counseling program.

The questionnaire was distributed at a regularly scheduled class. There were sixty-four of the seventy-eight senior students present. Sixty-four questionnaires were distributed and forty-five, or 68.8 per cent of the total were returned.

In the analysis of the data the first question dealt with the availability of a guidance program in the high schools. Thirty-nine of the respondents stated that there was a guidance department available. Thirty-two students said they had sought guidance in their choice of a nursing career. Twenty of this number used the services of the guidance counselor, seven more sought guidance from other sources even though a guidance counselor was available. The balance of those who sought help used other sources where a counselor was not available which included parents, teachers, nurse friends, relatives, ministers, and other friends.

The answers to this question would tend to indicate that for reasons not stated, the counselor is not necessarily consulted even though available. Twenty-seven of the forty-five respondents stated that they had taken pre-nursing tests in high school.

Item number six inquired as to whether the student had always found counseling available in high school, at the Montana State University, and within the University School of Nursing. The data shown in Table I would seem to indicate that the majority of the students had found counseling to be available to them.

TABLE I

AVAILABILITY OF COUNSELING TO STUDENT NURSES

	HIGH SCHOOL	M.S.U.	SCHOOL OF NURSING
Yes	32	18	35
No	6	7	5
Blank	7	20	5
TOTAL	45	45	45

The large number of blanks in the Montana State University category might indicate a lack of understanding of the item. As will be seen later, answers to other questions indicated little understanding of the Montana State University Testing and Counseling program.

Item number seven asked if counseling had been found to be adequate to meet the needs of the respondents. Table II shows that the majority of the students felt that counseling had been adequate to meet their needs.

TABLE II

ADEQUACY OF COUNSELING IN MEETING STUDENTS' NEEDS

YES	NO	SOMETIMES	WITH ONE EXCEPTION	BLANK
30	8	5	1	1

Item number eight asked if there were any particular time in the student's college career when they had felt counseling was needed most. There were forty responses with five NO answers, four YES with no further elaboration, and thirty-one remaining questionnaires with thirty-five responses. Thirty-seven per cent of the respondents felt counseling was needed most during or before the hospital quarters. Another twenty-three per cent felt the most need during their psychiatric experience. These findings would seem to substantiate the statement made by Gordon that many difficulties arise in learning to apply theory to sound clinical practice.[1]

Table III shows the times when the students felt that counseling had been most needed.

---

[1]Phoebe Gordon, Katherine Densford, and E. G. Williamson, Counseling in Schools of Nursing, New York: McGraw-Hill Book Co., 1947, p. 17.

TABLE III

TIMES WHEN COUNSELING WAS FELT TO BE MOST NEEDED

PERIOD IN EDUCATIONAL EXPERIENCE	NUMBER OF RESPONSES
Hospital Quarters	13
Warm Springs (Psychiatric Exp.)	8
Second Year on Campus	3
Freshman	3
Senior (Team Leading)	2
Graduation Time (State Boards)	1
Seeking Job Opportunities	1
Concerning Graduate School	1
Financial Aid	1
Total	33

While the majority of the students felt the most need for counseling during the hospital quarters the answers indicate several other areas in which students have difficulties with which they need help.

Item number nine inquired whether the student had ever seriously considered quitting nursing. Twenty of the forty-five responded YES. A second part of the question asked if counseling had played a part in their decision to remain in the curriculum. Eleven of the twenty replied that counseling had been a determining factor in their decision to stay.

Item number ten asked by whom the student had been counseled in reference to number nine. Of the eleven who had stated that counseling

had been a factor in their decision to remain in the nursing curriculum, five had been counseled by nursing instructors. The other six had been counseled by various others, with only two specifically mentioning a guidance counselor. The verbatim responses were:

1. Nursing instructor from Columbus Hospital
2. Nursing instructor and guidance counselor
3. Parents
4. Parents, nursing instructor, husband
5. Clinical instructor
6. Nursing instructor
7. Head of department I was thinking of transferring into (Theatre Arts).
8. Friends
9. Nurse from U.C.L.A. Medical Center
10. Friends, R.N., instructor
11. Placement office, M.S.U.

These answers would seem to indicate that much of the counseling is being done by nursing instructors.

Item number five asked if the student had had counseling since coming to college and if so, whom did they see for which type of problem and who initiated the interview.

According to Genevieve Burton most of the student-instructor instigated interviews are for the following reasons:

1. Discuss problem areas of student work, academic or practical.
2. Discipline student for misbehavior or work errors.
3. Discuss routine evaluation of progress.
4. To explore personal problems that may be interfering with student's work or personal adjustments.[2]

---

[2]Genevieve Burton, "The Instructor Counselor", Journal of Nursing Education, December, 1962, p. 6.

Keeping these problem areas in mind, the investigator set up the question to include six problem areas, namely: (1) Personal, to include family, financial, etc. (2) Academic, (3) Clinical, (4) Evaluation, (5) Discipline, and (6) Orientation.

Forty-one students responded with a total of one hundred and fifty-seven interviews reported. There were many students who had sought help more than once and for different reasons. The number of interviews for each type of problem is shown in Table IV.

TABLE IV

NUMBER OF INTERVIEWS IN EACH PROBLEM AREA

PROBLEM AREA	NUMBER OF INTERVIEWS
Personal	38
Academic	28
Clinical	36
Evaluation	36
Discipline	3
Orientation	16
Total	157

This finding shows that 87 per cent of the problems reported fall into the categories reported by Burton.

In order to determine from whom help was sought and for which problems, the students were asked to indicate the persons who had

provided counseling.

The data would seem to indicate, again, that the majority of the counseling was done by the nursing instructors. Seventy per cent of the interviews or counseling sessions were reported to have been with the nursing instructors. "Others" who were frequently consulted included family (other than parents), parents, minister, lawyer, Dean of Women, non-nursing instructor, head nurse or staff nurse. The data is tabulated in Table V.

TABLE V

PERSONS FROM WHOM COUNSELING WAS SOUGHT IN VARIOUS PROBLEM CATEGORIES

PROBLEM CATEGORY	UNIVERSITY COUNSELOR	NURSING INSTRUCTOR	FRIEND	OTHER
Personal	7	11	14	6
Academic	4	19	4	1
Clinical Practice		30	4	1
Evaluation	1	35		
Discipline		2	1	
Orientation	1	13	2	
Total	13	110	26	8

The students were also asked to indicate who initiated the interviews and for which type of problem. There were thirty-one responses to the question with one hundred and two separate interviews re-

ported. It was found that fifty per cent of the interviews were self-(student) initiated. In the definition of good counseling practice this would be the most ideal situation. Recognition of a problem must be made by the counselee.

TABLE VI

PERSONS RESPONSIBLE FOR INITIATION OF COUNSELING INTERVIEWS

SELF	NURSING INSTRUCTOR	STUDENT & INSTRUCTOR	PARENTS	FRIEND	OTHER
51	38	9	2	1	1

The data also indicated that a large percentage of the interviews were instructor initiated.

In order to obtain more definitive data the students were asked to indicate who initiated the interviews for which problem. Table VII shows that more interviews were self-initiated in the personal and academic problem areas, while, as might be expected, instructors initiated those that had to do with evaluation. It was almost equally divided in the area of clinical practice, where the student, instructor, or both were responsible for initiating the interviews. It would seem to indicate that at least half of the students who were having difficulties in their clinical practice were cognizant of the fact and were willing to seek help.

TABLE VII

PERSONS RESPONSIBLE FOR INITIATING COUNSELING INTERVIEWS IN VARIOUS PROBLEM CATEGORIES

PROBLEM AREA	INITIATORS OF THE INTERVIEW					
	Self	Instructor	Student & Instructor	Parents	Friend	Other
Personal	18	1	2	2		
Academic	11	4	1		1	1
Clinical practice	10	9	5			
Evaluation	3	17	2			
Discipline				1		
Orientation	3	7				

Item number twelve asked that if the student had had experience with group (multiple) counseling what aspects did they especially like or dislike. The actual responses were:

> No experience personally but I have seen instructors discouraging some of my friends. Pick on certain ones of each class.
>
> Concern for individual good. Disliked idea of having personal counseling with no mention about personal achievement, i.e., what areas need improvement or where one is doing well.
>
> It's an acceptable means of talking about problems. Counselor usually gets an "outside" view of the situation. They are good resources.
>
> In being counseled I liked the aspect that I was guided to decision and not forced by the counselor to accept one way or the other. The counselors seemed most willing to help. I disliked the ideas of self-initiation because it's hard to realize you have problems or decide you want to share them.

I like constructive criticism about my work, etc., but I don't like to be degraded as I often have been through my training.

I like the one-to-one relationship in individual counseling. However, a group has something to offer in the way of others with similar problems. A combination of the two maybe is best.

Warm Springs--informed us of what we were doing right or wrong--like this--when we were doing something wrong they told us how to improve.

Honesty--frankness-recognition

I have had no experience with group counseling but I like individual because I feel more relaxed and free to say what I feel if there is only one other person in the room.

Individual--like the personal basis--feel I really mattered and wasn't just another student wandering around lost.

Liked	Disliked
1. willingness to listen	1. rushed interview
2. offer constructive advice, criticism	2. too much talk by the counselor--not listening
3. give food for thought	3. lack of effort to create rapport
4. sympathetic, yet objective (empathetic)	

No experience

No experience with group--in individual like having someone help me solve my problems myself instead of listing them for me.

Personal interest was taken in my problem. I felt someone did understand my particular situation.

Being able to get help through talking with another person and to get their thoughts and ideas.

Too little interest shown.

Individual--appreciated the concern given me.

Evaluations in clinical area good.

Clinical instructor evaluations usually pointed out strong and week points.

The responses would seem to indicate that individual counseling would be preferred and the stress put on the recognition of the student as an individual was appreciated. The question was poorly constructed to elicit specific answers and probably due to this fact there were twenty-four blanks recorded. However, the other answers seem to provide some pertinent information.

Item number eleven asked for opinions on the strong points of the present counseling program which includes the University Testing and Counseling Department and the counseling done by the faculty of the School of Nursing. There were eight blanks tabulated. The remaining thirty-seven answered with suggestions being made for either the University program, the School of Nursing, or both of them.

Strong Points in the Present Counseling Program

	Montana State University Testing and Counseling Service	School of Nursing
1.	Availability	Availability
2.	One can usually find someone to talk to	With smaller classes instructors are more aware of you as an individual.
3.		More rapport between students and instructors due to better ratio of instructors to students.
4.	None	Warm Springs--Mrs. Barkley
5.		Specific counselors are made available and they set certain times in which they see all students concerning the program, at several times.

6.		The counselor has had more experience usually and more broad knowledge as to solutions to problems.
7.	It is always available; decisions are made by you, not for you.	Available as needed
8.		Concern for learning and advancement
9.		Concern with students as individuals in most cases and able to convey this.
10.		Availability, interest, friendliness
11.	Never used this	One instructor in Billings open enough to talk to.
12.		Inadequate. Don't seem to co-ordinate activity from one individual to another.
13.	None	In hospital divisions--more personal contact and more concern from instructors.
14.		Learning how to deal with emotional problems and communication skills in Warm Springs.
15.		There's more close contact with instructors who counsel.
16.		Evaluation--let you know how and what you are doing.
17.	Don't know anything about M.S.U. counseling program	The instructors are personal and I felt that I could always drop in anytime and talk to one of them.
18.		I have not used it to now.
19.	Never used it	Personal relationship.

20.	Background on theory-leadership.	Background on theory-leadership.
21.	I am not aware of counseling here and would not know where to go if I had a serious problem.	Counseling was always available in Great Falls. All instructors were interested in students and anxious to help when they could.
22.	I have never used this service, therefore know nothing of it.	
23.	Do not know much about it.	Instructors usually available when needed for counseling.
24.		Availability and willingness on on part of instructors
25.	I didn't know there was such a program.	
26.	Rarely concerned with these.	Easy availability of instructors (especially clinical ones) most willing to listen to students--give suggestions. Very good at Warm Springs.
27.	Don't know much about the formal program.	Contact with instructors in hospital units.
28.	Good financial did counseling when it is requested.	Graduate School
29.		Being available at all times for counseling
30.	I have no idea	
31.		Someone is designated as your advisor, to whom you can go for help.
32.	Availability of counseling.	Being able to get counseling when needed. People that one can talk to.

33.		The class is small enough so that the instructors know the students better personally and can give greater guidance.
34.		Personal advisor with conferences. Need to be initiated by instructors as well as students.
35.		Instructors at the hospital were concerned for our welfare.
36.	Never talked to them	Clinical area evaluation intimate relationship
37.	Aptitude tests free of cost to students.	Intimate relationship with instructors.

The answers given to this question would seem to indicate that the majority of the respondents were either unfamiliar with or had had no occasion to use the University Testing and Counseling Service. The availability and the interest of the nursing instructors was the point most frequently mentioned with special emphasis being placed on the adequacy of the counseling received during the clinical quarters. In view of the findings of item number eight where the need for counseling was felt to have been greatest during the clinical and psychiatric experience this finding would indicate that the need was being met by the nursing faculty.

Item number thirteen asked the student for suggestions that they felt might improve the present counseling program. It was divided, again, into two categories, namely that provided by the University Testing and Counseling Service and the counseling done by the School of Nursing.

There were seven blanks and thirty-eight respondents who made suggestions for one program or the other or both. The answers are tabulated verbatim.

Suggestions for Improvement of Present Counseling Program

	Montana State University	School of Nursing
1.		Perhaps make specific appointments every year or so. Many students won't seek counseling voluntarily. Be sensitive to students needs. At times things that are important to us are pushed aside by faculty as trivial matters instead of discussing them.
2.	More chance to "get to know" the instructors--more chance to take electives in other fields to satisfy student's desires and interests in other fields.	
3.	Better explanation of what is available.	
4.	None--allow students to come as they wish. Classes too large to get to know everyone and counsel them. Many don't feel they need it anyway.	Unbiased counseling--not a run-down session
5.	Make known that counseling is available. Have specific counselors for students coming back to campus.	
6.		More "propaganda" that this service is available. More structured or assigned counseling to get the student used to seeking help.

7.	Let students know what is available.	Regular counseling sessions perhaps groupwise to discover problems that may need to be dealt with individually.
8.		Counseling of students prior to entering hospital division
9.		More scheduled conferences. I realize we should be self directed, but when there is an opportunity (even if required) to see nursing instructors it is very profitable.
10.	Perhaps advertise their services in some way. I'm sure that some students don't know about it.	
11.		Help instructors to listen to problems of students instead of closing their minds to complaints and arguments.
12.		Need more co-ordination or teamwork among the faculty. One of my nursing instructors always says "You are responsible for your own education". In other words you find out for yourself because I'm not going to help you.
13.	Don't know much about it	Campus: Get a new department Hospital: (Gt. Falls) Very Good
14.		More suggestions on subjects to take. Better communication between hospital and campus when switching and getting registered on time.
15.	Never needed counseling except once for financial aid.	Felt it was adequate with the exception of some improvement in evaluation of student work.
16.	Each counselor should have fewer number of students.	

17.		More clinical experience
18.	I know nothing about counseling services offered here at M.S.U. I am not even sure who my advisor is.	I feel the individual hospitals do a good job as far as counseling but there is a lack here on campus for counseling for nurses.
19.	Make it available and more known	Same
20.		Avoid pre-conceived ideas of student that some instructors carry through the years.
21.	More advertising--I doubt that many know about it.	The people that I have had contact with in the hospitals have been very helpful but I don't think I would have known that if I hadn't had so much contact with them this past year. I rarely came to see anyone in the department as a freshman or sophomore. Right now I see whoever is available at the time but I may not have been ready to see them in my beginning years nor did I find them helpful then.
22.	Tell the students the details	
23.		If they really feel a person will not be good because of lack of personality or sincere interest then they should help the person realize their limits.
24.	More advertisement--of which people available for counseling.	More regularly scheduled counseling times in every class--irregardless of hospital affiliation at the time.
25.		Inform students of program
26.	Make availability of such services more widely known	While on campus more chance to see instructors and time to talk about your problems without being made to feel that you're either wasting

		their time or getting upset over nothing. I never felt that campus instructors were very helpful or very interested in my problems, or very willing to try to see my side. I have never felt that counseling by nursing instructors was very confidential--I have heard things told to one instructor supposedly in confidence discussed as common knowledge among other instructors and it just kind of ruins trust in them.
27.		Girls should be counseled on the aspects of continuing their education and to the areas of nursing available.
28.	Giving counseling facilities more recognition or making it better known of facilities available.	Having counseling before entering the hospital--an evaluation at the end of the first few quarters at college.
29.	Publicize it more, naming where you could go.	Make more attempt to point out the availability of counseling and to whom a student might go. It is a personal reason, usually, and one must feel the instructor would really be interested and helpful.
30.	Let individuals become better acquainted with the counselor	Giving more help to seniors regarding the future and what to expect.
31.	More publicity as to what is available	More genuine concern and interest shown in the students.
32.	Have not used the program	No suggestions
33.	This takes too long. The department should work at it first.	Each advisor should see each student individually once each quarter. When I was a freshman I didn't feel I could take up the time of the instructors. They all gave me the feeling of being too

		busy. As confused freshman I'm sure it appears worse than it really is. If instructors had given me encouragement when I was obviously having difficulty I'd have come through it a lot better. I felt close to the hospital instructors and solved my problems with them.
34.	Inform students that this counseling is available and where.	
35.	Open mind	Open mind
36.		Would be better if we were evaluated before the end of the quarter--or at the mid-quarter and then again at the end. Give students a chance to improve their weak points.
37.	More objective interpretation of test results at placement office. (It seems they tried to "push" nursing, better known as the "wait and see later" attitude).	There was an apparent bias on the part of one clinical instructor toward several students and she eventually "worked" these students out of nursing without giving them the benefit of true counseling.

Fourteen of the twenty-four respondents under the Montana State University category suggested that the availability of counseling services of the Montana State University Testing and Counseling Department should be made more widely known. Most of them stated that they were unaware or unfamiliar with the services offered. Some suggested that more regularly scheduled instructor initiated interviews would be helpful. Some respondents stated that they had a feeling of being "pushed" and that the instructor didn't have time. This well may be the case in some instances when the faculty has a heavy teaching load as well as

counseling responsibilities. There was one suggestion for more vocational or career guidance. Some suggestions were made for counseling prior to entering the clinical experience and more cooperation between hospital and campus faculty. There were a few suggestions that seemed to indicate that the student had felt counseling had not always been unbiased or non-judgmental.

CHAPTER III

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER STUDY

Summary

The primary purposes of this study were to obtain suggestions for improvement of the present counseling program for student nurses at Montana State University; to identify counseling needs of student nurses; to determine whether or not these counseling needs were being met.

The survey method employing a questionnaire as a tool was used to obtain data from a selected group of student nurses who were about to graduate from the Montana State University School of Nursing.

The questionnaire was designed to elicit information concerning the student's experience with counseling prior to and after entering college; when in the educational program was counseling felt to be most needed; for what kinds of problems was counseling sought and from whom; opinions on strong points of present program and suggestions for the improvement of it.

Review of literature stressed the importance of the availability and the value of good counseling to the student nurse. Stress was placed on the fact that nurses need to be well-adjusted human beings if they are to function adequately in their profession. Counseling can play an important part in helping them to achieve maturity and personality integration.

In the analysis of the data it was found that 82 per cent of the high schools attended by the respondents had a Guidance Department. Three-fourths of the students had sought guidance in their choice of a career. However, it was noted that there were several sources of guidance and even though a guidance counselor was available he was not always the one consulted. Two-thirds of the respondents felt that counseling had been available and adequate to meet their needs, both in high school and college.

The greatest need for counseling was found to have been during the hospital quarters and psychiatric experience. About half of the group surveyed had seriously considered quitting nursing and half of the group who had thus considered stated that counseling had been a determining factor in their decision to stay.

It was found that most of the counseling was done by nursing instructors with interviews being both self and instructor initiated, depending on the type of problem presented.

The strong points most frequently mentioned for the School of Nursing were the availability of and the interest shown by the instructors, with emphasis placed on the adequacy of counseling received from clinical instructors.

Many of the respondents were unfamiliar with services offered by the Montana State University Testing and Counseling Department. Very few had had any contact with this department. The most frequent

suggestion made for the improvement of the University Counseling program was that its services be made better known.

Suggestions made most frequently for the improvement of the School of Nursing counseling program were for more instructor-initiated interviews; counseling before the hospital quarters; vocational and career guidance; improved cooperation between the campus nursing faculty and the hospital faculty; and a few seemed to be asking for an unbiased, non-judgmental approach by counselors.

Conclusions

The conclusions were that the majority of the students surveyed had found counseling in high school and in the School or Nursing available and adequate to meet their needs; strong points of the counseling program of the School of Nursing most often stated was the availability and the interest shown in the student as an individual. It was noted that even though the students felt that counseling had been adequate and available there were still some problem areas in which they felt improvement could be made, primarily in having counseling before their clinical experience, vocational and career guidance, and more instructor instigated interviews. It was also found that most of the counseling was being done by the nursing faculty which might indicate a necessity for these people to have some preparation in counseling theory and practice. This would especially be true if it were not economically

feasible for the Nursing School to employ a full time, professionally trained counselor.

Recommendations

There have been previous studies done in Montana to try to determine the adequacy of the counseling received by pre-nursing students before they enrolled in Montana State University. It has been the feeling of these investigators and others in the country who have studied the problem that good high school counseling could be a determining factor in the selection of students who could be expected to succeed in nursing.

To this investigator's knowledge a study to evaluate the counseling received after the student enters college has not been attempted at Montana State University. Even if students were carefully selected for admission into the School of Nursing it would be important for them to have adequate counseling facilities available to them during their college career.

The lack of knowledge about, or the understanding of, the functions and services offered by the Montana State University Testing and Counseling Department would suggest that they be more widely advertised and more thoroughly explained.

It was occasionally mentioned that registered nurses had been consulted as resource persons for career guidance by pre-nursing students.

It would be interesting to find out how much the average nurse knows about the various programs of nursing education that are available to prospective student nurses and the employment opportunities in the field of nursing for the various levels of preparation.

Another study might be suggested to see whether those students who had dropped out of nursing had had guidance in their choice of a career and if so from whom. It might also be interesting to try to determine whether there are personality traits and interests common in successful nurses who have been practicing in the profession for five years and whether these traits could be identified at the age of seventeen or eighteen. This would require a longitudal study of considerable scope.

Due to the limited scope of this study some of the problems were only mentioned by one or two students. It might be valuable to study the specific problems mentioned. These may be more common than this study would seem to indicate.

The investigator believes there was some pertinent information obtained but felt the questionnaire was not constructed to allow for enough freedom of expression in the problem areas. A revision of the questionnaire and retesting a similiar group might be advisable.

The data gathered indicated that the nursing instructors were doing most of the counseling. This fact suggests a study be made concerning the preparation for, and the feelings of, the faculty toward

this part of their teaching function. The time an instructor has may often limit the counseling she is able to do and the preparation and experience she has may also affect her effectiveness.

It is the belief of this investigator that an understanding of the basic theories of counseling would be helpful to the student nurse as she learns to handle interpersonal relationships and there should be a counseling course included in the basic nursing curriculum.

LITERATURE CITED

Books

Bixler, Roy and Bixler Genevieve. Administration for Nursing Education. G. P. Putnam's Sons, New York, 1954.

Gordon, Phoebe, Densford, Katherine, and Williamson, E. G. Counseling in Schools of Nursing. New York: McGraw-Hill Book Co., Inc., 1947.

Matthewson, Robert Hendry. Guidance Policy and Practice. New York: Harper and Brothers, 1955.

Smeltzer, C. H. Psychological Evaluation in Nursing Education. New York: MacMillan Co., 1965.

Periodicals

Anderson, Wayne. "Predicting Graduation From a School of Nursing". Vocational Guidance Quarterly, Vol. 16, June, 1968.

Babcock, Charlotte, G. "Emotional Needs of Nursing Students". American Journal of Nursing, March, 1949.

Benjamin, Nancy and Cicatrello, Patricia. "Needed: Career Counseling for Nursing Students". Nursing Outlook, October, 1964.

Berg, Irwin. "A Study of Success and Failure Among Nursing Students". Journal of Applied Psychology, August, 1947.

Burton, Genevieve. "The Instructor Counselor". Journal of Nursing Education, December, 1962.

Covelski, Stephanie. "Can Counseling Help". American Journal of Nursing, February, 1969.

Graham, Lois. "Are We Motivating Students To Go On For Graduate Education?" Nursing Outlook, August, 1968.

Iofella, Mary Ann. "Guidance in Nursing Education". Journal of Nursing Education, January, 1969.

Koback, Goldie Ruth. "What is the Role of the Faculty in the Guidance and Counseling Program?" Nursing Outlook, May, 1957.

Komarita, Nori I. "Students Opinions Toward Methods of Guidance and Evaluation in Clinical Nursing". Nursing Research, Spring, 1965.

Martin, Jack R. "The Correlation Between Preadmission Tests and Graduation from Nursing Schools". Journal of Nursing Education, December, 1962.

Michael, W. B. and Others. "Development and Validation of a Test Battery for Selection of Student Nurses". Educational Psychological Measures, Winter, 1959.

Nehren, Jeanette and Killen, Barbara. "Preventive Counseling for Nursing Students". Nursing Outlook, January, 1967.

Rottcamp, Barbara C. "Attrition Rates in Basic Baccalaureate Nursing Programs". Nursing Outlook, June, 1968.

APPENDIX

Questionnaire

Questionnaire

1. Was there a Guidance Department in your high school? Yes ___ No ___

2. If there were no Guidance Department in your high school to whom could you go for guidance? Teacher _____ Principal _____

   Other (specify) _____

3. Did you seek guidance in your decision to become a nurse?

   Yes ___ No ___

   If so, from whom? Parents ___ Teacher ___ Counselor ___

   Other (specify) ___

4. Did you take any pre-nursing tests in high school? Yes ___ No ___

5. If you have had counseling since coming to college whom did you see, for which type of problem, and who initiated the interview?

Problem	Univ. Couns.	Nurs. Inst.	Friend	Other (specify)	Initiated Interview
Personal (finances, family, etc.)					
Academic					
Clin. prac.					
Evaluation					
Discipline					
Orientation					

Appendix, Continued

6. Have you always found that personal counseling was available?

   High School _____ M.S.U. _____ School of Nursing _____

7. Have you found that counseling was adequate to meet your needs?

   Yes ___ No ___

8. Has there been any time in your college career that you have needed counseling more than at any other time? _____

   _____

9. Have you ever seriously considered quitting nursing? Yes ___ No ___

10. If you have ever seriously considered quitting nursing did counseling have anything to do with your decision to continue? Yes ___ No ___

    If so by whom were you counseled? _____

11. What do you consider the strong points in the present counseling program?

    M.S.U. _____

    School of Nursing _____

12. If you have had experience with group and/or individual counseling what aspects did you especially like or dislike? _____

    _____

    _____

13. What suggestions do you have that you feel might improve the present counseling program?

    M.S.U. _____

School of Nursing _____