

AN ATTITUDE SURVEY OF STUDENTS WHO WITHDRAW
FROM A COLLEGIATE SCHOOL OF NURSING

by

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fulfillment of the requirements for the degree

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MASTER OF NURSING

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"attitude"

"The concept of attitude is probably the most distinctive and indispensable concept in contemporary American social psychology. No other term appears more frequently in experimental and theoretical literature."

Gordon Allport 1935

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ABSTRACT

This study was conducted in an attempt to explore the problem of student withdrawal from a collegiate school of nursing. A projective-type-of-tool, and the direct-question-method were used to determine

- 1) if students who leave the school of nursing before completing their program have attitudes in seven areas of adjustment that differ from those students who progress satisfactorily in the program.
- 2) if the claimed reasons of the students who withdraw from the nursing program reflect a common attitude.

The sample consisted of one group of 15 freshman and sophomore nursing students who had left the nursing program during the fall and winter of 1965-66, and one group of 13 sophomore and junior nursing students who were progressing satisfactorily in the nursing program.

The Luther Hospital Sentence Completion form was given to both groups of students with instructions as to the completion and the returning of the form.

This projective device was used because it was designed specifically to help determine attitudes of nursing students in seven areas of adjustment. The form consists of ninety sentence stems that are offered to the student for completion.

Responses from both groups were scored by a jury which was selected on the basis of certain criteria established for the purposes of this study. Following the scoring of the jury, the responses from both groups were subjected to a final analysis by the counseling psychologist of the University who examined the completed sentences for certain "clinical inferences."

Results showed the group of students who had left the nursing program to have more positive responses to the 90 sentence stems than the group remaining in the program. However, they also had more negative responses than the other group. The majority of the claimed reasons for leaving the nursing program as stated were dissatisfaction with the nursing program, a course, an advisor or instructor. The study did not appear to show any characteristic attitude or pattern of attitudes in the withdrawal group. Considering their claimed reasons for leaving nursing, and the fact that nine of the 15 are back in school, and of these two have returned to nursing, one might conclude from these results that there was some unrelated, non-apparent factor or factors which influenced these students to withdraw from the nursing program.

AN ATTITUDE SURVEY OF STUDENTS WHO WITHDRAW
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INTRODUCTION

Background Information

The Current Increase in Health Services. With the new advances in medical science and the increasing population, there has been an increased demand made on the nation's health services in recent years. Medicare, making expanded health care possible for the elderly, has become a reality. The Surgeon General in his report, "Toward Quality in Nursing Needs and Goals," outlined the immensity of the current and developing demands upon the nursing profession. This report, written in 1962, stated that a total of 100,000 graduate nurses of basic professional schools would be needed annually beginning in 1966 to merely meet hospital staff needs.¹

The shortage of available nurses is not a new situation. Professional nursing has had difficulty in attracting young women to enter its ranks throughout the years. However, even with adequate recruitment, there has existed a second difficulty, and that is that not all those who do decide to study nursing remain and complete their education. If all of those students who entered a school of nursing had remained and graduated, the number of practicing nurses would have increased.²

Factors Adversely Affecting Nursing Program Completion by Students.

Several factors, not present in other professions, have contributed to loss of nursing students. A major difficulty encountered has been that nursing,

¹Helen Brunclik and John Thurston, "Nursing Student Attrition," Nursing Outlook, Vol. 13, No. 1, (November 1965), p. 57-59.

²Barbara Tate, "Attrition Rates in Schools of Nursing," Nursing Research, Vol. 10, No. 2, (Spring 1961), p. 91-96.

more than other fields, demands a successful combination of both practical and theoretical work.³

There is a tradition behind it (nursing), a code of ethics surrounding it, and a set of ideals handed down from teacher to student which result in certain expectations of the student. Nurses regard their occupation as a profession with the result that there is available in the literature of nursing, a set of characteristics which the nursing student should possess, the kind of behavior she should exhibit, and the nature of the relationships she should maintain with others in the hospital situation... The varied demands, expectation, and requirements which these groups impose upon the nursing student mark out and delimit a role she is expected to play, functions she is expected to perform, standards she is expected to demonstrate, and a status position of superiority or inferiority relative to other groups in the system.⁴

The lengthening of the educational period and the increasing difficulty of nursing school curriculums has tended to increase the proportion of students that fail or withdraw. The theoretical work has become increasingly more important during these changing times. A study done in 1924 concerning the ten most important characteristics of a nurse did not list intelligence. However, third on the list was a physical qualification, that of having good feet.⁵ Berg, in 1947, predicted that "with higher education requirements and admission standards, long hours, hard physical work, and poor pay, fewer girls will enter nursing." He further went on to state that "routine nursing duties and physical bedside care of the patient will be delegated to

³Irving J. Berg, "A Study of Success and Failure Among Student Nurses," Journal Applied Psychology, Vol. 31, No. 4, (August 1947), p. 389-395.

⁴Anne K. Kilbrick, "Drop-Outs in Schools of Nursing; The Effect of Self and Role Perception," Nursing Research, Vol. 12, No. 3, (Summer 1963), p. 140.

⁵F. E. Blazier, "Investigation of Nursing as a Professional Opportunity for Girls," quoted in Berg, op. cit., p. 389-390.

the untrained aide."⁶

Other factors making student adjustment difficult has been the inability of the teenage student to adapt to the college and/or hospital environment. Often as a student she has been considered too immature to make simple decisions, yet she is expected, as a student nurse, to be a mature woman capable of accepting the responsibility of other peoples' lives.⁷

The Problem of Student Withdrawal. The adverse factors affecting student nurses have been considerable, since for every three students who have entered a school of nursing only two will graduate, representing a loss of one-third. Student withdrawal from schools of nursing has been a chronic and complicated problem. To nursing schools, and to the community as a whole, this problem has represented a considerable loss of effort, money, and material resources. To nursing educators, this situation has been a matter of concern and a source of endless discussions. However, besides the demoralizing effect on the faculty and the disappointment to the parents, failure to finish often has represented psychological trauma to the student.⁸

The nursing profession in general has held the pessimistic position that the high student withdrawal rate is inescapable, and that "the fallout rate of approximately one-third is to be expected by nursing schools as inevitable as death and taxes."⁹ Available psycho-educational studies of

⁶Berg, op. cit., p. 395-396.

⁷Genevieve Burton, "The Instructor Counselor," The Journal of Nursing Education, Vol. 1, No. 4, (December 1962), p. 11-19.

⁸John R. Thurston, Patricia A. Finn, and Helen L. Brunclik, "A Method for Evaluating the Attitudes of Prospective Nursing Students," The Journal of Nursing Education, Vol. 2, No. 2, (May-June 1963), p. 3.

⁹Brunclik and Thurston, op. cit., p. 57.

this problem have supported this quite gloomy point of view. However, it would seem that the problem of student withdrawal should be further examined, for the success with which it can be reduced will have a direct and important influence on the number of nurses who graduate.¹⁰ In view of the great need for more and better qualified nurses, can the profession of nursing, or indeed the nation as a whole, really afford not to make these additional efforts to attempt to decrease student-nurse withdrawal?¹¹

Until this time one of the primary methods of predicting success or failure in the prospective nursing candidate has been the entrance qualifying examination. Screening devices for choosing candidates for a given profession, including nursing, have been in the main cognitive rather than affective.¹² The usual personality tests have been ineffective in identifying those candidates who lack the personality and motivation for effective education.¹³ Though recently personality theory and evaluation techniques have been developed to a high degree, the results of personality tests and the prediction have not been impressive. Uniform standards for entrance requirements have not solved the problem. Students who by all available standards should graduate fail to do so.¹⁴ Though the literature indicates that aptitude tests, achievements, and previous school records when combined do serve to eliminate some students who could not complete the program,

¹⁰Op. cit. p. 58

¹¹Brunclik and Thurston, op. cit., p. 59.

¹²Alma P. Beaver, "Personality Factors in Choice of Nursing," Journal of Applied Psychology, Vol. 37, No. 5, (October 1953), p. 374.

¹³Thurston and Brunclik, op. cit., p. 57.

¹⁴Thurston, Finn, and Brunclik, op. cit., p. 3.

these selection devices fail to screen out approximately one-third of those admitted.

There is probably no way a school can control the number who withdraw because of personal reasons, but there may be a means of reducing those who withdraw because of a dislike for nursing, disappointment in nursing, or personalities not suited to nursing. It is not unlikely that many drop-outs attributed to academic failure are due to such factors as these as well as to the reality experience of the first few months, which are not usually anticipated. Psychological factors have seemed to have a crucial role in this situation.¹⁵

The Problem

Statement of the Problem. Do students who leave the school of nursing before completing their program have characteristic attitudes in selected areas of adjustment, and do their claimed reasons for withdrawal reflect a common attitude?

Purposes of the Study. This study was conducted in an attempt to explore the following aspects of student withdrawal:

1. To determine if students who leave the school of nursing before completing their program have attitudes in selected areas of adjustment that differ from those who progress satisfactorily in the program.
2. To determine if the claimed reasons of the students who withdraw from the program reflect common attitudes.

Definition of Terms

The terms used in the study were defined as follows:

Attitudes - The inclinations and feeling, prejudice or bias, precon-

¹⁵Kilbrick, op. cit., p. 140.

ceived notions, ideas, fears, and convictions, derived from past experiences, about specified topics, by which the student brings himself into adjustment with his world.

Luther Hospital Sentence Completion Test Form - A form to evaluate the attitudes and emotional reactions of students and prospective students of nursing, in seven significant areas of adjustment.

Seven Areas of Adjustment - 1) The profession of nursing 2) Self 3) Home and family 4) Responsibility 5) Others 6) Academic areas 7) Love and marriage.

Projective Device - A device, form, or test that provides the subject (in this study the student nurse) with a stimulus situation giving him an opportunity to impose upon it his own private needs, his perceptions, and interpretations. These devices are intended to elicit responses that will reveal the individual's feelings, values, motives, and characteristic modes of adjustment or "complexes." This is done in an involuntary manner, thereby revealing traits that are below the surface or that the subject is unaware of.

Sentence Completion Test Form - A projective device used to measure individual attitudes. The form is made up of a number of sentence stems which need to be completed, permitting a wider range of responses than the usual yes or no.

Students Proceeding Satisfactorily in the Nursing Program - Those students who maintain a C or 2.0 or above grade point average each quarter.

Withdrawals - Students who leave the nursing curriculum before completing the basic baccalaureate program in the school of nursing.

Importance of the Study

The need for more information concerning the personality character related to nursing is becoming increasingly more apparent as we come to realize the importance of the personality of the nurse-patient relationship. Patients look to the nurse to relieve their feeling of anxiety and fear and to provide emotional support. Nurses who are not emotionally suited for the work or who have emotional conflicts of their own are not able "to provide good nursing."¹⁶

Considering then the importance of psychological factors, there exists a need for a systematic and meaningful method of inquiry into the attitudes and emotional reactions of a prospective nursing student. If worthwhile, this method of inquiry could be included as part of the routine testing procedure administered by schools of nursing and as a basis for effective counseling.

Many nursing schools today have limited facilities for predicting the success of students whom they recruit and admit. Objective information concerning the candidate, interpreted on the basis of reliable criteria would assist these schools in eliminating those who are unsuited and would also assist in guidance of students choosing nursing as a career.¹⁷

Berg in an article entitled, "A Study of Success and Failure Among Student Nurses," stated the following: "More follow-up of drop-outs and comparison of them with successful students is needed and may reveal more differences in these groups. More work in this area should be done."¹⁸

¹⁶Irene Heally and W. R. Berg, "Personality Characteristics of Nursing School Students and Graduated Nurses," Journal of Applied Psychology, Vol. 35, No. 4, (August 1951), p. 275.

¹⁷Ibid.

¹⁸Berg, op. cit., p. 395.

Looking at this problem from the economic standpoint, Edith Potts in 1936 stated, "If a school desires to save money, time and energy, it can admit fewer but better selected preliminary students and probably graduate as many nurses as it would have, had it admitted a larger but less carefully selected class - careful selection of all applicants pays."¹⁹

Considering the increasing need for more and better qualified nurses, a study was done in London in 1950 which suggested more research into selection methods for nurses.

It is of prime importance to improve qualitative selection by the use of selection tests. With an improvement in the quality of student nurses, it is likely that the whole standard of nursing will be improved both directly by selecting nurses's who can be of the greatest service to the patient and indirectly by increasing the attractiveness of the profession to other able human beings.²⁰

¹⁹Edith M. Potts, "Eliminating the Unfit," American Journal of Nursing, Vol. 36, No. 11, (November 1936), p. 1093-1097.

²⁰Asenath Petrie and Muriel Powell, "The Selection of Nurses in England," Journal of Applied Psychology, Vol. 35, No. 4, (August 1951), p. 281-86.

CHAPTER II

REVIEW OF THE LITERATURE

Much has been written in the past in regard to the "drop-out" problem of students from schools of nursing. This is brought to our attention more sharply today than previously, because of the increasing demand for more competent nurses. Until recently, and with the advent of new testing methods, little had been written about the personality or characteristic attitudes of the student nurse. A brief summary of some of the work done on problems in these two areas will be presented here.

Withdrawal of Nursing Students.

One of the first studies done on the number of withdrawals was done in 1924 by Blazier. He found, "40 percent of the students who enter nursing will not finish and this number is growing."²¹

According to Edith M. Potts, between February 1929 and December 1932 (four years) there were eliminated from 105 schools of nursing in New York State alone a total of 4795 who had been in school less than a year. Eventually the total drop-out was 37 percent.²²

Berg, in a study in 1943, found that there were 41,270 students admitted to nursing schools, but within a nine month period more than 38 percent had withdrawn. In one school, of the 110 students who met the high admission standards upon entering the school of nursing, 32.7 percent or 36 students had been dropped or had quit after 19 months of training. Fifteen of the

²¹Irving J. Berg, "Investigation of Nursing as a Professional Opportunity for Girls," Journal Applied Psychology, Vol. 31, No. 4, (August 1947), p. 1-69.

²²Edith M. Potts, "Eliminating the Unfit," American Journal of Nursing, Vol. 36, No. 11, (November 1936), p. 1094.

36 percent were dropped because of poor scholarship; 7 dropped because they disliked school and had different interests from the group of 74 successful nurses remaining and seemed to have unrealistic notions of what duties a nurse should have. Fourteen others left because of a desire to marry, home responsibilities, or poor health.²³

A more recent study by Barbara Tate indicated that over 30 percent of all students in diploma programs and as many as 44 percent of all students in baccalaureate programs drop out of nursing school. This study, including 864 diploma programs (94 percent of the total number in the United States) and 73 baccalaureate programs (43 percent of the total in the United States) indicated the withdrawal rates varied across the United States according to region.²⁴

TABLE I Student Nurse Withdrawals: Percent of Student Nurses Admitted Who Withdrew From School Before Graduation, 1940-1950	
Class of	Percent
1950.	33
1949.	31
1948.	39
1947.	39
1946.	32
1945.	31
1944.	29
1943.	30
1942.	28
1941.	28
1940.	27

Source: NLNE, 1951.

²³Irving J. Berg, "A Study of Success and Failure Among Student Nurses," Journal Applied Psychology, Vol. 31, No. 4, (August 1947), p. 394-395.

²⁴Barbara Tate, "Attrition Rates in Schools of Nursing," Nursing Research, Vol. 10, No. 2, (Spring 1961), p. 91-96.

TABLE II Student Nurses Admitted in February and September, 1947; Number and Percent Who Withdrew During Each Period and During the Entire Program				
Period	Schools Reporting	Students Admitted	Students Withdrawn	
			Number	Percent
First six months	878	25,321	3,987	15.7
Second six months.	858	24,941	2,058	8.3
Second year.	805	23,562	1,758	7.5
Third year ¹	750	22,274	574	2.6
Entire three years	743	22,189	7,404	33.4

¹Based upon those schools which reported throughout entire three years.
Source: NLNE, 1951

TABLE III Reasons Why Student Nurses Withdraw from School and Percent Withdrawing During Each Period and During the Entire Program. ¹					
Reasons for Withdrawing	First Year		Second Year	Third Year	During Entire Three Years
	First Six Months	Second Six Months			
All reasons.	100.0	100.0	100.0	100.0	100.0
Failure in classwork	36.1	27.4	18.4	10.8	28.5
Dislike for nursing.	11.9	9.6	6.5	2.3	9.5
Matrimony.	10.7	24.0	34.4	35.9	21.0
Personal reasons: such as family complications, death in family, homesickness, pregnancy	9.8	7.6	8.6	16.4	9.5
Personality and temperament unsuited for nursing.	6.1	6.6	3.9	3.3	5.5
Immaturity	3.5	1.5	1.2	0.5	2.0
Decision to go to college.	2.9	1.1	0.8	0.2	1.7
Disappointment in nursing course .	2.7	2.6	1.5	0.3	2.0
Failure to meet schools regula- tions and social standards.	2.6	3.4	7.3	11.0	4.4
Failure in clinical practice	1.6	2.6	3.5	3.5	2.4
Financial reasons.	0.9	0.8	0.5	0.3	0.8
Other reasons.	2.8	4.6	3.9	2.4	3.6

¹Based on reports of students admitted in February and September, 1947.
Source: NLNE, AJN, May 1951.

Dorffeld, in 1958, reported on a national study which found 21 percent of the drop-outs were due to marriage, and 9.5 percent were due to dislike of nursing. Drop-outs in some colleges due to transfers to other programs ran as high as 25 percent.²⁵

A large scale research project was conducted at the University of Utah and the University of California. A total of 698 nursing schools in the United States and Puerto Rico were studied to determine their selection and guidance procedures for students. In this project over 300 published and unpublished studies were reviewed for the total project. Four published and ten unpublished studies, giving the drop-out rate for one or two schools, showed the withdrawal rate ranged from 24 to 56 percent with an average of 39 percent. The total number of students admitted to the schools in the study ranged from 27 to 493, the average being 126. Drop-outs ranged from 13 to 210, the average number being 59. Again a wide variety of reasons were found in these studies; ranked in order of importance or frequency they are as follows: failure in classwork, marriage, dislike of nursing, ill health, unsuitable personality, disappointment in nursing, failure in practical work, violation of rules (dismissal), transfer to another school or field, sickness at home, family responsibility, personal reasons, financial reasons, and immaturity. This same study showed that academic failure appears to be the number one reason for withdrawal. These percentages ranged from 25 to 54 percent with the average of 42.6 percent. As a comparison, the Tate study done twelve years before this placed immaturity at the midpoint in her reasons for withdrawing; this study places this at the bottom

²⁵Mildred E. Dorffeld and others, "A Study of Selection Criteria for Nursing School Applicants," Nursing Research, Vol. 7, No. 2, (June 1958), p. 67-70.

or the least given reason for leaving nursing. (See Table III) It was also interesting to note that in a few studies of this project a high percentage of withdrawals were due to non-academic reasons. In one school admissions totaled 157, the drop-outs totaled 81, or an attrition rate of 51.5 percent! Even more startling, the 81 withdrawals had higher admission qualifications than the 76 who remained in the school of nursing!²⁶

Attitudes of Nursing Students.

Scientists in the field of Psychology and Testing have begun to separate out the threads in the tangled skein of human personality, to analyze them, and to prepare simple, concrete and objective analyses of candidates for admission to a nursing school. Nevertheless, there seems to be at this time no positive, single, personality pattern, or characteristics which will identify the successful nurse. Not only personality but motivation, interests, and background factors need to be studied. A number of investigators used a variety of personality and interest tests to predice success in schools of nursing - with varying results. Occasionally a positive correlation was reported between success and certain personality characteristics, but at this time one would suspect that no single personality pattern exists. Almost without exception, the studies reviewed have used personality tests and rating to predict success in nursing schools.

MacLean, in 1932, stated that

This field of examination is so important it cannot be possibly neglected in administering a proper battery of tests to these nursing candidates. Here again is the absolute necessity for the most careful interpretation, because I am convinced that certain personality traits and characteristics

²⁶Lorraine Hill, Calvin Taylor, and Jane E. Stacy, "Is There a Correlation Between Attrition in Nursing Schools and Job Turnover in Professional Nursing?," Nursing Outlook, Vol. 11, No. 9, (September 1963), p. 666-669.

essential to the supervisor and head nurse are absent or modified in other branches of the profession. I am convinced if you follow the battery-test-objective-analysis program, your student failures will be brought to a minimum.²⁷

Another early study done by Habbe Stephan, on the selection of student nurses, found little association of high scores on intelligence tests with success in training. To give precisely and completely the reasons why a certain girl succeeds or fails in nursing, it is necessary to know a great deal about her. He placed emotional balance and maturity as the biggest factors of success in nurses' training. Academic failure was the reason for most withdrawals, but the I.Q.'s of these students compared favorably to the successful group, so emotional difficulty was felt to be an underlying cause of these failures.²⁸

The National League of Nursing Education, in 1938, published a list of traits which were considered to characterize "the good nurse." Their revised list of 1945 consisted of the following traits: adaptable, alert, broad interests, cheerful, conscientious, cooperative, courageous, courteous, economical, emotionally mature, enjoys and appreciates beauty, enthusiastic, frank, good attitude toward criticism, good judgment, independent, loyal, orderly, performs procedures effectively, physical endurance, plans work, resourceful, respect for authority, self-controlled, sense of humor, stable, sympathetic, tolerant, trustworthy, and well-groomed.²⁹

In the selection of student nurses, Garrison found, there is always the

²⁷Malcolm S. MacLean, "The Selection of Student Nurses and Treatment of Failures," American Journal of Nursing, Vol. 32, No. 12, (December 1932), p. 1297-1307.

²⁸Habbe Stephan, "The Selection of Student Nurses," Journal of Applied Psychology, Vol. 17, No. 5, (October 1933), p. 564-580.

²⁹Emma Spaney, "Personality Test and the Selection of Nurses," Nursing Research, Vol. 1, (February 1953), p. 4-26.

problem of what personality pattern is not desirable. This problem prevails in all fields of work and is one that should receive careful consideration in connection with the problems involved in the selection of student nurses. He stated, in 1939:

The personality test scores are of the most value in studying occupational fitness when considered in relation to each other and to the student nurses' various abilities. A careful analysis of an individual's psychograph will often times show the nature of the personality pattern that is a hinderance to the adequate development of the student nurse.³⁰

Bennett and Gordon found, in a study in 1944, the occupation of nursing is one of the major fields in which personality has generally been accepted as an important factor in success. In view of the continuing demand for nurses, it seems desirable to study the validity of any available test data for its ability to identify recognizable traits that would contribute toward success in the field. Their findings are as follows:

- 1) The intelligence of the student nurse is independent of the personality-value ratings given her by classmates and supervisors.
- 2) It would appear, that at present the type of personality test is of little or no value as a part of a battery of tests used in personnel selection since it will neither predict success or the attitudes of nursing students.³¹

It has been frequently observed that some individuals with better than average health and a high degree of interest do not succeed in nursing. Healy and Borg reported on a study done in 1951 which involved 186 nursing school freshmen, in 16 schools of nursing, and 76 graduate nurses. Their tests showed no characteristic patterns of beginning nursing students.

³⁰K. C. Garrison, "Use of Psychological Tests in the Selection of Student Nurses," Journal of Applied Psychology, Vol. 23, No. 4, (August 1939), p. 461-472.

³¹G. K. Bennett, H. P. Gordon, "Personality Test Scores and Success in the Field of Nursing," Journal of Applied Psychology, Vol. 28, No. 3, (June 1944).

However, they did find the graduate nurse as a person with self confidence, emotional stability, lacking nervous tension, cheerful, optimistic, agreeable, cooperative, and objective. They felt this could be used in vocational guidance and in assisting those who are about to fail in nursing.³²

It seems reasonable to expect that one or more personality traits would be essential to function well within the general field of nursing and that additional, different traits would be required for different nursing specialties. Only one study reviewed made any attempt to get at such general requirements. Petrie and Powell used a rating scale as a criterion measure in their prediction study of nursing students in England.³³ They then factor-analyzed the rating scale in an attempt to determine the requirements demanded "of a good nurse on the job." They found a general factor which they termed general nursing ability and bipolar factor which involved intellectual capacity and personal relationships. The traits with high loadings on the personal-relationship factor were patience, understanding, kindness, and sympathy.

An investigation into the personality attributes of student nurses as compared with education majors, using the Minnesota-Multiphasic-Personality Inventory (MMPI), was done at the University of California in 1951. Eighty-six student nurses were matched for race, age, and the American Council on Education's Psychological Examination for College Freshmen (ACE) aptitude percentile. The study offered evidence that the student nurse presents a

³²Irene Heally and W. R. Borg, "Personality Characteristics of Nursing School Students and Graduated Nurses," Journal of Applied Psychology, Vol. 35, No. 4, (August 1951), p. 281.

³³Asenath Petrie and Muriel Powell, "The Selection of Nurses in England," Journal of Applied Psychology, Vol. 35, No. 4, (August 1951), p. 286.

significantly different response to a small number of selected items on the MMPI. Presumptive evidence is formulated that the student nurse is a more stable individual who exhibits a preference for her own sex and likes mannish qualities in her associates. She is fastidious and conventional in her attitudes and is duly inspired. Symptoms of hypochondria and neuroticism are lacking.³⁴

Reece undertook a study with the purpose of determining whether objective measures of personality characteristics are associated with successful completion of a nursing program. The Edwards-Personal-Preference Schedule (EPPS) was administered to 87 female students who were beginning the nursing program and attending classes in psychology at Wayne State University. Three years later, after the course was completed, the students were divided into two basic groups, withdrawal and successful completion. Scores of the EPPS of these two groups were compared, and these conclusions drawn:

The completed group can be interpreted as picturing girls who have a need to take care of others, to be sympathetic and encouraging with others; who are interested in motives and feeling, in analyzing others. They like to experience novelty and change; they show a need for friendship, a need to please, and to win affection; but, they tend to feel inferior and timid, willingly submitting to authority. However, they have a much greater need to give help than to ask for or receive aid; they want the approval of authority figures, conventional, and do not have a strong need for order and organization.

As a group, the Withdrawal students had a greater need for achievement but less need for deference than the Completed subjects. It was notable that they appeared to be more aggressively motivated, more self concerned, with a greater need to dominate; and, at the same time, they appeared to be unable to tolerate as much pressure, to have less need to be orderly, less need to take care of others. They seemed to have less need to nurture the unfortunate.

³⁴Alma P. Beaver, "Personality Factors in Choice of Nursing," Journal of Applied Psychology, Vol. 37, No. 5, (October 1953), p. 375.

Reece. concluded from the results that there are differences in personality characteristics of the successful student nurses and students who withdraw voluntarily or involuntarily from nurses' training.³⁵

A much later study done in this same area investigated the effects of selected variables on drop-outs from schools of nursing. The independent variables were role perception, self concept, motivation, socio-economic background, and anticipated adjustment. The dependent variable was the withdrawal from a school of nursing.

The entire classes entering each of seven hospital schools of nursing were studied. A total of 538 students were tested but only 460 were used. Eight instruments were constructed dealing with knowledge, activities, attributes, and relationships, self-concept, motivation, anticipated adjustments and socio-economic background, of the students.

Scorers were 30 supervisors and instructors in the 7 schools. As a means of learning more about the personality characteristics and perceptions of nursing students who remain as compared to those who withdraw from the program, the chi square test of significance using Yates correction where indicated, was done on the responses to each item on the instruments, for both all the schools combined and each school separately. These findings were reported:

Students who were more realistic in their appraisal of nursing were more likely to remain than those who expected the work to be quite glamorous. Those who expected an equivalent to a college program were apparently disappointed. In three individual schools students who withdrew had expected their activities to be concerned with teaching, administration, an research whereas those who remained were more aware of the fact that their role was one of providing the patient with nursing care.

³⁵Michael M. Reece, "Personality Characteristics and Success in a Nursing Program," Nursing Research, Vol. 10, No. 3, (Summer 1961), p. 172-176.

Students who withdrew resented authority and were less willing to submit to the routines and practices of the school. They had a desire for independence which showed itself through aggressive behavior; they were rejecting of their classmates and superordinates and less concerned with the welfare of patients than were the remaining students; and they were desirous of going their own way unhampered by obligations toward others. In contrast the students who remained were nurturant and placed the welfare of others above their own personal interest; they were responsive to patients, were interested in others and wanted others to be interested in them; they felt an obligation for their classmates as well as for patients; they took pride in their profession; and they were more submissive in their behavior. They were attaining their goal by abiding according to the rules and regulations of the hospital and performing in a manner expected of them.

The students remaining saw the ideal nursing student as one who had resolved her conflicts and was willing to accept submission in order to achieve her goals; as one genuinely interested in the well-being of others; as one with good super ego control; and as one who worked purposefully. On the other hand, the withdrawing student was in conflict because of her many basic contradictory needs. Although she wanted to be part of the group this student alienated herself through her aggressive behavior. She seemed unable to resolve successfully her ambivalence between independence and dependency or to have the ability to master at a mature level, problems within and outside of her personality.

An item analysis was done for the eight instruments, and significant findings showed certain personality characteristics seemed to be related to continuing in nursing and others militated against continuation.³⁶

After reviewing the literature it seems apparent that some progress, in attempting to measure nursing students' attitudes, has been made, and the use of a projective type of device or tool has been reasonably successful. Even so, being aware that a small sample, unfamiliarity with the tool, and subjective scoring methods, all could affect the results, and unexpected findings may ensue, this method of collecting data and evaluation was attempted for this study.

³⁶ Anne K. Kilbrick, "Drop-Outs in Schools of Nursing: The Effect of Self and Role Perception," *Nursing Research*, Vol. 12, No. 3, (Summer 1963), p. 140-149.

CHAPTER III

METHODOLOGY-ANALYSIS AND FINDINGS

Method of Research

The sentence completion and the direct question methods were used in this study as ways of gathering data. The sentence-completion form is a systematic and meaningful method of inquiry into the attitudes and emotional reactions of a nursing student.

This is a "projective" device that is widely used by clinical psychologists in a variety of settings. It has been used to measure the individual attitudes of patients in mental hygiene clinics, of patients in tuberculosis sanatoriums, and as a screening device in Army convalescent hospitals, to study the relationship of physical disability to personal aspiration.³⁷

According to Allen L. Edwards, the chief feature of a "projective device" is its assignment of a relatively unstructured task, or a task that permits an almost unlimited variety of possible responses. In order to allow "free play" to the subjects' imagination, only brief, general instructions are provided. It is expected that these devices will serve as a sort of screen upon which the subject "projects" his characteristic ideas, attitudes, strivings, fears, conflicts, aggressions, and the like. These usually have disguised factors within the test, so the subject is rarely aware of the psychological interpretation that will be made of his responses.³⁸

Another feature is the "global" approach to the subject's person-

³⁷John R. Thurston, Patricia A. Finn, and Helen L. Brunclik, "A Method for Evaluating the Attitudes of Prospective Nursing Students," The Journal of Nursing Education, Vol. 2, No. 2, (May-June 1963), p. 4.

³⁸Allen L. Edwards, Techniques of Attitude Scale Construction, (New York: Appleton-Century-Crofts, Inc., 1957), p. 9-13.

ality; in other words; attention is focused upon a composite picture of the "whole" personality, not separate traits. This emphasis on the "global" approach reflects the influence of psychoanalytic concepts, a contribution of Gestalt psychology.

A sentence completion form is made up of a number of sentence stems that are presented for completion. In completing these the person expresses many emotions: fears, likes, dislikes, past experiences, and wishes. This device has a number of advantages over the traditional "paper and pencil" personality inventories. The person responding to "paper and pencil" tests can answer only "yes" or "no" to a series of direct questions. It is well known that many individuals are reluctant to give public expression, either written or verbal, of their feelings and attitudes on certain issues because of fear of social disapproval. Only when the atmosphere is free from felt or actual pressures toward conformity might we expect to obtain evidence about a person's attitudes in this manner.

Then too, clinical psychologists have found that some individuals are not aware of their feelings toward a given "psychological object."³⁹

Thurstone defines a psychological object as any symbol, phrase, slogan, person, institution, ideal, or idea, toward which people can differ, with respect to positive or negative affect. (Affect and feeling are used interchangeably.)

They may profess a great dislike for something, but during therapy discover they are reacting against unconscious impulses of the opposite nature.

It is also true that many times a person's feelings about certain objects are so mixed up and confused it is difficult for them to evaluate how they feel by introspective methods. They can have positive and negative

³⁹L. L. Thurstone, Comment, American Journal of Sociology, (1946), Vol. 52, p. 39.

feelings about the same object. How then can they weigh and evaluate the strength or intensity of the two opposed feelings and to decide if they like or dislike the object? These types of evaluations demand more objectivity and insight than some individuals are capable of giving, and certainly upon the spur of the moment and in response to a direct question.⁴⁰

This method provides a much wider range of responses. The student is encouraged to express her own personal feeling, she is asked to put down the first thought that comes to her after reading the sentence stem, to try to do every one, make a complete sentence, and not go back to change any of her original responses. With the aid of these responses fairly objective scoring is possible, and their content can also be examined clinically for more specific diagnostic clues. The sentence completion method can be readily adapted for specific purposes, this being another of its advantages, for use in either a clinical or research setting.

The Luther Hospital Sentence Completion form was used. This form consists of ninety sentence stems developed specifically to evaluate the attitudes and emotional reactions of students and prospective students of nursing regarding these seven areas of adjustment: the profession of nursing, self, home and family, responsibility, others, class-work and studies, and love and marriage. The development and evaluation of the attitudinal form was undertaken in 1956 in a six-year research program conducted under the auspices of the United States Department of Health, Education and Welfare. It was headed by John R. Thurston, Ph.D., and his associates at Wisconsin State University, Eau Claire, Wisconsin.⁴¹ Four schools participated in

⁴⁰ Anne Anastasi, Psychological Testing, New York, MacMillian Co., (1961), Chapter 20, "Projective Techniques", p. 580-581.

⁴¹ Thurston, Finn, and Brunclik, op. cit., p. 6.

the initial validation study of the tool, and five more will join this effort this fall.⁴²

Because one purpose of this study was to determine if students who withdraw from a nursing program have characteristic attitudes in selected areas of adjustment that differ from those who continue satisfactorily in the program, and because this device was developed specifically to determine nursing students' attitudes, it seemed the most appropriate tool available for this particular study.

A survey was conducted utilizing the above tool. The form used by Luther Hospital was duplicated exactly except for five sentence stems in which the "tense" of the verb was changed to "past" tense instead of "present" tense in order to be more meaningful to the student who had previously been in the nursing program. For example, stem number 1 states: "When I go to nursing school, my family _____," in this sentence stem the word "go" was changed to "went." (See appendix for copy of the tool.)

Since the second purpose of this study was to determine if the students' claimed reasons for withdrawal from the nursing program reflect common attitudes, a brief statement asking their reason for leaving nursing was inserted on the last page of the sentence completion form.

When possible this was administered through a personal interview. For the students who had left the area, the form, with complete instructions, a short letter explaining why the researcher wanted this information, and a stamped, self-addressed envelope was mailed to them. It was implicitly stated in the letter of explanation that they need not sign their names, only to check in the space provided whether they had been a freshman or

⁴²Research Reporter, "Nurses Attitude Inventory," Nursing Research, Vol. 15, No. 3, (Summer 1966), p. 271.

sophomore student. The control group of students remaining in the nursing curriculum were contacted during the autumn quarter.

This study was conducted at a state university in the state of Montana which offers baccalaureate and master degrees in nursing. The data was collected from June through November 1966. The students who were withdrawing from the nursing program had stated this intention by June, and the remaining students returned to the campus about the middle of September.

Limitations of this Study

- 1) The small size of the sample - 28 in number.
- 2) The withdrawal group and the remaining group were not equal in size - 15 in the withdrawal group, 13 in the remaining group.
- 3) Through an unavoidable incident, the researcher helped score a small part of the data.

Population and Sample.

The population consisted of 126 freshmen students who had entered the first year of the nursing curriculum, autumn 1965 and 101 sophomores in the second year of the basic baccalaureate program.

The sample used consisted of two groups; the experimental group or those students who had withdrawn from the nursing program, and the control group or students continuing satisfactorily in the nursing curriculum.

All students who had left the nursing program but were still in the area and available, were interviewed personally. Those students who had left the area were contacted by mail, requested to complete the form and return it as soon as possible to the researcher. A stamped, self-addressed envelope was enclosed for the student's convenience. Of the 22 freshmen students who left the program, responses were returned from 11. From the 10 sophomores

who withdrew, responses were returned from 4. This group totaled 15.

The other group or control group, as defined for the purposes of this study, consisted of "those students who are continuing satisfactorily in the nursing program and maintain a C or 2.0 or above grade point average per quarter." Seven sophomores and 6 juniors made up this group.

These two groups made up the sample which totaled 28.

Because of the variety of differences between students in ability, motivation, background, and temperament, it was necessary to match the control group as nearly equally as possible with the experimental or withdrawal group. The scores from three measures were used:

- 1) The students selected High School Grade Point Average (HSGPA).
- 2) The students Ohio Psychological Exam (Ohio 78).
- 3) The students scores on the American Council on Education

Psychological Examination for College Freshmen (ACE Aptitude).

This information was available in the nursing department and testing center. For the withdrawal group their HSGPA mean was 22; their mean on the Ohio 78 was 4; and for the ACE Aptitude the mean of its scores was 4-5-5.

The control group, or students remaining in nursing, were also selected on the basis of their scores in these three exams. From the 227 sophomore and junior nursing students a careful search through their files in the testing center for their scores netted a total of twenty students whose scores could be considered reasonably equal or comparable to the scores obtained from the group of students who had withdrawn from the program. The mean scores of this group are as follows: the HSGPA, 25; the Ohio 78, 5; and the ACE Aptitude, 4-5-5.

As these twenty students were on campus and attending the same classes they were easily contacted and asked to complete the Luther Hospital Sentence

Completion Form and return it as soon as possible to their instructor. This was done after mid-term exams, so preparation for these were over and pressure for finals had not arrived. Again they did not have to sign their names to the forms but only to check their academic year of either sophomore or junior. However, each form had a code number on it so the researcher could match this student with her scores obtained from the testing center. Thirteen completed forms were returned within the next two weeks and requests for the other seven were not acknowledged. The final total for this group was 13 which with the other group of 15 gave the sample total of 28.

The number of sentence stems and their completions to be analyzed and scored for the two groups totaled 2,403. The reasons given for leaving the nursing program varied from no answer, one to two sentences, to two and three paragraphs. This demanded a fair amount of critical, conclusive reading. In order to simplify the scoring procedure the completed sentences received from the students were separated and listed according to the adjustment areas they were designed to refer to. The final sheets to be scored contained seven groups of sentences related to the seven areas of adjustment. For example, all sentences whose numbers ended with the digit '1', (1, 11, 21, 31, 41, 51, 61, 71, 81) dealt with the students' attitudes toward the profession of nursing. These sheets, three in number for each student, were numbered for the benefit of the researcher but otherwise had no other mark on them that would identify them as being either in the withdrawal group or the control group. Ideally, the form should be scored or analyzed by a panel of experts; one reference listed a clinical psychologist, several directors of schools of nursing, and others involved in counseling work with nursing students.⁴³

⁴³Thurston, Finn, and Brunclik, op. cit., p. 6.

Criteria for the Jury.

Because the services of a clinical psychologist were not available, these criteria were set up for the jury who would be scoring the sentence completions:

Graduate students enrolled in the master of nursing program having had two to three years of either teaching experience or other work (e.g. counseling, director of nursing) with student nurses, and/or five or more years of nursing experience which involved frequent contact with student nurses.

The jury chosen consisted of three graduate students enrolled in the master of nursing program, two of whom had taught in schools of nursing for a minimum of three years to a maximum of eight years, and one who was near completion of the masters program and had been actively engaged in hospital nursing for over ten years.

For this study, the aid of a counseling psychologist from the guidance and testing center at the university was secured to act as the final judge of the students' responses. After the jury had scored these - he examined each of these for statements he felt would have 'clinical' inferences. The forms were mixed thoroughly so he would not be aware which group of student responses he was scoring. He scored each student as 1. succeeding in nursing, 2. withdrawing from nursing or remaining in nursing but requiring the assistance of a guidance counselor. This was done to examine the effectiveness of the tool as it was used and scored in this study, and to determine from the student responses if an expert could predict a student's success in nursing, withdrawal from nursing, or the possibility of problems in certain areas.

The jury was to score each sentence as a positive, negative, or neutral statement; an 'X' was given to any sentence stem not completed.

Criteria for Scoring Sentence Stems:

- 1) A positive statement had absolute, clear-cut, definite, concrete, affirmative connotations within it regarding the profession of nursing, the student as a person or self, relationships with others, sense of responsibility, home and family, school and studies, and love and marriage.
- 2) A negative statement had certain clear-cut, contrary, dissenting, rejecting, or hostile connotations within it regarding the profession of nursing, the student as a person or self, relationship with others, sense of responsibility, home and family, school and studies, and love and marriage.
- 3) A neutral statement implied impartiality, indecision, indifference, or vagueness regarding the profession of nursing, the student as a person, her relationship with others, sense of responsibility, home and family, and love and marriage.
- 4) An 'X' was given to any sentence stem that was not completed or that was left blank.

Two members of the jury had nine groups of sheets or nine student's responses to score; one member had 10. This was done in one three-hour session. Each member had a copy of the criteria (defining positive, negative, or neutral connotations) to refer to in judging the student's responses. One event occurred during the scoring which should be considered regardless of the final results. One member of the jury was called out during the scoring session and was unable to return. In order to complete the scoring the researcher scored seven groups of responses. The possibility of conscious or unconscious bias on her part must be considered.

Analysis for Data

Each student's scored responses were totaled and placed on a master

scoring sheet. This listed the students by their code number; students with numbers one through 15 were in the withdrawal group and 16 through 28 were in the control group. Their positive, negative, neutral and X scores were then totaled in each of the seven areas. Final total for each student went on the master sheet. Two graduate students checked each student's total responses and tabulated these on an adding machine. To further check that no error in the counting was made - these totals had to equal the number of sentence stems offered for completion to each group. This balanced, 1,246 for the withdrawal group and 1,159 for the control group.

Because of the small size of the sample and because there were two more students in the withdrawal group than the control group, the final scores needed to be equalized. This was done by dividing the total number of positive responses by 15 (the number of students in the withdrawal group) and multiplying by 13 (the number of students in the control group). This was done for the negative, neutral and no-response totals as well.

As shown in Table IV, the withdrawal group had 67 more positive responses and they also had 46 more negative responses. They had 10 more neutral responses and 41 more stems they did not respond to.

TABLE IV		
Total Number of Responses for Both Groups		
Responses	Withdrawals	Control
Positive	737	670
Negative	241	195
Neutral	87	77
No-response	77	36

The withdrawal group had the largest total number of the four responses scored.

Findings from the Responses in Each Area.

In the area of nursing, it was found that the group of withdrawal students had 14 more positive statements in this area than the group remaining. They both had the same number of negative statements about the profession, 20. This seemed surprising, as one would assume the group withdrawing would have more negative feelings about a field they were leaving, and certainly less positive ones. (See Table V)

In the area regarding "self", the withdrawal group scored 28 more positive responses and five more negative responses than the control group. However, they did not respond to 36 stems in this area and 36 responses were scored as neutral. Is there some reason why this group either could not respond to the stems in this area or did not wish to?

The area of "home and family" showed the withdrawal group with 13 less positive responses and 22 more negative responses. Their responses in both the neutral and no-response totaled 13. One might assume from this that this group had some members with unhappy home situations.

Another area of surprise was that of "responsibility"; the withdrawal group had 34 more positive statements than the remaining group and only a small difference in the negative responses. In the field of nursing with its great responsibilities on each and every nurse, one would suppose that the group continuing in the program would have many more positive responses in this area than the group that had withdrawn. Why?

Also in the area of "classwork and studies," the withdrawals had 10 more positive statements than the group remaining, which would lead one to presume that the difficult nursing curriculum was not a major cause of withdrawal. The other responses were fairly equal.

TABLE V								
Total Scores for Both Groups In the Seven Areas of Adjustment								
Seven Areas of Adjustment	Positive		Negative		Neutral		No-response	
	W	C	W	C	W	C	W	C
Nursing	97	83	20	20	9	10	9	4
Self	261	233	72	77	36	26	36	15
Home-family	89	102	65	43	13	8	13	3
Responsibility	171	137	34	37	13	16	7	4
Classwork Studies	82	72	35	28	13	12	5	5
Others	108	96	43	38	18	12	11	9
Love-Marriage	42	50	19	12	6	4	8	1

W = Withdrawal group

C = Control group

The withdrawal group scored more positive responses in all areas but two, "home and family," and "love and marriage." They scored more negative responses in all areas but two, "self" and "responsibility." They also had more neutral scores in all areas but "nursing" and they did not respond to more stems in all areas but "classwork and studies," in these both scored the same.

Again in the area of "others," the withdrawal students had more positive responses and fewer negative responses than the group that remained in nursing.

The only other area besides "home and family" for the withdrawals to score less positive, more negative responses, was that of "love and marriage." Again, one might presume there could be difficulties in the homes of some of these students that would influence their scores in these two areas to be more negative than positive.

On the basis of the scoring in these seven areas and the overall total scoring, the withdrawal students appear to have more positive attitudes about nursing, themselves, responsibility, other people, and classwork and studies. They appear to have more negative attitudes in the areas of love and marriage and home and family.

Findings of the Counseling Psychologist.

Of the 27 response sheets examined, the expert was in agreement with 17 and disagreement with 10. Of these he placed 7 of the withdrawal students in the group he classified as "most likely" to finish nursing. Two of the remaining students he placed in the "most likely not to complete the nursing program" group. This was a 63 percent agreement which could be due to chance alone. Because of these results, very possibly due in some measure to the small, unequal size of the sample and the manner in which the responses were scored, it appears this tool was not too effective when used in this manner. It did not produce results that were expected for these groups of nursing students. This seems to reinforce what the literature has said many times: there does not appear to be measurable, characteristic attitudes that are necessary for a successful nurse. On the basis of these meager findings, and because the attitudes of these withdrawal students

appear to be quite positive, could there be other unrelated reasons why these students left the nursing program?

The second purpose of this study was "to determine if their claimed reasons for withdrawing reflect a common attitude."

TABLE VI	
Student's Claimed Reasons for Withdrawing from Nursing	
Dissatisfaction with the nursing school, the curriculum, an advisor, or instructor.	7
Was influenced by others to enter nursing.	2
Desire to get married.	2
Pregnancy.	1
Disillusionment.	1
Student felt she was too emotional	1
No-response.	1

Dissatisfaction with the nursing program was the most claimed reason for withdrawal.

Table VI gives the claimed reasons of the students for leaving the nursing program.

It is evident from this that dissatisfaction with the nursing program, curriculum, advisor, or instructor was the most often expressed reason. This accounts for 7 of 15 students' reasons or 46 percent. The withdrawal students had the majority of the negative responses in the areas of "home and family" and "love and marriage." Obviously then, the majority of their claimed reasons for leaving nursing were not related to any of the 7 areas of adjustment shown by the tool used in this study. The claimed reason for leaving the nursing program as stated by the largest number of withdrawal

students was dissatisfaction with the nursing school, the curriculum, an advisor or instructor, but not nursing as a profession.

TABLE VII								
Individual Scores From Withdrawal Students								
St No	Selected High sch. G.P.A.	MSAT Psych. Stanine	College Aptitude A.C.E. Q-L-T	College G.P.A.	Total Attitude Scores			
					Pos.	Neg.	Neut.	No Resp.
1	30	5	5-6-5	2.47	51	22	14	2
2	17	3	4-5-5	1.58	52	2	15	0
3	21	3	3-3-3	1.71	65	20	4	0
4	23	2	1-3-2	1.92	42	37	10	0
5	24	6	2-7-5	2.00	68	15	6	0
6	23	2	3-5-4	1.84	57	23	8	1
7	18	4	2-5-4	.97	53	12	9	15
8	19	4	5-6-5	1.97	52	4	12	1
9	19	5	4-7-6	.87	45	9	0	35
10	24	3	5-4-4	2.21	76	12	1	0
11	25	5	3-5-4	1.96	50	6	2	31
12	23	7	6-6-6	2.67	54	28	4	3
13	20	8	4-6-5	0.00	46	37	6	0
14	29	6	4-6-6	2.22	84	1	4	0
15	15	3	5-3-3	1.36	55	20	13	1

Scores of the individual students from the withdrawal group shows 6 student scores that seem outstanding. #4 has almost as many negative responses as positive, low on the A.C.E.; #7 did not respond to 15 items, low college G.P.A.; #9 scored 45 positive responses but did not respond to 35 stems, and low college G.P.A.; #11 scored 50 positive responses, left 31 unanswered; #12 had highest score in the Ohio and A.C.E., had 54 positive responses, gave no reason for withdrawing; #14 had 84 positive responses.

The Luther Hospital Sentence Completion Form was constructed for the purpose of examining each individual student's expressed or unexpressed

feelings and emotions in certain areas of adjustment. This information can then be used by directors of schools of nursing, instructors, and counselors of nursing students to anticipate difficulties that could arise, and thus be better prepared to help the student should certain problems occur.

According to Thurston⁴⁴,

"simple inspection of the LHSC form ordinarily reveals much useful information regarding the attitudes and emotional reactions of a student or a prospective student. The more thoroughly trained and experienced the interpreter becomes, however, the greater yield of knowledge about the individual. Oftentimes, the responses contain information that may come to light only after a considerable period of rather close personal association. The interested faculty member, counselor, or clinical psychologist should be able to obtain a fairly comprehensive picture of the students' personality and point of view by using the LHSC."

Using the tool in the manner suggested by Thurston, some inconclusive statements about a few individual students from the withdrawal group whose individual scores seem outstanding are included here:

(The group mean for positive responses was 57, for negative, 19.)

Student #4 had almost as many negative as positive responses, with ten neutral. Most of her negative responses were in the areas of "home and family" and "self." She had the lowest score on the A.C.E.; her reason for leaving nursing was pregnancy. One could assume this girl very likely did not have an above-average, happy home life; perhaps she needed love and affection she was not getting there.

Student #7 had the average amount of positive responses and only 12 negative responses; however, she did not respond to 15 stems. She left nine uncompleted in the area of "self" and three in the area of "home and family." Her reason for leaving was dissatisfaction with the nursing program and she expressed a desire for a hospital program where you learn as you go.

⁴⁴John R. Thurston, op. cit., p. 25.

She is now married. She scored low on the college G.P.A., .97. Because of this it would be reasonable to assume that poor grades may have been her real reason for leaving nursing, and marriage was another.

Student #9 had 45 positive responses but left 35 stems uncompleted. Most of the unanswered were in the area of "self," five were left in the area of "nursing," "responsibility," and "others." This girl briefly stated she wanted to get married. Her college G.P.A. was the lowest of the group .87; however, her Ohio was a 5 and her A.C.E. was 4-7-6. On the basis of these scores marriage was probably her reason for leaving; she really told nothing about herself or some of her feelings by leaving so many stems uncompleted.

Student #11 had 50 positive responses, but left 31 unanswered stems; again most of these were in the area of "self" with 12. The area of "home and family" was next with five. Her reason for leaving nursing was dissatisfaction with the nursing program. She felt the nursing instructors were not fair, and has changed curriculums. Her high school G.P.A. was third highest of the group, and she scored average for this group on the A.C.E. and Ohio. For some reason she did not answer many of the stems regarding "self." Perhaps she either could not complete them or did not want to.

Student #12 had the highest scores of the group in the Ohio and the A.C.E., with a 7 and 6-6-6. She scored 28 negative responses, and gave no reason for leaving nursing. From some of her completions, such as "had no confidence in self," biggest fault was her "inferiority complex," family had "nothing to do with community affairs," "does not like to be in charge," "likes to go to sleep if things go wrong," these types of responses lead one to feel she has a rather low opinion of herself; she also stated "low grades were all she ever had;" this is confusing as her aptitude scores do not

indicate this. One would think this girl might have some deeper problems than are evident on this device.

Student #14 had the second highest high school G.P.A. She had the highest number of positive responses, 84, and only one negative response. She also stated she was dissatisfied with the nursing program and has transferred to Home Ec.

At the time this study was completed, nine of the 15 withdrawal students who cooperated in this study are back in college. Of these nine, seven have transferred to other curriculums. Of these seven, four had stated intense dissatisfaction with the nursing program; two of these had below passing 1 grade point for each credit or D grade, which may or may not have influenced their leaving the nursing program. Two of the withdrawals are back in the nursing program; one of these had stated dissatisfaction with the nursing program, the other had stated no reason for leaving.

CHAPTER IV

SUMMARY AND CONCLUSIONS

This study attempted to determine if students who withdraw from a school of nursing have characteristic attitudes in seven adjustment areas, and do their claimed reasons for leaving reflect a common attitude? This was done utilizing a projective type of tool or sentence completion technique, and with this requesting a written reason for the student's withdrawal. In general the governing premise of the researcher was that students who leave the nursing program before finishing have or do not have characteristic attitudes in the seven areas of adjustment. These being: the profession of nursing, self, responsibility, home and family, others, classwork and studies, and love and marriage.

The Luther Hospital Sentence Completion Form was used, because it was designed to determine student nurses' attitudes in these seven areas. This form contains 90 sentence stems offered for completion. This tool with instructions was mailed to the withdrawal student if she had left the area. Otherwise a personal interview was used. This group totaled 15. It was also given to a group as equally matched as possible that was remaining in the nursing school. Three groups of scores were used to match the groups as evenly as possible. These were the High School G.P.A., the Ohio Psychological Stanine, and the College A.C.E.

After the completed forms were returned, the sentence stems and their responses were scored as either positive, negative, or neutral according to the criteria established for this study. The jury that did the scoring were graduate students in nursing who also met the criteria established for the jury in this study. The final scoring was done by the counseling psychologist in order to determine if the tool and its results scored in this manner

could give any clinical inferences for certain specific students.

Results of the study showed that the withdrawal group scored 67 more positive and 46 more negative responses than the remaining group. Further, the total responses in the seven areas showed the withdrawal group with more positive responses in these areas: profession of nursing, self, classwork and studies, responsibility, and others. They did score more negative responses in the areas of home and family and love and marriage.

Regarding their claimed reasons for leaving, seven stated dissatisfaction with the nursing program, the curriculum, advisors, or instructors. This did not seem related to the two response areas in which this group scored the most negative responses, those of love and marriage, and home and family.

In conclusion: this study does not appear to show any characteristic attitude or attitudes for this particular group of withdrawal students. Because of their many positive responses in all but two areas, one would be led to believe this group had quite positive feelings in these seven areas of adjustment, and would very likely be successful in nursing. However, because of their claimed reasons for leaving nursing, the fact that nine of the 15 are back in college and of these two have returned to nursing, it appears that some unrelated factors not apparent from the results of this tool, was responsible for the withdrawal of these nursing students.

RECOMMENDATIONS

1. Undertake another study involving more than one nursing school. The sample could be composed of nursing students at all stages of their nursing curriculum who have indicated they do not intend to finish the nursing program, and a comparable number of nursing students who have

indicated they do intend to complete their program. Responses from these two groups could then be examined for any pattern or distinctive hint of attitudes in these seven areas of adjustment.

2. Devise a different method of scoring these statements with criteria that would be more concrete, thereby eliminating some of the subjectivity of the scoring.

3. Include this tool with other tests or exams given nursing students as they enter a nursing program, to determine if predictions for success or withdrawal are able to be made with the aid of this tool.

4. Another study using successful and withdrawal nursing students and an equally matched group of other students from other curriculums, to determine positive and negative attitudes or lack of attitudes of these three groups in the seven areas of adjustment and then determine how they differ from each other.

APPENDICES

APPENDIX A
MONTANA STATE UNIVERSITY
SCHOOL OF NURSING

June 6, 1966

Dear: (name of former student)

As a graduate student of Montana State University, School of Nursing, I am collecting data for a technical paper as partial fulfillment of the requirements for my Master's Degree and would like to determine why some students leave the nursing program.

You were previously enrolled at Montana State University in nursing. Could I ask you to complete the sentences on the enclosed form and return it to me in the self-addressed envelope as soon as possible? The directions are on the top of the first sheet.

I shall appreciate your cooperation. Thank you.

Sincerely,

(Mrs.) Marianne Ryan, R. N.
1202 Antelope
Bozeman, Montana

MR:ye

Enc.

APPENDIX B

Sentence Completion

Date _____

Year in nursing Fr. __ Soph. __ Jr. __

Below are a number of incomplete sentences. By completing these you can express how you feel about many things. Try to do every one. Feel free to write whatever you wish. Once you have completed a stem do not go back and change it.

1. When I went to nursing school, my family
2. In high school, I was happiest when
3. At home, I
4. I get embarrassed if
5. Rules and regulations
6. When with friends, I
7. Teachers
8. I feel sad if
9. When on a date, I
10. I like to help when
11. Student nurses usually
12. I'm different from other girls in that
13. My family
14. My earliest memory
15. When someone tells me to do something
16. When with strangers, I
17. Supervised study periods
18. I pray
19. When on a date, boys
20. Ten years from now, I
21. Most people think that a nurse
22. Other people think of me as
23. My father thinks that I
24. I feel disgusted with myself when
25. When asked to take charge, I
26. The trouble with other people
27. English
28. If I could change
29. Necking
30. If things go wrong
31. When I think of myself as a nurse, I
32. If people dislike me
33. My mother thinks that I
34. I hope I never
35. When they ask for volunteers
36. I hope that my roommate

37. Biology
38. My biggest fault
39. I plan to marry when
40. A sentence completion form like this
41. If I'd not entered nursing, I'd
42. I would be better if
43. Whenever I think of my father, I
44. When irritated, I
45. In making a decision, I
46. Other girls my age
47. Poor grades
48. I wish
49. "Going steady" is
50. When I need money
51. When a girl doesn't finish nurses training
52. My daydreams are
53. Whenever I think of my mother, I
54. I have most confidence in
55. When criticized, I
56. What bothers me about some girls
57. My most disappointing experience in high school
58. When I menstruate
59. When a man marries a nurse
60. Completing a form like this
61. To prepare myself for nursing, I
62. I like
63. I get angry when my father
64. I worry
65. A baby-sitter should
66. Other people dislike
67. When attending Nursing School, I
68. My greatest asset
69. The one I'll miss the most
70. In our community, my family
71. Bathing someone is
72. I don't like
73. I get angry when my mother
74. When I'm alone
75. Committee work
76. The most important person
77. In school, I
78. Someday I
79. What bothers me about some boys
80. When I think of leaving home, I
81. If I'd have finished nursing school, I would have
82. I get a funny feeling in my stomach when
83. When parents quarrel
84. When afraid, I
85. Mistakes
86. When people visit me unexpectedly

- 87. In high school my assignments
- 88. My appearance
- 89. Older people
- 90. The first time away from home, I

APPENDIX C

The 90 sentence stems of the Luther Hospital Sentence Completion are arranged in a sequence to facilitate the examination of responses with respect to each of the seven attitudinal areas. For example, all stems numbered with a digit ending in "1" (1, 11, 21, 31, 41, 51, 61, 71, and 81) are incomplete sentences dealing with the respondent's attitude toward nursing. These stems are designed to evoke responses suggesting the student's reaction to the duties, obligations, and rewards of her profession.

Sentence stems dealing with the respondent's attitude toward and regarding self are identified by numbers ending in 2, 4, or 8: 12, 22, 32, 42, 52, 62, 72, 82, 14, 24, 34, 44, 54, 64, 74, 84, 18, 28, 38, 48, 58, 68, 78, and 88. These pertain to the student's reaction to herself, and they include incomplete sentences that allow the student to reveal her self-concept and her reactions in a variety of situations.

Attitude toward home and family: 3, 13, 23, 33, 43, 53, 63, 73, 83, 70, 80, and 90 are stems designed to elicit the student's attitude toward her home and family.

Attitude toward responsibility: 5, 15, 25, 35, 45, 55, 65, 75, 85, 10, 20, 30, 40, 50, and 60 are intended to elicit completions describing the attitude of the student toward responsibility, a prime requirement in most nursing situations.

Attitude toward others: 6, 16, 26, 36, 46, 56, 66, 76, 86, 69, 79, and 89 are designed to provide information about the way in which the student looks at other people. Of particular interest here are completions dealing with important social interactions, peer relationships, and perception of other people.

Attitude toward classwork and studies: 7, 17, 27, 37, 47, 57, 67, 77, and 87 deal with the respondent's attitude toward academic classwork and studies.

Attitude toward love and marriage: 9, 19, 29, 39, 49, and 59 are related to the student's reactions to sex, romance, and marriage.

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