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Factors Influencing Failure among Students in Schools of Nursing

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FACTORS
INFLUENCING
FAILURE AMONG STUDENTS
IN
SCHOOLS OF NURSING
BY
ELIZABETH ELEANOR SANDERS

SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS
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MASTER OF ARTS
1942

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CHAPTER I
THE PROBLEM

STATEMENT OF THE PROBLEM

In spite of careful selection of students in schools of nursing in the United States, there is a large number of withdrawals and dismissals. The reasons assigned to these withdrawals and dismissals are lack of interest, illness, failure to adjust adequately to the ward situation, failure in class work and the like. There are, however, factors responsible for these reasons. It is in order to investigate these factors underlying the failure to adjust to the nursing situation that this study is being made.

ANALYSIS OF THE PROBLEM

The objectives of this study are:

1. To determine the reasons assigned by schools of nursing to the withdrawals and dismissals of students who have failed to meet minimum essentials in schools of nursing. This will include a survey of the student nurses who have withdrawn or have been dismissed whose records indicate that they were unable to fulfill minimum requirements in the school prior to their departure.

2. To ascertain in so far as possible the nature of the factors underlying the failure to succeed in the nursing situation. This will include a more detailed analysis of the adjustment of the individual to the ward situation, in the class room and in the total environment of the school or nursing, and an endeavor to discover the causes of the inability to adjust happily and successfully.

SIGNIFICANCE OF THE PROBLEM

There is a serious shortage of nurses at the present time. It is essential that the need for properly qualified nurses be met. In schools of nursing there is a large number of students who fail to meet minimum essentials as demanded by the school which has admitted them. Various measures have been adopted to assist in the formulation of selective criteria that will make possible such a choice of student nurses as to eliminate the large proportion of failures among them. In spite of using carefully mapped out methods of selection, at least one-fourth of all students admitted are failing to graduate at the present time. It is essential that this number be reduced as much as possible for the following reasons:

1. Because of the expense to the school of nursing of the students who are unable to adjust satisfactorily.
2. Because of the increased cost to the patient and taxpayer of these failures in schools of nursing.

- 3. Because of the frustration and sense of failure engendered in the student, as well as the loss of time and money to her through wrong vocational choice.
- 4. Because of the economic disadvantage to the community through the loss of the services of individuals who are vocationally maladjusted.
- 5. Because of the delay to the profession in supplying added members of whom it is in urgent and pressing need.
- 6. Because of the necessity of safeguarding the patient and providing care by an intelligent, highly-qualified, emotionally stable group of young women.
- 7. Because of the problem created by students who have received some instruction in nursing techniques, whose work has proved unsatisfactory, yet who become practical nurses in the community.

TIMELINESS OF THE PROBLEM

Faville¹, the Chairman of the Subcommittee on Recruitment of the National Council on National Defense, sends a plea to all graduate nurses,

1. Editorial. "This is Your Part in Recruitment of Qualified Students", American Journal of Nursing XLII, January 1942. p. 5.

"This is a call to action to every friend of nursing to tell throughout the country the story of our need for mature well-adjusted, emotionally stable young women who like people and work well with them, and who possess the characteristics from which fine nursing springs. Will you speak from your own conviction, as to what good nursing means to our people and what it holds by way of opportunity to those who follow nursing as a profession."

In the same article ² Surgeon General Parran adds, "The need for well-trained nurses will not end with the present emergency..."

PURPOSE OF THIS STUDY

Not discounting the selective criteria that have been formulated by various authorities for the choice of the candidates for admission to schools of nursing, this study is designed to make additional suggestions as to how better qualified students may be secured. By analyzing the factors apparently underlying failure among students of nursing it is hoped that additional understanding of the problems of selection may be gained. This increased insight

2. Editorial. "This is Your Part in Recruitment of Qualified Students", American Journal of Nursing XLII, January 1942. p. 5.

should accomplish the following results:

1. It should enable the personnel director of the high school or college to guide students more successfully in their selection or avoidance of nursing as a career.
2. It should indicate to directors of nursing education how a better choice of student material may be made.
3. It should direct the attention of these directors of nursing education to the importance of watching for certain traits in student nurses and of assisting the student in overcoming these in so far as possible, if they are present.

ORGANIZATION OF THE THESIS

This problem is to be investigated by a survey of the records on file in schools of nursing, and the collection from these of various data about those students who have withdrawn or have been dismissed from these schools, whose records are indicative of failure. Those students withdrawing voluntarily with no evidences of failure, and those students whose records are for any reason so incomplete as not to be of significance will not be included in this survey for obvious reasons.

The data that are to be studied for all appropriate cases are:

1. Entrance data, especially records of high school grades and health.
2. Data indicative of the subsequent condition of health and of the degree of adjustment of the student in class work, on the ward and in her time off duty.
3. The reason given for the withdrawal or dismissal of the student.

These items will be evaluated to determine the underlying factors responsible for failure. As these factors appear they will be tabulated and analyzed so that general trends may be apparent. To make these trends more vivid illustrative material will be selected from the records of the students. As a final step, conclusions will be drawn as to the characteristics present in the individual which would make it advisable for her to be guided into some other vocation, or would render it essential for her to receive special help in making her adjustment to the nursing situation should she have already been admitted to a school of nursing. The integration of these conclusions with other selective criteria will be indicated.

CHAPTER II

REVIEW OF LITERATURE IN THE FIELD

When Florence Nightingale proved to the world that young women selected in terms of their fitness for the nursing profession, and trained to meet the needs of ill people, were indispensable in the prevention of disease and the care of the sick, the problem of proper selection of student nurses arose. Immediately following the time of Florence Nightingale there was a period of emergence of the new profession during which the important thing was not the choice of the best student, but the persuasion of any young woman of education and refinement to enter the newly founded schools of nursing. As prejudice declined and the number entering this vocation increased, nursing educators began to survey the field, to observe individual differences in ability and to ask how standards might be raised.

A Curriculum Guide for Schools of Nursing, a publication of the National League of Nursing Education calls the span of nursing education from 1913 - 1933 the period of standard setting and stock taking. In this connection it is remarked in the same book¹:

1. A Curriculum Guide for Schools of Nursing. Prepared by the Committee on Curriculum of the National League of Nursing Education, New York, National League of Nursing Education. 1937, p. 4.

"It was evident that something more than legislation was needed to bring nursing schools into line with other recognized systems of professional education and to crystallize the best thinking and experience of the professional group in regard to desirable objectives, standards, content and methods of nursing education."

During the early years of this period the first World War emphasized the need for adequately trained nurses, but such was the demand for nurses at that time that selective criteria of admission were not employed to a marked extent. In the period of expansion following the World War the large number of nurses in this country, many of whom were inadequately trained, did not make itself seriously felt. In the subsequent period of depression, however, a serious situation arose. There were too many nurses for the available positions, yet students in large numbers were being admitted to schools of nursing, regardless of their qualifications, in the short-sighted policy of employing untrained students to do the work of the hospital rather than meet the salary demands of graduate nurses. In large numbers these students were failing to measure up to minimum standards and were being dismissed to swell the ranks of the unemployed. Various studies were made of the situation at this time showing the numbers of students resigning or being dismissed as well as the actual cost of the policy of wholesale admission to schools of nursing.

Typical of the research of this period is that of

Hansen² in which she says that in 1929 in the state of California 2,066 applicants were admitted to schools of nursing and 889 students, or 45%, were either dismissed or resigned. Bregman³ notes that in 1929 and 1930 in the state of New York the total enrollment for the year was 8,043 and in the same year the number which withdrew or was dismissed was 1,675, or 19.4% of the student body. She³ continues:

"It is probably a safe conjecture that each student cost her school for the period in residence not less than \$300. (At a Round Table on Selection of Students which took place at the recent convention of the New York League of Nursing Education I ventured an attempt to get at a generalized figure by calling for a show of hands as to the probable cost of training per student per year. About 250 members of the association were present. Not more than \$1,000 or less than \$300. was indicated by these as the annual outlay per student. The Majority opinion indicated a figure between \$500 and \$700.) The figure we have taken of \$300 is an extremely conservative one and should make adequate allowance for those students who do not remain in training a full year and whose cost at least for physical maintenance is proportionately reduced. Sixteen-hundred and seventy-five withdrawals represent a loss for that year to the schools of nursing of New York State of not less than half a million dollars. The student nurse enrollment in New York State is roughly one-tenth

2. Hansen, Helen H. "A Study of Resignations and Dismissals in Schools of Nursing in California", American Journal of Nursing, XXXI, June 1931, p. 733.
3. Bregman, Elsie O. "Student Withdrawals - A Note on Their Cost in Schools of Nursing", American Journal of Nursing, XXXI, December 1931, pp. 1398-1399.

of the total student nurse enrollment throughout the United States.... It is a reasonable guess, in consequence, that schools of nursing in the United States spend fruitlessly, each year a sum amounting to not less than \$5,000,000 in attempting to train students who will not, or can not, complete the course."

To Quote Bregman⁴ again:

"The loss sustained by students themselves through vocational misdirection, or the loss to the community of the services of students who might have successfully replaced these in the first instance, we have no way of estimating. One wonders how much of this loss is inevitable and how much it might be possible to avoid if adequate methods were available for selecting students for training as nurses."

Wheeler⁵, in a similar study, concluded that the number of students from schools of nursing in ten states studied, who had resigned or were dismissed varied from 21% to 69 % of the number admitted, with an average of 46%. As to the approximate cost of such a situation she⁶ has some concrete data to contribute:

"In the Washington University School of Nursing the average daily cost for the year 1929 for each student was \$2.66, \$915.04 per year and \$2,745.12 for three years. The cost of students in the preliminary course is much greater than that of the older students, owing to the fact that that part of the work is almost entirely theoretical, and includes all the courses in the basic sciences, which are costly because of the character of the instruction given and the equipment used. Probably a conservative estimate would be \$3.00 per day for such students. This would represent an expenditure of \$360 for four months of the preliminary course."

5. Wheeler, Claribel A. "The Selection of Students for Schools of Nursing and Problems of Adjustment", American Journal of Nursing, XXX, September 1930. p. 1171.

6. Ibid. p. 1175.

All of the above figures are an estimate of cost over and above any service rendered by the student. In reference to the preliminary period, Wheeler⁷ concludes; "Where from 20% to 25% of a class is dropped at the end of this period one finds that a surprisingly large sum of money has been expended."

Although concomitant with other similar fields nursing education had begun to take stock of itself, to raise its standards and to endeavor to ascertain how better qualified students could be secured, it was only after such revealing studies as the above that it really awoke to the full significance of its difficulties. In answer to the challenging facts made public in the early nineteen-thirties, there has been continued concerted effort to raise the standards of instruction, to establish improved criteria for the selection of students and to elevate nursing to a professional level.

It is with the improved criteria of selection of students that this study is primarily concerned. An investigation of the literature in the field discloses the degree to which this aim has been realized, the measure of success met with so far and recommendations that have been made for further advances. These will be briefly reviewed.

CRITERIA FOR SELECTION OF STUDENT NURSES

7. Ibid. p. 1176.

1. General Criteria such as Age, Sex and Race

These are not highly significant and vary with the locality, the character of the school and the particular situation. They are set up to meet local demands only. There is fairly widespread agreement that the student should be between the ages of eighteen and thirty-five when admitted to a school of nursing. It is presumed that an individual younger than eighteen does not have sufficient maturity to take the responsibility for the care of sick patients. Densford⁸, commenting on the fact that other factors that chronologic age are of significance here, remarks that age should not even be considered as a criterion of selection, but that the maturity of the student should be judged by other means. Still this remains as a criterion in many localities. As to the other criteria, each individual school of nursing is at liberty to set up its own standards according to its needs, hence no further study of these phases of selection is indicated.

2. Educational Requirements

Densford⁹ urges that high school graduation be an academic requirement before students are permitted to enter a school of nursing and advocates a competitive examination to at-

8. Densford, Katherine J. "How Shall we Select and Prepare the Undergraduates?" American Journal of Nursing, XXXII, May 1932. p. 558.

9. Ibid. p. 560.

tract able students and discourage poor ones. In this connection Urch¹⁰ states:

"We can not build up a strong professional group by filling our ranks with the failures from high school and college."

In the American Journal of Nursing for June 1940 an editorial¹¹ confirms the fact that schools of nursing have met this suggestion.

"In the 1939 List of Schools Meeting Minimum Requirements Set by Law in the Various States, every one of the 1,249 schools reporting their educational requirements require high school graduation and 36 of them required one or more years of college as well..... Among the 1,213 schools requiring only four years of high school were offered two programs: a three-year course leading to a diploma in nursing, and a combined five-year program leading to both a diploma and a degree.... There seems to be a marked tendency for nursing schools to become affiliated in some way with a college or university."

In addition to these requirements some schools of nursing specify a rank in the upper third of the class, others demand certain specified subjects, though the tendency is away from this program, and others have various individual criteria of selection designed to pick out the able student.

10. Urch, Dean, R. N. "What are we Doing to Improve Nursing Practice?"

American Journal of Nursing XXXII, June 1932, p. 680.

11. Editorial. "Educational Entrance Requirements to Schools of Nursing",

American Journal of Nursing XI, June 1940, pp. 699-700.

3. Intellectual Capacity

Potts¹², who has been experimenting with psychometric tests for a number of years is confident of some ability to measure this factor successfully and objectively.

"One thing that is available, however, to schools of nursing is the measurement of the candidate's ability to learn and of certain of their other qualifications, which can be measured objectively.... On the whole it would seem both desirable and economical to add to our other criteria knowledge gained by having administered a well-chosen group of tests which are interpreted against the background of knowledge of the success of other previous applicants and other students previously admitted to the school."

As to what constitutes a "well-chosen group of tests" there is considerable difference of opinion. The American Council on Education Psychological Examination has been widely used with considerable success. Gordon¹³, of the University of Minnesota, suggests the following:

- (1). Moss and Hunt's Aptitude Test for Nursing.
- (2). Cooperative General Science Test.
- (3). Gordon Fractions Test.
- (4). Average of high school grades.

12. Potts, Edith M. "The Selection of Student Nurses", American Journal of Nursing XLI, May 1941, p. 591.

13. Gordon, Phoebe. "Aptitude Testing, its Use in the Selection of Student Nurses", The Trained Nurse and Hospital Review 97, 1936, p. 362.

She¹⁴ is not too optimistic, however, about the value of these tests:

"In no case has a test or group of tests yet been found so completely satisfactory that the finder considers the problem solved and no further research needed."

Though such tests are helpful in the selection of nurses intelligence is only one of many factors involved in success in nursing. Hence too much stress should not be laid upon it.

4. Capacity to do Skilled Practical Work

This criterion has proved very difficult to judge before admission with any degree of accuracy. Rhinehart¹⁵, after administering a battery of tests composed of the Binet-Simon Scale, Moss Social Interest Test, Moss Nursing Aptitude Test, Bernreuter Personality Inventory and the American Council on Education Psychological Examination concludes:

"The A. C. E. is of greatest predictive value for grades in theory, yielding a correlation of $.74 \pm .045$ A test measuring accurately traits valuable in practical work has not yet been devised."

Other investigators have experienced the same difficulty in finding any test which correlates closely with the ability to do skilled practical work.

14. Ibid. p. 363.

15. Rhinehart, Jesse Batley. "An Attempt to Predict the Success of Student Nurses by the Use of a Battery of Tests", Journal of Applied Psychology 17, 1933, p. 290.

Bingham¹⁶ likewise deploras the inability of objective tests to predict success in this area.

"Scores in a group test of intelligence do not correlate at all closely with ratings used as criteria of success in the practical work of a training course."

5. Physical Fitness.

Mac Lean¹⁷ emphasizes the importance of this factor.

"The first factor, as you yourselves have realized, is health... Because of the nature of the nurse's work this is vital..... I would urge you to continue, extend and perfect your health examinations for students as the first, and one of the basic criteria of judgment as to the present status of the student nurse and the future probability of her success."

Bingham¹⁸ in like manner remarks:

"Although the day has passed when the chief entrance qualification to a nurses' training school was a willingness to spend a year or two scrubbing the hospital floor and doing other menial work for the impoverished institution, still a nurse without a strong physical constitution is under a handicap."

Stefanic¹⁹ gives the following suggestions as to how

16. Bingham, Walter Van Dyke. *Aptitudes and Aptitude Testing*, Harper and Brothers, New York, 1937, p. 191.
17. Mac Lean, Malcolm S. "The Selection of Student Nurses and the Treatment of Failures", American Journal of Nursing, XXXII; December 1932, p. 1299.
18. Bingham, Walter V. *Op. cit.* p. 192.
19. Stefanic, E. J. "Health Problems in a Nursing School", American Journal of Nursing XLI, March 1941, pp. 352-355.

this criterion may be fulfilled. He advocates a physical examination before admission to determine whether or not the individual is physically capable of assuming the duties imposed by the profession. The examination by the home physician is to be supplemented by another by the physician at the school of nursing. Stefanie mentions hypertension, obesity, infected tonsils not removed before admission, markedly infected tonsils with constitutional symptoms, pulmonary tuberculosis and congenital deformity of the feet as some of the reasons for disqualification of students, which he had observed in his experience. If the student is found physically sound she is to be immunized against communicable diseases, is given a tuberculin test and stereoroentgenograms of the lungs if indicated. "Cooperation between the director and the nurse on the one hand and the health supervisor and house resident on the other will maintain the best health interests of the student".

6. Interest

Potts ²⁰ sums up the evaluation of the possession of this characteristic as follows:

"Many attempts have been made to measure the effect of interest upon the probability that candidates will remain in the school, but unfortunately, the majority of these have not proved to be particularly useful. It may

20. Potts, E. M. Op. cit. p. 590.

be that in the future an adequate instrument for this purpose will be developed, but at the present most of those available seem of comparative little use."

Among the instruments mentioned above as "available"

The Strong Vocational Interest Test for Women is perhaps the most widely employed. Those who have utilized this scale agree that as a single measure it is useless, though as part of a pattern it is quite helpful.

7. Emotional Stability

Urch²¹ points out that students must be "physically and emotionally equal to the stress and strain of nursing".

As to how this emotional fitness may be determined there is a wide divergence of opinion. Rulings of various State Board of Nurse Examiners make it impossible for a student with a known diagnosis of a psychosis to be admitted to a school of nursing. For those possessing a degree of emotional instability that makes adjustment impossible though they can not be considered definitely psychotic or for those who are mentally ill, who have not been diagnosed, the situation is more difficult. An interview with a psychiatrist before admission has been tried as an aid in this problem. A closer acquaintance with the home situation and with members of the family has been suggested. Various objective tests have been employed.

21. Urch, Dean. Op. cit. p. 681.

South and Clark²² recommend the Colgate Personal Inventory Forms B₂ and C₂ as a measure of emotional stability. Garrison²³ and various others have employed the Bernreuter Personality Inventory in this connection. Aul²⁴ suggests a closer tie-up with high school records and family background. She states:

"A better method than is at present available for measuring emotional factors is still needed for our guidance. A closer tie-up with high school records and family background might accomplish something in that respect."

Bier²⁵, in addition to suggesting a closer relationship with the high school counselor, urges that the junior college be advised of the aims and objectives of the nursing profession. She says:

"This will aid the personnel department of the junior college in the guidance of desirable students interested in the profession of nursing. Desirability should be de-

22. South, Earl B and Clark, Genevieve Y. "Some Uses of Psychological Tests in Schools of Nursing", American Journal of Nursing XXIX, December 1929, p. 1498.
23. Garrison, K. C. "Use of Psychological Tests in the Selection of Student Nurses", Journal of Applied Psychology 23, p. 465.
24. Aul, H. Louise. "Nursing Aptitude Tests", American Journal of Nursing XL, December 1940, p. 1358.
25. Bier, Ruth J. "Higher Admission Standards", American Journal of Nursing XXXVII, June 1937, p. 639-640.

23.
fined in terms of intelligence, scholarship, maturity, cultural appreciation and sensitivity to human differences."

8. Personality

This is closely related to and inextricably intertwined with the above criterion. Some of the same techniques have been employed in the measurement of it as in the above with a similar lack of success. Hansen²⁶ reviews other techniques than those already mentioned that may be used in the estimation of personality. She considers the interview, if carefully conducted, helpful but not infallible in the selection of individuals with suitable personalities. Letters of recommendation, however, she thinks to be of little value. The dean of girls or high school teacher, if written to for information, might prove to be of real assistance. Quoting from her remarks on this subject:

"Along with this question", she²⁷ says, "Comes the one of acquainting high school counselors with the type of work done in schools of nursing and the aptitude and abilities necessary for success in this profession."

Potts²⁸ is not very optimistic about personality measures as a means of choosing students properly. In her opinion, however, they do have other values. She²⁸ says;

26. Hansen, Helen H. Op. cit. p. 739.

27. Ibid. p. 739.

28. Potts, Edith M. Op. cit. p. 591.

"It is probably true that when carefully chosen, properly administered and cautiously interpreted, such measures may be of considerable value in the guidance of students who are admitted."

EFFECTIVENESS OF THE CRITERIA OF SELECTION

Bingham²⁹, in quoting from an article by Miles,³⁰ lists the qualifications for a good nurse as formulated by a concensus of expert nursing opinion. These are:

1. Genuine liking for people and ability tactfully to work with and for them.
2. High grade of intelligence and understanding, with good general education and broad interests.
3. Emotional maturity, stability and self-control, seasoned with patience and a sense of humor.
4. Good physical health and cheerful personal outlook.
5. Integrity of character, exemplary ideals and morals, refined tastes, tolerance.
6. Sense of responsibility coupled with personal reliability and loyalty.
7. Attention to details, good observation with scientific attitude and open-mindedness.
8. Resourcefulness and adaptability.
9. Cleanliness and attractiveness in appearance.
10. Ability to teach.

Aptitudes for acquiring these qualifications are for the most part not susceptible to precise measurement, but must be appraised mainly by recourse to judgments of the teacher and associates, the personal interview, observations of behavior and scrutiny of the cumulative record."

29. Bingham, Walter Van Dyke. Op. cit. p. 193.

30. Miles, Mrs. Catharine Cox. "The Personality Development of Student Nurses", American Journal of Nursing XXXIV, February 1934, p. 185.

The use of measurement here is impossible with such tools as have been developed up to the present time. Bingham, in his Aptitudes and Aptitude Testing, has suggested various useful sources of information and evaluation. These, however, will prove inadequate unless the "teacher and associates" in the secondary school who conduct the guidance program have reduced these qualifications to some sort of objective common denominator that is comprehensible to them.

These criteria have been reviewed in brief with some attempt to indicate the effectiveness of each. After a number of years of using various up-to-date methods of selection, including a battery of tests, Potts³¹ sums up the situation as follows:

"Studies made over a running period of years have seemed to indicate that twenty to twenty-five per cent of any large group of students admitted will drop out before the end of the course for such reasons as lack of interest, illness or other unpredictable cause. Previous selection probably will not reduce this number greatly except in so far as careful physical examination given before students are actually admitted might do so."

Hyman and Dreyfus³² suggest further ramifications of the problem.

31. Potts, Edith M. Op. cit. p. 590.

32. Hyman, Anna and Dreyfus, Ruth. "How Intelligent Should our Nurses Be?" American Journal of Nursing XXX, April 1930, p. 490.

"The confusion which arises when an attempt is made to arrive at an important method of selection of student nurses is suggested by the results, and especially by the difficulty of interpreting the results, of a tentative experiment in administering intelligence tests to the students of a nurses' training school. These difficulties are inevitable when the problem is attacked as an isolated one, without reference to the related and perhaps primary issues pertaining to the standards and objectives of nursing education, especially with respect to the clarification of the most important qualifications for success in nursing."

A FURTHER SUGGESTION FOR IMPROVED SELECTION OF STUDENTS

Additional means of meeting the problems of properly selecting nursing personnel have been suggested, but so far have not been widely adopted. Among these the enlisting of the aid of the high school and college counselor appears to be one of the most promising suggestions. Halverson³³ recommends a closer contact between the school of nursing and the counselor in the high school or college, suggesting that the latter be mindful of the qualities both intellectual and personal, basically essential to nursing, so that he may direct into nursing only those young women who seem to possess such qualities. She³⁴ remarks:

33. Halverson, Leita. "New Entrance Requirements and Better Selection of Students", American Journal of Nursing XXX, April 1930 p. 278.

34. Halverson, Leita. Op. cit. p. 278.

"To stimulate both cooperation and interest, it might help to inform high schools of the dismissals and resignations of their graduates who enter schools of nursing. Too often we criticize the high school for recommending these young women, but we have failed to help them with advice as to what qualifications are most needed.... It is not too early to recognize traits of character and personality that are fundamental for success in any line of work, during the student's years in high school."

Wheeler³⁵ in like manner suggests:

"If we are to secure fewer and better candidates for our schools of nursing, and wish to eliminate the waste in our present extravagant system of nursing education, we must begin to pay more attention to the social, economic and intellectual background of our students.... High schools, through their vocational guidance departments, must be informed as to our needs, so that they can intelligently advise young women who are thinking of entering our profession. Courses must be made available in high schools which will ensure a better background for the nursing course."

Not discounting the various criteria of selection that have been developed, this study is designed to supplement more usual selective measures with an attempt to reach the student through the guidance director of the high school or college before her decision as to her choice of profession has been definitely made. This plan stresses the value of acquainting counselors with the causes underlying inability of high school or college graduates to succeed in schools of

35. Wheeler, Claribel A. Op. cit. p. 1176.

nursing. If the understanding and sympathy of the guidance director can be enlisted it is only reasonable to suppose that some of the twenty to twenty-five per cent of the students mentioned above as dropping out for unpredictable causes might be so guided as to make a more satisfactory choice than nursing, or as to adjust more adequately to it.

How important it is to leave no stone unturned that might assist in the proper selection of nurses is emphasized by Faber³⁶ :

"No kind of work touches more deeply the welfare of all humanity than does nursing and any means to make ourselves more proficient in the more careful selection and classification of those who are choosing nursing as a profession will be of far-reaching benefit to mankind as well as bringing to the profession itself greater love and respect on the part of all mankind."

36. Faber, Marion J. "Mental Tests and Measurements", American Journal of Nursing XXVIII, March 1928, p. 271.

CHAPTER III
COLLECTION OF MATERIAL

TECHNIQUES AND PROCEDURES USED IN THE STUDY

1. Sources of Data

The locality chosen for the investigation of factors underlying failure among students of nursing was a state in the southern portion of the United States, one which has been noteworthy for high standards of nursing education since the early days of the founding of schools for nurses in this country. The state is quite diversified in terrain, having a coastal area, a central portion suited to agriculture and a mountainous section. Much of the state is primarily rural, though there are a number of good-sized towns and moderately large cities.

The schools of nursing selected for study were three in number, two situated in a small city in the western part of the state while the third was located in a larger city in the eastern portion. One of these schools of nursing is a large school, connected with a university and having as its laboratory for ward practice a six-hundred bed hospital which receives both charity and private patients, with emphasis on diagnosis of unusual conditions rather than on the routine treatment of

ordinary illnesses. The second school of nursing is connected with a smaller, but well-known, hospital, which is run by the city and which likewise receives both charity and private patients. The third is in connection with a private psychiatric hospital, giving the first and third years of training to student nurses with special emphasis on psychiatric nursing. Their second year of experience is gained at a large general hospital where supplementary services are received. These three schools of nursing typify the general kinds of schools of nursing in this country, namely, the University Hospital School, the General Hospital School and the Special Hospital School.

These three schools of nursing draw students not only from nearby areas, but also from various states, both in the northern and southern portions of the United States with a few students from the middle west. The university hospital school maintains quite rigid standards of admission, and class work done there must be of university calibre. Adjustment must be made to a complicated, impersonal situation. The general hospital school presents no peculiar problems of admission or adjustment, being quite typical of other such schools of nursing all over the country. The school of nursing connected with the psychiatric hospital has similar problems of selection and in addition has certain unique difficulties in that the nursing care of mental patients requires various cultural and personal

traits not demanded by other types of nursing, and that the prejudice against mental and nervous patients exists in the minds of many people to such an extent that the thought of being associated with "crazy people" is quite abhorrent.

These three schools of nursing are regulated in general by the standards of the state in which they are located. Some of these which concern admission are as follows:

- a. The candidate must have passed her eighteenth birthday before admission.
- b. She must be a graduate of an accredited high school with at least sixteen high school units.

These are to consist of:

- (1). Two of foreign language.
- (2). Two of mathematics.
- (3). Four of English
- (4). Two of history, with one of these preferably civics.
- (5). Two of science with chemistry recommended (Chemistry is required by the university school).
- (6). Four of electives.

After the admission committees see to it that all candidates meet the state requirements, each school has its own criteria of selection. All select their students to be admitted

only after the application blank, health record, dental blank, high school records, recommendations from two prominent friends of the applicant and from the superintendent of schools from which she was graduated have been received. All request that the candidate present herself for a personal interview. All three have employed psychometric tests in an effort to improve selection, though the changing character of the personnel has interfered with uniformity of procedure and results. All three have given the candidate a physical examination before admission, though more stress has been laid on the health programs in the schools connected with the university and psychiatric hospitals than in the other school. All have been interested in securing superior material, hence have made certain educational, intellectual, personality and health criteria pre-requisite to admission, these criteria being judged from the total picture evolved from the material elicited by the techniques of admission.

Figures are not available as to the exact number of students received and dismissed or withdrawn, but such data as there are indicate that the other two schools are losing about the same number of students as the country as a whole, while the psychiatric hospital school is losing an even larger proportion of its students than they. All three schools are concerned about the situation and are eager to alleviate it if possible.

Neither the names of the schools of nursing,

nor the towns or counties where located, nor the names of the students involved* are available for publication. It is believed, however, that these schools of nursing are representative of their counterparts all over the country and that the problems encountered in them are typical of those met elsewhere.

2. METHODS OF COLLECTION OF DATA

The complete records of all students who failed to finish the prescribed course at the school of nursing which they entered were made available for this study. The records for the ten year period from the beginning of the fall term 1931 to the beginning of the same term 1941 were selected for careful scrutiny. Only a few of these records were too incomplete for use. From each school of nursing seventy students, selected from the number which had withdrawn or been dismissed during the ten year period, were chosen for study. The selection was made on the basis of the following criteria:

- a. The records were sufficiently complete to give insight into the nurse's actual adjustment to the nursing situation. Records of students who had taken class work only were not included.

* These names are all on file with the Chairman of the Committee on Degrees in the College of William and Mary..

- b. There was evidence of failure in at least one and usually in several phases of the adjustment of the student.

After collecting the data with no consideration of the number of cases chosen, there were the following numbers of cases showing evidences of failure sufficiently complete for analysis:

- a. In the university hospital school - 80 cases.
- b. In the general hospital school - 72 cases.
- c. In the psychiatric hospital school 70 cases.

In order to obtain comparable numbers of cases from all three schools the ten cases from the university hospital school and the two cases from the general hospital school which exhibited the least significant concrete evidences of failure were dropped. The remaining seventy cases from each school were retained for study. In other words, all of the students failing in the three schools over a ten year period except the twelve mentioned above are being investigated here.

The available data on the two-hundred and ten students, seventy of whom were from each school, were collected under several headings:

- a. The reason given for dismissal or withdrawal.
- b. Degree of personal adjustment as shown by the

anecdotal records, rating scales and all other available records.

- c. Ability to do an acceptable grade of work as indicated by ward records.
- d. Average grade and any outstanding characteristics of the high school record.
- e. Rating on any psychometric test or tests.
- f. Average grade in all class work taken after admission to the school of nursing.
- g. Health findings.

From the data as summarized from the record forms in the archives of the various schools of nursing this study has been made. The findings are briefly indicated in the tables in the appendix. All illustrative material used is taken from case histories, anecdotal records, rating scales, autobiographies, error slips and other records of the students included in the survey.

It is not claimed that the three schools of nursing chosen represent the exponents of the most advanced techniques of student selection. They are all, however, accredited schools. One of these schools has the lowest average of failures in State Board Examinations in the state. All three have made every effort to choose suitable candidates and have graduated successful alumnae.

In the same situation in which successful candidates were chosen and graduated, other students, selected by the same criteria, failed to make an adequate adjustment to nursing. The purpose of the study of the records of the unsuccessful group has been to determine the factors that distinguish the members of this group, apparently leading to their failure. These are not presented as an exhaustive picture of all inability to succeed among student nurses, nor is it claimed that all individuals possessing these characteristics will fail. Here are, however, two-hundred and ten instances of failure, the causes of which will be brought to light insofar as possible. Their value consists in the fact that they bring greater insight into the problem and that they exhibit certain characteristics which in other like situations will tend to result in similar failures.

3. RELATIONSHIPS TO BE DEVELOPED

Among the students who have failed in these schools of nursing there are several areas in which the evidences of maladjustment seem to be most outstanding. The following classifications of failures have been found:

- a. Students dismissed because of illness.
- b. Students dismissed because of disciplinary problems.
- c. Students failing in class work.
- d. Students unable to adjust satisfactorily to the ward situation.

- e. Students failing in both theory and practice.

As the last grouping indicates, these classifications are by no means mutually exclusive. Furthermore, these reasons given for failure do not indicate the actual causes of inability to succeed. It is these underlying factors that are sought in this study.

In addition to the reasons given for failure further analysis of each individual case shows the presence of the following factors:

- a. Evidence of personal maladjustment
- b. The presence of physical defects
- c. The absence of skill or mechanical ability.
- d. Evidences of a dislike for nursing
- e. The average grade made in high school subjects.
- f. The average made in class work since admission.

In relating these factors to the reasons given for dismissal or withdrawal various questions appear to be pertinent. For example, the following might well be asked. Are the students ostensibly sent home because of illness the only ones who are ill? Do most of the students failing in the practical work on the wards fail because of lack of skill or on account of personality problems? Are the students who fail to pass their class

work those whose high school averages are very low or not?

In the attempt to ascertain the nature of the factors underlying failure, the various characteristics of the students as listed above will be tabulated, described and inter-related. They will be illustrated by excerpts from case histories. The characteristics that evolve will be cited as factors underlying these cases of failure. After they have thus been made patent it is hoped that they will serve as guides in the prevention of analogous instances of failure.

CHAPTER IV

REASONS GIVEN BY SCHOOLS OF NURSING FOR THE DISMISSAL OR RESIGNATION OF STUDENTS AND ANALYSIS OF THESE INTO UNDERLYING FACTORS

REASONS GIVEN FOR DISMISSAL OR RESIGNATION

The examination of the records of the 210 students who have left or have been dismissed by the schools of nursing chosen as the field for this study, reveals that the schools have given five reasons for the departure of these students. These reasons do not indicate the actual causes of failure, but serve to point out the areas in which failure to meet minimum essentials occurred. These areas are as follows:

1. In practice, which includes all phases of ward adjustment.
2. In theory, which comprises the academic side of class-room instruction.
3. In both theory and practice, which is made up of the two areas mentioned above.
4. In obedience to rules which govern the conduct of the student when not on duty or in class.
5. In health.

Because of the fact that students failing in the third area above have failed to meet minimum essentials in both theory and practice, the members of this group will be included in

the total percentages showing trends in these two fields, although for purposes of clarity they are kept separate in the tables. The material for the following table is taken from the records of the students on file in the schools of nursing as summarized in the Appendix, pages i - viii. In this table, as in subsequent tables, the following abbreviations will be used: U. H. refers to the University Hospital School of Nursing; G. H. refers to General Hospital School of Nursing; P. H. refers to Psychiatric Hospital School of Nursing; and % to the percentage of the total which this number represents.

TABLE I. REASONS GIVEN FOR DISMISSAL OR WITHDRAWAL OF 210 STUDENT NURSES FROM THREE SCHOOLS OF NURSING.

Reasons Given	U.H.		G.H.		P.H.		Total	
	No.	%	No.	%	No.	%	No.	%
1. Failure in Practice	37	52.8	34	48.5	26	37.2	97	46.2
2. Failure in Theory	17	24.4	20	28.6	14	20	51	24.3
3. Failure in Theory and Practice	9	12.8	19	26.7	11	15.7	29	13.8
4. Breaking of Rules	0	0	6	8.7	12	17.1	18	8.6
5. Illness	7	10	1	1.4	7	10	15	7.1
	70	100	70	100	70	100	210	100

1. Failure in Practice

In all of the schools studied, failure for this reason occurs on the basis of the individual's inability to do the actual ward work satisfactorily. Combining the students of Group 1 and Group 3, both of whom were unable to do satisfactory ward work, the failures for this reason make up 65.6% of all the cases failing in the university hospital school. In the general

hospital school the failures in practice make up 61.3% of all those failing. In the psychiatric hospital school the failures make up 52.9% of all cases. The total group contains 126 students, or 60% of all cases studied. Since three-fifths of all failures occurred in this area its relative importance is clear.

The University Hospital, used as a practice field for the university school of nursing, is a larger institution than either of those used by the other schools of nursing. In addition to the complexity of the situation due to the large number of patients in this hospital, there is another factor increasing the difficulties of adjustment. This is the fact that the majority of the patients admitted to this hospital come for diagnosis of some complaint of unusual or complicated nature. The student works in this institution in a complex environment, under great pressure, with only a certain amount of individual attention or supervision from the supervisors. The general hospital, in which students from the second school work, has fewer patients with less varied and rare complaints and a lighter work load. Hence, the situation is somewhat less taxing than in the university hospital. The psychiatric hospital, in which students from the third school receive their practice, also has fewer patients than the university hospital. Since it is a private hospital and since adequate nursing care of psychiatric patients can not be trusted to untrained students there is a large number of graduate nurses employed and students work directly with graduates for their first year at least. There is, therefore, adequate opportunity for supervisors to give students individual attention and to help them

with their problems of adjustment.

These factors probably have something to do with the differences in percentages of failures for this reason between the three schools. All of these schools, however, tend to have high percentages of failures in this area, for even in the psychiatric hospital school where the fewest failures in practice occur, more than half of all cases failing do so for this reason.

2. Failure in Theory

Failure for this reason is found in all those cases who were unable to meet the academic requirements of the schools of nursing in which they were enrolled. If the number of students failing in both theory and practice is again included here, in the university school 26 students, or 37.2% of all cases, failed for this reason. In the general hospital school 29 students, or 41.4%, failed in class work. In the psychiatric hospital school 25 students, or 35.7% of all, failed in class work. In the total group 80 students, or 38.1%, failed for the same reason.

Before a student is considered for admission into the university hospital school of nursing she is required to take and pass a quarter of straight academic work in the university. Although 100% of all students admitted after this quarter of university study had made satisfactory averages in it, 37.2% of them

failed in class work of similar content after admission into the school of nursing. This fact would seem to indicate that something besides scholastic aptitude is responsible for success in the combined program of ward and class work in the school of nursing.

The number of failures in class work is not significantly different for the three schools. The largest number of academic failures occurred in the general hospital school. Although the average of 80% considered satisfactory for passing in this school is higher than the average of 75% required in the other two schools it is doubtful if this fact is of any significance. The number failing at the psychiatric hospital school, especially in theory alone, is somewhat lower than at the other two schools. That this lower number of failures is not due to an educational standard at this school inferior to those at the other schools is evidenced by the fact that in the ten year period studied one-hundred per cent of all candidates for registration from this school were able to qualify, only two students having to repeat a single examination at the State Board Examinations. Figures for the other two schools are not available for publication, but their average of successful candidates for state registration can not be higher.

The factor of opportunity for individual attention at the psychiatric hospital school of nursing is probably of

influence here in reducing the number of failures as in the field of practice. The relationship of mediocre and good high school averages to academic failures will be considered later.

3. Dismissal for the Breaking of Rules

Failure in this area is due to the fact that students in schools of nursing fail to maintain certain minimum standards of conduct as required by the school, during the period when they are not occupied with either academic or practical work. Dismissal for this cause occurred in the case of 18 students, or 8.6% of the total. This reason for failure does not appear in the records of the university school perhaps because disciplinary matters there are handled by the student government association, and suspension or other disciplinary measures than dismissal are employed to cope with the breaking of rules.

The psychiatric hospital school has the highest percentage of dismissals for breaking of rules. This school is compelled to make special regulations in regard to the conduct of the nurses with mental patients. Among the group dismissed here were included three nurses who married psychiatric patients under treatment for psychoses at the time of the marriage and one student who married an attendant just dismissed by the hospital for assisting a mental patient to escape. Ordinarily the withdrawal of a student to get married is not considered an evidence

of failure. These students, however, were dismissed as failures because the circumstances were such that the school felt that none of the young women concerned could be endorsed as having grasped the fundamental principles of psychiatric nursing.

Since only 8.6% of the students failing in these schools of nursing did so because of inability to carry out certain rules of conduct, this can not be considered a very significant cause of failure.

4. Illness

The number of students dismissed because of illness is 15, or 7.1% of those who failed. The number failing because of illness in the university hospital school and in the psychiatric hospital school is the same, but the single student dismissed for this reason from the general hospital school constitutes an even smaller proportion. An inspection of the health records of the three schools reveals that the general hospital school, in the first part of the period covered by this study, was less concerned about the health of its students and failed to record their illnesses as conscientiously as the other two schools. At the present time, however, the general hospital school has a health program which is carefully planned and executed.

FACTORS UNDERLYING THE REASONS ASSIGNED FOR WITHDRAWAL OF DISMISSAL

Other data than the reasons given for failure by the schools of nursing are included in the records of the students. An analysis of these data reveals that certain factors stand out as common to failure for all the reasons indicated. These factors are:

1. Distaste for nursing or lack of interest as shown by the student's reactions.
2. Lack of skill or manual dexterity as indicated by achievement in practical work.
3. Physical defect as shown by the health records.
4. Personal maladjustment as shown by rating scales, anecdotal records and other data.

The occurrence of these factors is summarized in the following tables according to the classification of the reasons for failure as listed in Table I. The data for further breakdown of these reasons into the underlying factors is taken from the records of students in the training school archives. Selected case records for this section are summarized in Tables A to I in the Appendix. As an example of how this analysis is made, take Table II, 1 in which there are 7 students failing in practice with distaste for nursing. This number constitutes a part of the 37 students failing in practice as listed in Table I and percentages are based on these figures.

Table II. Relationship Between Distaste for Nursing and the Five Basic Reasons for Failure as Listed in the Records at the Schools of Nursing.

Distaste for Nursing	U.H.		G.H.		P.H.		Total	
	No.	%	No.	%	No.	%	No.	%
1. With Failure in Practice	7	19	8	23.5	4	15.3	19	19.5
2. With Failure in Theory	1	5.8	3	15	2	14.4	6	11.7
3. With Failure in Theory and Practice	0	0	2	22.2	1	9	3	10.8
4. With Breaking of Rules	0	0	0	0	0	0	0	0
5. With Illness	0	0	0	0	0	0	0	0
Total	8	11.4	13	18.5	7	10	28	13.3

This factor is somewhat difficult to determine accurately from the records. It is indicated either by quotations from the student saying that she had lost interest, or by comments of the supervisors or instructors stating that her actions indicated a dislike of nursing or loss of interest in it. From a careful analysis of the records it appears that this distaste for nursing in some cases was responsible for the poor quality of the student's work and adjustment; in others it was the result of an inability to adjust satisfactorily and was indicative of a defense mechanism on the part of the student. In many cases the students have given this as an excuse for leaving, but their records showed evidences of failure for some time previous, without concrete evidences of distaste for nursing.

Distaste for nursing is not listed as present in

either of the groups dismissed because of disciplinary problems or of illness. It is conceivable that all of the students dismissed because of illness were interested in nursing. It seems improbable, however, that none of the students dismissed for the breaking of rules failed to comply with regulations because of an underlying distaste for the nursing situation. It must be due to the fact that the disciplinary problem overshadowed other phases of the student's reactions that any existing dislike for nursing was not recorded for these students.

This characteristic is found in students failing in theory, in practice and in theory and practice. In none of these is it listed as the only factor responsible for failure, but is found in connection with other factors. Only 28 students, or 13.3% of the total number failing are lacking in interest in nursing according to their records.

Table III. Relationship Between Lack of Skill or Manual Dexterity and the Five Basic Reasons for Failure as Listed in the Records at the Schools of Nursing.

Lack of Skill	U.H.		G.H.		P.H.		Total	
	No.	%	No.	%	No.	%	No.	%
1. With Failure in Practice	14	37.8	10	29.4	7	26.9	31	32
2. With Failure in Theory	0	0	0	0	0	0	0	0
3. With Failure in Theory and Practice	6	66.6	3	53.3	7	63.6	16	55.2
4. With Breaking of Rules	0	0	1	11.1	1	8.3	2	11.1
5. With Illness	0	0	1	100	2	28.5	3	2
Total	20	26.5	15	21.4	17	24.5	52	24.7

Lack of skill is indicated in the records of the students by various statements concerning the inability of the student to carry on the manual work of the ward successfully, or by descriptions of the inadequate type of ward work done. It is found in students failing in all areas except in theory. Although occurring alone it is responsible for the failure of only 2 students from the entire group, in combination with other factors it is present in 24.7% of all cases failing. Most of the students who exhibited this characteristic were found among the groups which failed in practice or in theory and practice. Of the entire number failing three-fourths were doing a satisfactory grade of work as judged by the criteria of smoothness and dexterity.

Table IV. Relationship Between Physical Defect and the Five Basic Reasons for Failure as Listed in the Records of the Schools of Nursing.

Physical Defect	U.H.		G.H.		P.H.		Total	
	No.	%	No.	%	No.	%	No.	%
1. With Failure in Practice	12	32.4	4	11.7	3	11.5	19	19.5
2. With Failure in Theory	7	41.2	2	10	1	7.1	10	19.6
3. With Failure in Theory and Practice	3	33.3	0	0	2	18.1	5	17.2
4. With Breaking of Rules	0	0	0	0	6	50	6	33.3
5. With Illness	7	100	1	100	7	100	15	100
Total	29	41.4	7	10	19	27.1	55	26.2

This characteristic refers to any illness of a nature or degree of sufficient importance to be given attention on the

health record of the student by the examining physician. Obviously it is found in all cases in which failure occurs because of illness. In some cases it is indicated that treatment for the illness was undergone by the student. In others there is no statement of treatment having taken place. In no case is there a record of complete cure before the dismissal or resignation of the student. The high percentage of students who were dismissed for the breaking of rules with physical defect seems to be explainable only on the basis of chance.

Table V. Relationship Between Personal Maladjustment and the Five Basic Reasons for Failure as Listed in the Records at the Schools of Nursing.

Personal Maladjustment	U.H.		G.H.		P.H.		Total	
	No.	%	No.	%	No.	%	No.	%
1. With Failure in Practice	33	89.2	32	94.1	26	100	91	93.8
2. With Failure in Theory	7	41.2	8	40	7	50	22	45.1
3. With Failure in Theory and Practice	7	77.7	7	77.7	9	81.8	23	79.3
4. With Breaking of Rules	0	0	3	50	6	50	9	50
5. With Illness	2	28.5	1	100	4	57.1	7	46.6
Total	49	70	51	72.8	52	74.2	152	72.4

By personal maladjustment is meant any degree of neuroticism or of inability to assume adult duties and responsibilities. It is shown in the inability to get along with people, to show adequate emotional control or to adjust to situations. This is the characteristic which was the most prevalent and widely distributed of any indicated in the records as underlying the failure of these

student nurses. It appears in the rating scales and anecdotal records kept by those responsible for the guidance and instruction of the students. It is indicated in the reports of executives, of physicians and psychiatrists. In every area except academic failure and failure because of illness it is present in at least one-half of all cases. In failure in practice the largest percentage of students is listed as possessing this characteristic; 93.8% of the total group failing having records in which personal maladjustment is indicated. In the records of only 6 of the students who were unable to do the ward work satisfactorily is there no evidence of personal maladjustment.

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When the group from the three different schools of nursing is taken as a whole there is little difference in the prevalence of this characteristic. In other words, the percentages failing in each school are about the same as the 72.4% of all students failing in whom there is evidence of personal maladjustment. This factor then appears to be quite significant in the causation of failure in students in these schools of nursing.

RELATIONSHIP OF PERCENTAGES FAILING TO HIGH SCHOOL AVERAGES.

The purpose of this section is to determine the relationship between scholastic averages in high school and the five basic reasons for failure listed by the authorities of the schools of nursing. The figures for the following tables are again

taken from records on file in the schools of nursing and are summarized in the Appendix, Tables A - I. The totals failing for each reason as shown in Table I of the main body of the thesis are again broken down into groupings, this time into the percentages of students failing who made an average of 80% to 85% or an average of 85% or better in high school subjects. For purposes of clarity these two groups will be referred to in the descriptive material which follows as groups with mediocre and good high school averages respectively. For the high school averages of each student see the appendix in which these are listed.

Unfortunately no consistent scores or norms on psychometric tests are available; hence this criterion can not be used for comparison. Furthermore, the data are not available as to the total number of students admitted to these schools of nursing with either mediocre or good high school averages. Therefore, the tables given below indicating the total percentages failing with mediocre and good high school averages include all the comparative data that are available for this study.

Table VI. Failure for Various Reasons on the Part of Students

Entering with High School Averages of 85% or Better.

Reasons for Failure	U.H.		G.H.		P.H.		Total	
	No.	%	No.	%	No.	%	No.	%
1. With Failure in Practice	30	81	23	67.6	16	61.5	69	60.8
2. With Failure in Theory	12	70.6	9	45	10	71.4	31	60.8
3. With Failure in Theory and Practice	7	77.7	5	33.4	4	36.3	14	48.3
4. With Breaking of Rules	0	0	1	16.6	9	75	10	55.5
5. With Illness	5	71.4	0	0	4	57.1	9	60
Total	54	77.1	36	31.4	43	61.4	133	63.3

If the thesis were true that students admitted with lower grade averages were more likely to fail in class work than students admitted with higher grade averages, there should be in the higher average group a low percentage of academic failures and a high percentage of failures for each of the other reasons. An inspection of the table above shows that in the total group failing which had been admitted with good high school averages there is no such relationship. In other words, there is not a significantly low percentage of academic failures in this group admitted with good high school averages.

Table VII. Failure for Various Reasons on the Part of Students

Entering with High School Averages of 80% - 85%.

Reasons for Failure									
1. Failure in Practice	7	19	11	32.4	10	38.5	28	39.2	
2. Failure in Theory	5	29.4	11	55	4	28.6	20	39.2	
3. Failure in Theory and Practice	2	22.3	6	66.6	7	63.7	15	51.7	
4. Breaking of Rules	0	0	5	83.4	3	25	8	44.5	
5. Illness	2	28.6	1	100	3	42.9	6	40	
Total	16	22.9	34	49.6	27	38.6	77	56.7	

Since this table serves to complete the total percentages indicated in Table VI it shows nothing new. An inspection of Table VII with regard to the total percent failing with high school averages of 80% - 85% and the percentages failing for each of the reasons given shows no significant differences. As a proof of this statement the critical ratio between the percentage of students who failed in class work and that of those who failed for other reasons will be derived. The group failing in theory and practice is included with the group failing in theory as Academic Failures. The group failing in practice, those dismissed on account of the breaking of rules and those dismissed because of illness are grouped as Non-Academic Failures. This critical ratio between the percentages failing in these two groups will be derived as shown in the following table:

Table VIII. Critical Ratio Between Academic and Non-Academic Failures.

Classification of Failures	Good H. S. Averages		Mediocre		Critical Ratio
	Number	%	Number	%	
Academic Failures	45	34	35	45	1.6
Non-Academic Failures	88	66	42	55	1.6
Total	133	100	77	100	

Since the critical ratio between the percentage of academic failures who entered with a good high school average and those who entered with a mediocre high school average is 1.6, it is too low for any statistical relationship to be established between academic failures and either good or mediocre high school averages. Since the critical ratio between the percentage of non-academic failures who entered with a good high school average and those who entered with a mediocre high school average is 1.6 also, it likewise is too low for any statistical relationship to be established between non-academic failures and high school averages on either the good or mediocre level. Therefore, it can be concluded that the failures in the group with good high school averages do not constitute a significantly larger proportion of non-academic failures than these failures are of the total failures of the group. In other words, academic failure is not specifically related to high school averages of 85% or better as opposed to those of 80% to 85%, or vice versa.

It was suggested above, when data at the university hospital school of nursing were shown to reveal that 37.2% of the

students failed in class work in the school of nursing who had formerly made satisfactory academic records in the university, that something besides scholastic aptitude must be at least partially responsible for these failures. Since it has been shown that academic failure can not be related specifically to low high school averages it is again evident that scholastic aptitude is not the only factor related to successful completion of class work in the school of nursing.

INTERRELATION OF THE VARIOUS FACTORS RESPONSIBLE FOR FAILURE IN SCHOOLS OF NURSING

The material for the following tables is taken from the records of the students in the archives of the schools of nursing. Selected case records for this section are summarized in the Appendix, Tables A - I. It is the same data used in Tables I and II as well as subsequent tables, but is re-grouped so as to show the interrelationship of the same factors considered in these tables.

Table IX. Interrelation of the Various Factors Responsible for Failure in Practice.

Failure In Practice	No.	%
1. With personal maladjustment only	39	40.2
2. With personal maladjustment and poor technical work	24	24.7
3. With personal maladjustment and distaste for nursing	12	12.4
4. With personal maladjustment and physical defect	10	10.3
5. With personal maladjustment, physical defect and poor technical work	5	5.2

Table IX. (Con.)

Failure In Practice	No.	%
6. With Poor Technical Work	2	2.1
7. With Distaste for Nursing and Physical Defect	2	2.1
8. With Distaste for Nursing, Physical Defect and Poor Technical Work	1	1
9. With Personal Maladjustment, Physical Defect and Distaste for Nursing	1	1
10. With Personal Maladjustment, Physical Defect, Distaste for Nursing and Poor Technical Work	1	1
Total	97	100

Table X. Interrelation of the Various Factors Responsible for Failure in Theory.

Failure in Theory	No.	%
1. Failure in Class Work Only	23	45.1
2. Failure in Class Work with Personal Maladjustment	15	29.4
3. Failure in Class Work, Personal Maladjustment and Physical Defect	6	11.9
4. Failure in Class Work and Physical Defect	4	7.8
5. Failure in Class Work and Distaste for Nursing	2	3.9
6. Failure in Class Work, Personal Maladjustment, Physical Defect and Distaste for Nursing	1	1.9
Total	51	100

Table XI. Interrelation of Various Factors Responsible for Failure in Both Theory and Practice

Failure in Both Theory and Practice	No.	%
1. With Personal Maladjustment	10	34.5
2. With Personal Maladjustment and Physical Defect	6	20.7
3. With Poor Technical Work	5	17.2

Table XI. (Con.)

<u>Failure in Both Theory and Practice</u>		No.	%
4.	With Poor Technical Work, Personal Maladjustment and Physical Defect	4	13.8
5.	With Personal Maladjustment and Distaste for Nursing	2	7
6.	With Personal Maladjustment and Physical Defect	1	3.4
7.	With Poor Technical Work and Distaste for Nursing	1	3.4
	Total (All with Failure in Class Work)	29	100

Table XII. Interrelation of the Various Factors Responsible for Failure When Dismissed for Breaking of Rules

<u>Dismissal for Breaking of Rules</u>		No.	%
1.	Disciplinary Problem with Personal Maladjustment	5	27.8
2.	Disciplinary Problem Only	5	27.8
3.	Disciplinary Problem, Personal Maladjustment and Physical Defect	4	22.2
4.	Disciplinary Problem with Physical Defect	2	11.1
5.	Disciplinary Problem with Poor Technical Work	2	11.1
	Total	18	100

Table XIII. Interrelation of the Various Factors Responsible for Failure when Dismissed Because of Illness.

<u>Dismissal Because of Illness</u>		No.	%
1.	Those with Illness only	8	53.3
2.	Those with Illness and Personal Maladjustment	4	26.6
3.	Those with Illness, Personal Maladjustment and Poor Technical Work	3	20.1
	Total	15	100

Of the 210 students failing, 135 students, or 64%, failed because of a complex of interrelated factors, and 75 students, or 36%, failed because of a single factor underlying the reason given. The largest number of failures in which one factor is indicated as being responsible for the reason for failure is the group failing in practice because of personal maladjustment. Next to this in number is the group of students failing in class work only. It can be concluded that it is more usual for failure to occur because of several underlying factors than because of a single underlying factor.

SUMMARY

1. The reasons given for the dismissal of students are, in descending order of importance; failure in practice, failure in theory, failure in theory and practice, the breaking of rules and illness. These reasons as given indicate aspects of the nurse's life in which failure occurred rather than the true causes of failure.
2. Underlying all of these reasons for failure are certain common factors which actually cause the failure. These are, in descending order of importance, personal maladjustment, physical defect, poor manual dexterity or lack of skill and distaste for nursing.
 - a. The most significant factor in the success or failure of the student, as revealed by the analysis of these records,

is that of personal adjustment. At least 60% of all these students failing showed a considerable degree of personal maladjustment.

b. Physical defect occurs in at least 26.2% of the total group failing. In those cases in which it is not specifically mentioned in connection with dismissal, it may have much influence on the failure.

c. Lack of manual dexterity is found in 24.6% of the group failing. Occurring alone it is responsible for the failure of only 2 students, but in combination with other factors it is a contributing cause of failure in 50 students.

d. Distaste for nursing exists in 19.5% of the nurses failing, whether as a cause of the justification of the cause of the failure. Occurring alone it is not given as a cause of failure though again in combination with other factors it is influential.

3. From the comparison of the percentages of students failing in the various areas with grades between 80% and 85% and of 85% or better and the percentages with these grade averages failing from the total group, it can be concluded that, all other things being equal, the prediction of failure in the academic phase of the course in nursing can not be made from the average made on high school subjects. Other factors seem to be operative here in addition to scholastic aptitude.

4. Failure of student nurses is due to more than one underlying factor almost twice as frequently as to a single factor.

SUGGESTIONS FOR FURTHER STUDY IN THIS FIELD

1. The relationship of the total number of students admitted to the number dismissed as failures should be investigated.
2. The relationship of academic failures in the school of nursing to the total percentages of students admitted to the school with mediocre or good high school averages should be looked into.
3. A careful study of correlation between scores on intelligence and aptitude tests and failure in nursing should be made.
4. A detailed analysis of the specific traits found present in the failures from the three types of schools of nursing and conclusions from this as to the qualities desirable for nurses in different types of schools of nursing would be helpful.
5. A study of schools of nursing and the part which they play in the failure of student nurses, with recommendations as to how their program will more nearly meet the needs of students with special emphasis on the effects of a well functioning guidance program, will be helpful in properly placing the full responsibility for student failures.

CHAPTER V.

CASE HISTORIES ILLUSTRATING FACTORS UNDERLYING FAILURE

In the last chapter the reasons for failure as assigned by schools of nursing, the factors underlying these reasons and the complex interrelation of these reasons and factors were reviewed. In this chapter some representative excerpts from case histories illustrating the various reasons and the underlying factors will be given in order to make these factors responsible for failure in student nurses more vivid. The illustrations given exhibit these various reasons and factors in accordance with the notations that actually occur in the records. The case history numbers used here correspond to those appearing in the case histories summarized in the Appendix, Tables A to I and are taken from records in the archives of the schools of nursing.

FAILURE IN PRACTICE

With Distaste for Nursing

Case #52.

This student was graduated from an accredited college with an average of B. In the school of nursing her grade average was C plus, although in scientific subjects it was B. At first on the ward her work was fairly satisfactory and her neatness and preparation

average. Later a growing indifference appeared. She was still interested in class work, but neglected practical work for theory. Her carrying out of procedures showed the need of much more practice than she was getting. Finally she reached the point that she ignored any work assigned and was indifferent and casual. When called to task she promised to do better, but did not do so. At about this time she went off duty stating that she was ill. Her illness was diagnosed by the physician as "pain and chills of psychogenic origin". After her dismissal as a patient she returned to work but a few days later resigned, saying that she did not like ward work, but was interested in science. She was advised to become a laboratory technician.

Case #52

This student's average in high school was 92% and in her academic work in the school of nursing was B-. Her physical examination revealed hay fever. Her class work was quite satisfactory, but on the ward she was languid and apparently lacking in interest. Her technical work was poor. She lacked promptness or dependability. She was inclined to daydream, was nonchalant, careless and lacking in accuracy and memory. She resigned stating that she did not like nursing.

With Poor Technical Work

Case #54.

This nurse made an average of C in her high school work and of B- in her academic work in the school of nursing. Her physical examination showed inflamed tonsils and a tonsillectomy and submucous resection were performed. On the ward she seemed unable to correlate theory with practice. She was exceedingly slow and awkward and forgot a great many things told her. She showed little aptitude for the practical side of nursing. Although her understanding of patients and acceptability to them were marked she was so slow and inefficient in the practical side of her work that she had little time for them. After six months in training she was advised to resign because of her poor technical work and go into Social Service Work.

Case #23.

This student made an average of B plus in high school, B- in college and C in the school of nursing. On the ward she was aggressive, unrefined, gushing, too cheerful, boisterous, tactless and too familiar. She aroused antagonism and was indifferent, casual childish and immature. On duty her hair and uniform were frequently in disorder. She was awkward, forgetful of details and left her work unfinished. Her knowledge was not applied. She was careless with

equipment and wasteful of supplies. She was unreliable, planned her work poorly and was uncertain of what she had or had not done. Her charts were incomplete and inaccurate. After her third month of training there was some improvement, but even then she was forgetful of details. She ignored ethics and showed no self discipline. She appeared to be lacking in a definite goal or desire for self-improvement. She was too exuberant, careless, carefree, seeming to be unimpressed by advice or example. She was asked to resign after four months because of her inability to assume junior standing and do satisfactory technical work.

With Physical Defect

Case #51

On her high school grade average this student made C- and on her average in the school of nursing, C. Her physical examination at entrance revealed obesity and marked hypothyroidism. She was ^{not} neat in appearance and had inveterate habits of chewing gum and rolling up her sleeves that apparently could not be overcome. She was very slow and did poor technical work, her slowness seemingly the result of an inability to think or move rapidly being responsible for the poor grade of her technical work. She was somewhat aggressive at times, talked too much and showed immaturity in her reactions. Her work lacked a finished appearance usually and as responsibilities increased she was inclined

to lower her standards of work even farther. She paid no attention to details. She appeared lacking in interest, languid and insincere. After five months she realized that she was about to be dismissed and resigned.

Case #69.

This student made an average in high school of 92% and in the school of nursing of C plus in academic subjects. Her physical examination revealed nothing abnormal, but after she had been in the school of nursing for a brief while she became ill with hay fever and confessed that she was subject to similar severe attacks at frequent intervals. On duty she appeared languid and lacking in interest. Her technical work was poor. She was frequently tardy, did not pay any attention to details, was unstable and undependable. She was inclined to daydream and forgot to carry out treatments and give medications. Her memory was poor and her work was frequently inaccurate. To her supervisors she appeared nonchalant, careless and indifferent. During her attacks of hay fever she was cross and irritable and in no condition to care for ill patients. She was dismissed because of the unsatisfactory character of her ward work.

With Personal Maladjustment

Case #177

In the subjects taken in high school this student made an average of B, and in those studied in the school of nursing, an average of C. Except that she was underweight her physical examination was negative. She was timid, retiring and unsure of herself on most occasions, yet in some instances her prejudices were so strong that they could not be overcome and she was inflexible, unyielding and lacking in ability to adapt herself. She was slow, lacking in initiative and unable to accept responsibility except under supervision. She made frequent errors in all phases of her work. She did very poor practical work, needing considerable help in the utilization of theoretical knowledge. She was nervous and easily confused, especially by the new. For example, during the supervision of a single procedure it was necessary to have her repeat it three times before she could do it correctly. Her charting was incomplete and inadequate. To her "to forget" to carry out an order or do a treatment was a perfect alibi. She always admitted errors when they were called to her attention, but made the same mistakes again and again. She was uncertain about what to do, planned poorly, left work incomplete and did not apply general knowledge to specific instances. She was slow to adjust to changes, was not prepared for the unexpected and became completely upset by it. She was dismissed because of poor work.

Case #15

This student made a high school grade average of B, an average of B- in two years of college work and of C in the school of nursing. On duty she was selfish and overconfident. Her manner was abrupt, tactless and ungracious. She was on the defensive if corrected. She appeared indifferent to the emotional needs of her patients and lacking in the knowledge of the fundamental principles of social relationships. She was usually lacking in initiative and interest. On one occasion she changed an important order of the doctor without permission. She was quite slow to grasp facts, but seemed to remember fairly well once she got a point. She did an average grade of practical work, but was totally unacceptable to her patients. After nearly three months she resigned because of discouragement over her work.

FAILURE IN THEORY

With Distaste for or Lack of Interest in Nursing

Case #163

This student made an average of 90% in her high school grades and was credited with an I. Q. of 125 on the 1957 revision of the Stanford-Binet. Her average in class work at the school of

nursing was D-. She was underweight, had a mild heart lesion, needed glasses and a tonsillectomy at the time of her first physical examination. Before she was definitely accepted her weight was built up, her tonsils removed and glasses fitted. The heart condition was diagnosed as not incapacitating. She had a pleasing personality, an attractive appearance and her practical work was quite good. She was acceptable to patients and adjusted well to ward routine. Her ward record was quite satisfactory except that she failed to carry out orders for her patients several times during the last part of her time in training, having then apparently lost interest in the practice in the practical side of nursing. Her class work showed lack of preparation from the first and grew poorer and poorer. Apparently she was not sufficiently interested to study. She was dismissed for failure in class work, as her average in scientific courses was 66%.

With Physical Defect

Case #96

This student made a high school average of 92% and an average in the school of nursing of C with one failure. She was quiet and refined, had a good disposition and was a capable worker. Nevertheless she appeared unhappy and dissatisfied, often complaining of homesickness. She went about her duties in a lethargic manner. She was a clock-watcher and appeared

eager to leave the ward at the earliest possible moment. She seldom studied and in class was nonchalant and indifferent. Before hearing of the failure which she made in the one subject in which her average was unsatisfactory she left voluntarily stating that she did not like nursing.

With Physical Defect

Case #96

This student made a high school average of 87% and an average in the school of nursing of C with one failure. A physical examination showed an old healed inactive case of tuberculosis, but it was decided to admit her and give her special care and attention. She was neat in appearance. Her practical work was only fair. She failed to complete assignments and was quite erratic in her work. She was acceptable to her patients, however, and did satisfactory technical work when she was not too forgetful. She was dismissed when she failed in dietetics. Following her dismissal it was learned that she had a brain tumor in a seriously advanced stage.

Case #39.

This student made an average of C plus in high school but failed in all class work taken in the school of nursing. Her

physical examination showed hypothyroidism and a small heart. On the wards she was slow in her work and unable to catch on to procedures without special assistance. She was quite acceptable to patients, however, except for her slowness and inefficiency. She had little initiative and failed to complete assignments. She was dismissed because of her failures in class work.

With Personal Maladjustment

Case #25

This student made an average of C in high school and of B- in college, but in the school of nursing made an average of D with one failure. She was conscientious, earnest, sincere in her work, interested but afraid. She showed a lack of self-confidence and though she tried to carry out procedures as taught she felt inadequate to do so. She attempted to improve but seemed to become more and more unsure of herself. Her physical examination showed enlarged tonsils. She was dismissed because of her failure in class work.

Case #47

This student made an average of A- in her high school grades and on the 1939 A. C. E. made a raw score of 152. In the class work of the school of nursing, however, her average was a

low pass and three subjects were failed. On the ward she showed difficulty in remembering procedures, was lacking in self confidence, was quite immature and lacking in ability to plan well. She was nervously unstable and her mood alternated between ebullience and depression. She tried hard but needed much supervision and assistance. In her class work likewise she showed a lack of self confidence and immaturity. Her certainty seemed to increase rather than decrease as time passed. She was dismissed because of failure in class work.

FAILURE IN THEORY AND PRACTICE

With Distaste for Nursing

Case #159

This student's high school average was C and her average on subjects taken in the school of nursing was D plus. She was failing in one subject at the time of her resignation which was just before final examinations. Her reason for her resignation was that she was homesick and did not like nursing. Her home was in a rural community and she was unable to adjust in an atmosphere as complicated as the school of nursing. She was timid, naive, retiring, afraid to express herself even in class, hesitant, frightened yet quite ladylike, attractive and acceptable to patients.

Case #78

This student made an average of B in high school subjects and of D in the school of nursing with failure in two subjects. Her physical examination was negative. On the ward she was not very acceptable to patients and did not adjust well to routine conditions there. She was not economical with hospital supplies and sacrificed quality of work for speed. She was emotionally unstable and did not observe correct health habits. She was not very conscientious, had little executive ability and little interest in her work. She lacked self confidence and was not very alert mentally. She was confused about correct procedures in an emergency. She was timid and lacking in initiative. She was very slow. She stated that she did not like nursing.

With Poor Technical Work

Case #153

This student was brought up in an orphan's home, having lived there from the time she was three years old. Her average in high school was C plus, but in the school of nursing it was 69%. On duty in the ward she was careless and slipshod in her work, cutting corners wherever possible. Beds were made poorly and patients' trays were not clean, attractive or complete. Her diet kitchen work was very poor. She changed her

hours off duty without permission and missed classes without excuse. As an example of her actions the following incident is cited. Just before an important oral quiz in Nursing Arts she placed a note on the instructor's desk asking to be excused from reciting. "I don't feel like talking today", was the excuse given. On the ward she talked back to supervisors and failed to carry out orders. She gave patients an indifferent type of nursing care and left their rooms in disorder unless carefully supervised. She was careless with hospital supplies and burned several expensive articles in the sterilizer. Because she herself did not earn her cap she tried to get another member of her class in trouble to prevent her getting hers. She was dismissed because neither theoretical nor practical work was acceptable.

Case #169

This student made an average in her high school subjects of C- and in the school of nursing of D with one F. Her physical examination was negative except for near-sightedness which was corrected by glasses. She was very conscientious with excellent standards and ideals. Her difficulty lay in slowness in responses both mental and physical, with blocking and inability to work under tension. She served the incorrect nourishment or wrong meal tray to patients unless supervised. She did inefficient technical work. For ex-

ample, she put away unwashed emesis basins, left patients' dresses in disorder, left beds incompletely made and even took twenty minutes to prepare three hypodermics, then dropped all three needles on the floor. She was quite acceptable to patients and seemed willing and interested in her work, but was not prepared for the unexpected, was uncertain, slow in grasping the ward routine, emotionally unstable, self conscious, awkward and unreliable in that she completely forgot assignments. She was repeatedly late to class, her excuse being that she had either the classes or the rooms mixed up. She was dismissed because of the unsatisfactory character of both her theoretical and practical work.

With Physical Defect

Case #18

This student made an average in high school of C, but in the school of nursing averaged F in her class work. Her physical examination showed a pronounced hypothyroid condition. She was unusually slow in everything that she undertook. She was lacking in insight and understanding, undignified and inclined to be abrupt. Because of her slowness and inefficiency she was deemed unable to fit into the work and was dismissed after two months in the school of nursing.

Case #12

This student made a high school average of A plus and a grade average of F in the school of nursing. Her physical examination revealed enlarged tonsils, but these were not removed. From the first she seemed unable to adjust to the work of the ward. She was considered "painfully slow" by her supervisors. She was unable to plan her work well, lacked initiative and spent most of her time "puttering". Often what she did was done well, but assignments were not completed. She accepted this in a philosophical manner or gave some alibi. She was timid, shy, reserved and lacking in self confidence. She was unable to take responsibility. After four months she was dismissed on account of unsatisfactory ward work and failures in class work.

With Personal Maladjustment

Case #147

This student made a high school average of C- and an average of F in the school of nursing. Her physical examination revealed no marked organic lesions, but she gave a history of various and sundry illnesses including colitis. She claimed to be in perfect health at the time of admission, but during her months in training she frequently went off duty with a series of complaints. She was not liked by patients or her fellow nurses.

She resented all supervision and orders given. If corrected she pouted and in crises developed attacks of illness. She criticized her supervisors and "tattled on" her class mates and even seniors. She was tactless and unsympathetic in her contacts with patients, once even teasing and tantalizing a disturbed mental patient for the fun of it. In her relationships with patients and other workers she showed that she was self-centered and spoiled. She was careless in work, failed to carry out orders and was undependable. She was lacking in observation and quite inefficient. She was dismissed for her failure to adjust satisfactorily and for failure in class work.

Case #33

This student's high school average was C plus, her average in college C and in the school of nursing D with two failures. Her physical examination indicated that she was physically normal. On the ward she was quite slow and over-conscientious to the point of being unable to judge what to leave undone. She was apparently eager to learn and accepted criticism, but did not profit by it. She lacked dexterity and did very poor technical work. She was unable to grasp the situation as a whole, was lacking in insight and became excited and filled with panic under pressure. She felt that in her nursing she was being pushed beyond her ability by her family as well as by the school of nursing. Fearing dismissal she resigned

upon learning her class averages just before her first final examinations.

DISMISSAL FOR THE BREAKING OF RULES

With Poor Technical Work

Case #81

This student made an average in high school subjects of C- and in her class work in the school of nursing of B. Her technical work was poor in that she was inefficient, awkward and unable to plan well. At times she seemed interested, but was lacking in the industry and resourcefulness to carry out the projects she started with apparent enthusiasm. She was neither punctual, dependable nor conscientious in performing work assignments. She broke several rules regarding personal conduct, and after repeated promises to keep these rules a final escapade resulted in her dismissal.

Case #188

This student made an average of C in high school subjects and of C plus in those taken in the school of nursing. At the time of her first physical examination she was found to be unusually strong and healthy. She was quite attractive,

likeable and acceptable to patients. She was unusually exuberant and carefree, sometimes loafing on duty or being careless and negligent. Her technical work was quite good when she tried, though at times it was incomplete. She said that she was very interested in nursing, but failed to carry out orders or to put away equipment which she had used. She often left glasses unwashed which her patients had used, or left their rooms in disorder unless supervised. In her observance of rules regarding conduct she was likewise negligent and nonchalant. After a flagrant disregard of these rules she was placed on probation. Again she broke the same rule and was untruthful when questioned about this. After this occurred it was felt that she was not suitable material for the school of nursing. Hence she was dismissed.

With Physical Defect

Case #151

This student made an average in high school subjects and of C plus in those taken in the school of nursing. At the time of her admission physical examination she was found to have infected tonsils and was advised to have these removed. She refused to have this done. On duty she did careless work at times and was noisy and lacking in a sense of responsibility. She was resentful of authority and refused to accept criticism graciously. She broke one of the rules of the school of nursing which concerned personal

conduct and when disciplined for this became resentful, packed her clothes and impulsively took "French leave". In the course of the next day she returned and begged for reinstatement in the school of nursing. Her request was not granted.

Case #142

This student made an average of C in her high school subjects and of C in those taken in the school of nursing. Her physical examination at admission was essentially negative, but during her first few months in training she had two major operations, one for appendicitis and the other for mastoiditis, after neither of which she regained her strength readily. She was industrious, good-natured and well-liked, but inclined to be easy-going. She did excellent technical work and was capable of assuming her share of responsibilities, but did not seem to have the strength of will to do so. Especially in social relations was this lack of strength of character manifest. She was suspended from the school of nursing because of unprofessional familiarity with male patients, on one occasion even attending a dance which took place in the apartment of a psychotic patient under treatment by the hospital. Instead of returning to her school at the end of a period of suspension imposed on her for this breaking of rules she finally replied to the third letter from the school requesting information as to her plans, saying that she had decided to accept a job instead.

With Personal Maladjustment

Case #75

This student made an average of C- in high school, and of C plus in the school of nursing. She was a member of a large family which had very little money. She had great difficulty to get the consent of the members of her family to her entrance into a school of nursing, and after her admission she received no money from them. On duty she was a good worker, was industrious, cheerful and artistic. In her reports about her patients, however, she proved to be untruthful and quite unreliable in that she could not be depended on to give ordered medications and treatments, or to report her failure to do so.

She had a high temper which so far as overt displays went she appeared to keep under control. She, however, harbored resentment over long periods and reacted to supposed slights or injustices by stirring up an undercurrent of discontent and rebellion among her associates. When it was discovered that she had indulged in various illicit practices in order to get money, the most serious of which was the forging of a check, she was dismissed from the school of nursing.

Case #191

The average grade level of this student in the work done both in the high school and the school of nursing was C-. On duty she was loud, boisterous and frequently guilty of unmannerly behavior. She failed to carry out assignments and forget treatments. Her physical examination showed nothing abnormal. She soon began to lose hours or days from her work, and refused to permit the school physician to ascertain the cause of these absences. Before long, however, it was discovered that she was not only an alcoholic herself, but was exerting a most unfortunate influence on the other students of the school. Accordingly she was dismissed.

DISMISSAL ON ACCOUNT OF ILLNESS

With Poor Technical Work

Case #197

This student made an average of C plus in high school subjects and of C- on those taken in the school of nursing. On duty she was careless, lacking in a sense of responsibility and undependable. Her work was seldom completed and she would forget to come on or go off duty unless reminded. She was unable to coordinate well at times to such an extent that she could not even hold objects or walk straight. She seemed tense, uneasy and un-

certain. The physical examination submitted by the student and the one first made by the school of nursing revealed nothing pathologic. As soon as the quality of her ward work and the type of difficulties experienced by her were reported to the physician, however, a careful neurological examination was performed. It was decided after this that she had either a pronounced hysteria or incipient myasthenia gravis. She was offered an opportunity for treatment by a psychiatrist, but chose to go home instead.

Case #70

In both high school and the school of nursing this student made a grade average of C-. Her physical examination at time of admission was essentially negative. Her professional fitness was only fair. She was slow, lacking in observation and inaccurate in her charting and other records. She had little initiative or energy. She was inclined to socialize with both patients and internes, rather than carry out assignments or tend to the actual needs of the patients. Because of frequent periods of illness ranging in nature from various types of infections to broken bones, she lost much time from her work, once even an entire year. After three and a half years spent in training and out she developed septicemia. Following this illness it was decided that the condition of her health made it unwise for her to remain any longer in the school of nursing.

With Personal Maladjustment

Case #194

This student's class averages in both the high school and school of nursing were C-. On admission her physical examination was negative, but after several weeks in the school of nursing it was found that she had a gastric ulcer. On the ward her practical work was quite good, but her personal reactions were unacceptable. She was immature and self-willed. Her work on duty was disorderly and incomplete. If her inadequacy was called to her attention she displayed self-pity, resentment, antagonism and argumentativeness. She was tactless with patients and constantly on the defensive. She failed to keep accurate charts, neglected to read the time bulletin, thereby confusing her hours and "forgot" to carry out orders.

In class this student behaved in a childish way, giggling, whispering and sticking pins in her companions. If her shortcomings were called to her attention she always had some excuse or alibi ready. As a reaction to criticism or discomfort she indulged in hysterical behavior in the nurses' home, these displays becoming more pronounced as time passed. Finally one night she threatened and pretended to commit suicide. Following this episode she was dismissed for nervous and physical inadequacy.

Case #175.

This student made an average of C- in high school and of D plus in the school of nursing. Her physical examination revealed no pathologic conditions at the time of admission. She was pleasant, attractive and acceptable to her patients. She was interested in their welfare and conscientious in her work. Her technical work was excellent. She was quite unstable nervously, however, and indulged in frequent spells of weeping and depression. She was often tense and irritable, though she did not display this irritability in her contacts with patients. Sometimes during a period of emotional depression her work was incompletely or carelessly done. She was ill several times during her time in the school of nursing and she did not recover readily after a tonsillectomy. When a severe infection very nearly resulted in septicemia it was deemed advisable that she discontinue her training because of physical inadequacy and because of nervous instability of sufficient severity to endanger her safety as a nurse.

SUMMARY

All of these case histories illustrate the fact that many of the same factors responsible for failure for one reason are found responsible for failure for another reason. They also illustrate the fact that there is a close relation-

ship and intermingling between the factors. Because of this inter-relationship it is impossible to say that a student failed for one cause only in most cases.

These case histories are not exhaustively worked out, nor do they pretend to represent all the possible types of cases of failure. They should serve, however, to illustrate the various areas in which failure occurs and the factors underlying these. The same characteristics causing failure are found in all three schools of nursing. Of all the underlying factors the student's personal adjustment is clearly shown by these case histories to play the most important part.

CHAPTER VI

RECOMMENDATIONS AND CONCLUSIONS

This survey of the several areas in which students have failed has revealed various factors which have been responsible for the failure. If more careful choice of student material can be made the percentage of students failing should be diminished. In the selection of students, the elimination of those possessing the characteristics shown to be responsible for failure appears wise. As an aid to the school of nursing the assistance of the guidance director in the high school or college is requested, since he will be of much help in counseling suitable students to enter schools of nursing, in discouraging those not fitted for nursing and in giving information of a helpful nature to those responsible for the selection of candidates. For their information and assistance, conclusions and suggestions about the following areas are submitted:

In Intelligence

Although the data of this study did not indicate a close relationship between mediocre high school grades and academic failure or between high school grades of 85% or better and academic success in the school of nursing, still it is essential to select students of sufficient intelligence to do the theoretical and practical work demanded of them. Just how

high this level of intelligence must be is difficult to determine. In at least three cases among these covered in this survey a high degree of scholastic aptitude, as shown by high school or college marks, seemed to be a distinct disadvantage to the student, since the type of work required of her in her early days in the school of nursing did not have enough in the way of incentive and interest to attract one of her capacity.

The techniques that have been worked out for the selection of students by means of tests of a psychological nature and by grade averages should be used to exclude those students so limited in intelligence that their instruction is impossible. In addition to these criteria it is essential to select in so far as possible the student who is not only able to recite glibly in the class-room, but who is also able to apply her knowledge in a practical way. Until an aptitude test is devised which correlates closely with ability in nursing, it would seem that this capacity to apply knowledge can best be determined by the observation of the student in her activities in high school. Information from anecdotal records in regard to this quality or from the observation of her reactions in such practical courses as home economics, or in such scientific courses as chemistry or biology might be of great value. If the high school counselor is aware that it is this type of ability that is important rather than ability in purely scholastic lines, his assistance here would be great.

In addition to the ability to apply knowledge, the case histories have shown that it is essential to organize well, to take responsibility, to work under pressure, to plan ahead, to move swiftly and to observe closely. Any light from the anecdotal records in the high school thrown on these capacities of the student would be very helpful also, but in view of the impossibility of finding truly comparable situations in the high school and the school of nursing it would probably not be possible to determine these with any degree of accuracy.

In Interest

In the past, it has been very difficult to determine the actual presence or absence of interest in nursing, until the student has entered the school of nursing. Very frequently literature, the movies, the radio and popular misconceptions have given the student erroneous ideas of the actual characteristics of this profession which do or do not make an appeal to the student. In these days of preparation for war, however, the courses in first aid and home nursing offered in the high school or college should be taught in such a way that the true situation found in nursing is presented to the student as realistically as possible. Other opportunities such as field trips to the hospital or to the home with the public health nurse, assignments in the school hospital or clinic and positions as ward helper in the hospital are available in many localities and should be utilized in increasing the understanding of the student.

Any such program or introductory course should be preceded by some such test as the Strong Vocational Interest Inventory for Women, which would serve to check related interests. This program designed to give the student a clear idea of some of the characteristics of nursing would be very helpful in eliminating the misconceptions of what it actually entails. Thus students who fail because they do not like nursing would be prevented from entering the profession, although of course nothing would be done about those students in whom the dislike is a result rather than a cause of failure. All students considering entrance into a school of nursing should be encouraged to make as many contacts with the profession as possible before their final vocational choice is made.

In Skill

Since there are no objective tests whose results have been found to correlate closely with the ability to do satisfactory practical work and since no suitable situation exists in the high school for trial of this, it is difficult to ascertain its presence or absence except in the actual nursing situation. If, however, the student is awkward, if she does not work skilfully under observation, or if she is slow and inefficient, it would be well to encourage her to enter some other line of work, unless other capacities indicate that she would be suited to nursing. Because of the fact that inability to do good practical work in itself is seldom the actual cause of failure in schools of nursing it should not be

regarded as of as great importance as some of the other criteria, however.

In Health

In addition to the illnesses listed as sufficiently advanced for diagnosis and treatment there are various other minor conditions present in many of these students that might contribute to their less adequate adjustment. It is agreed by all that there is need for a far-reaching and well integrated health program in the school of nursing. If this could be extended into the period before admission to the school of nursing so that the prospective student with some remediable physical condition would be encouraged to seek medical and dental advice and treatment before admission, much later difficulty could be avoided. Since health is such a vital portion of the equipment of the nurse, the school of nursing attempts to see that the student receives treatment or surgery for pathologic conditions that are not of too disabling a character. The fact that a surgical operation or other difficult treatment is added to the student's already heavy load of adjustment problems may mean that the burden is too great for the student to carry and failure results. If this could be cared for earlier the student would be in much better condition to cope with the problems of adjustment with which she is confronted.

It is of interest here to note what illnesses were actually responsible in this group of students for their difficulties.

The illnesses that appeared on the health records of these students have been tabulated and are summarized in the following table.

Table XIV. Diagnoses Appearing in the Health Records of 210 Student Nurses

Disease	Number Having Disease	Number Dismissed for this Reason
Infected tonsils	17	0
Hypothyroidism	12	2
Physical and Nervous Inadequacy	3	2
Rheumatic carditis	2	2
Allergy	2	1
Psychosis or neurosis	3	1
Gastric ulcer	2	1
Cystitis	2	1
Nephritis	1	1
Tuberculosis	1	1
Series of infections and fracture	1	1
Myasthenia gravis	1	1
Deafness from nerve impairment	1	1
Alcoholism	1	0
Polionyelitis	1	0
Hysterectomy and oophorectomy	1	0
Thyroidectomy	1	0
Appendectomy and mastoidectomy	1	0
Brain tumor and inactive tuberculosis	1	0
Malnutrition and sinus trouble	1	0
Total	55	15

Only two of these conditions show sufficient incidence here to warrant the drawing of conclusions about them. These are infected tonsils and abnormal conditions of the thyroid gland, especially hypothyroidism. Both of these conditions may be cured or greatly benefitted if properly diagnosed and treated. Such conditions as heart disease, tuberculosis and nephritis have long been

considered illnesses of a disqualifying nature for student nurses. If all prospective students could be encouraged to have a careful physical examination by an adequately trained physician, not just to get the entrance blank filled out, but for purposes of diagnosis and treatment several months before admission, much time, expense and difficulty could be saved both the student and the school of nursing. If the student has some remediable condition it can be cared for before admission. If her physical condition proves to be unsatisfactory for nursing she has been saved the disappointment of an acceptance and subsequent rejection by the school of nursing and much expense and trouble to the school is prevented.

In Personal Adjustment

Since at least 72.4% of the students whose records were studied exhibited a noteworthy degree of personal maladjustment, this characteristic outweighs the others in importance and may in various instances be basic to other factors operative in the failure. Furthermore, it is the most difficult of all factors for the director of the school of nursing to evaluate without assistance from some source of acquaintance with the student. Since this intimate knowledge of the student's reactions is so essential in judging her subsequent adjustment in the school of nursing, the assistance of the guidance director in the evaluation of her capacities and suitability for nursing would be invaluable. In order that the guidance director may be assisted

in the recognition of the qualities that would make it advisable to direct students into the nursing field, the following list of unfavorable characteristics found in students failing schools of nursing, as determined by the analysis of their records, is submitted:

1. Immaturity coupled with a lack of self confidence and a sense of inadequacy (This is illustrated by Cases #25, 33 and 147 in Chapter.V.)

It is shown in an inability to assume responsibility and to plan work or remember details. Often there is an apparent forgetfulness and absentmindedness because of the self-centered reactions of the student. Timidity, shyness, fear of the new and excitement under pressure are common reactions. Criticism except of the most diplomatic type is not usually helpful to these students because of hypersensitiveness and the already overwhelming sense of inferiority. As a justification of inadequacy "alibis", habits of daydreaming, neurotic complaints or even periods of illness occur. Occasionally the lack of assurance and self-confidence is shown in too much solicitude for patients, too many excuses and unnecessary apologies to the point that patients are wearied by useless attention. Emotional instability may be shown in spells of irritability or impetuosity, periods of crying or other emotional manifestations. Of the 152 cases of personal maladjustment 80, or 52.6%, exhibit these traits.

2. Lack of Mental alertness and efficiency. (This is illustrated by Case #177 in Chapter V.)

It is shown in inaccurate and incomplete work, lack of close observation, irresponsibility, slowness, lethargy, stolidity, lack of initiative, indifference and constant need for supervision. The student is described as "scatterbrained", inflexible, unadaptable, or ineffectual. These traits are found in 21 of the failing students, or 13.8% of all cases of all cases of personal maladjustment.

5. Selfishness and overconfidence. (This is illustrated by Case #13 in Chapter V.)

Some evidence of these characteristics are carelessness, tactlessness, lack of attention to details, little consideration for the emotional needs of patients, laziness, flippancy and nonchalance. These traits are found in 17 cases of failure, or 11.1% of all the cases of personal maladjustment.

4. Immaturity and self-will (Illustrated by Case #194 in Chapter V.)

The individual with these traits is described as "spoiled". Characteristic behavior reactions are resentment, antagonism, temper displays and irritability. The individual is headstrong, wilful, constantly on the defensive, tactless, abrupt and inclined to argue. This behavior pattern is found in 14 cases, or 9.2% of all cases of personal maladjustment.

5. Untruthfulness, unreliability or disloyalty. (Illustrated by

Case #75 in Chapter V).

In these students there is resentment, a tendency to stir up a continual strife among companions, antagonism and various types of behavior indicating inability to be truthful,, to be relied on or to work for the interests of the profession which has been chosen. Such characteristics are found in 8 cases of failure, or 5.4% of all cases of personal maladjustment.

6. Lack of a sense of responsibility. (Illustrated by Cases #153 and 151 in Chapter V.)

A student with this characteristic is harwa-scarum, playful and prone to neglect duties. She works to secure attention rather than to do the work actually needed or to care for the best interests of the patients. She prefers to socialize with patients and internes to the actual carrying out of her duties. She tends to "slide out of" any duty that does not appeal to her. Such a pattern of reactions is found in 6 cases, or 3.9% of all cases of personal maladjustment.

7. Lack of refinement and graciousness (Illustrated by Case #23 in Chapter V).

Students with these traits are boisterous, lacking in dignity, aggressive, argumentative, too careless, exuberant, unrefined, tactless, gushing, too familiar and often profane. They tend to arouse antagonism in those with whom they are associated. Such traits are found in 4 cases, or 2.6% of the cases of personal maladjustment.

8. Interest in intellectual pursuits rather than in people. (This is illustrated in Chapter V by Case #52.

It is shown in diffidence, tactlessness and dislike of being governed by the requests of others. Academically there may be an interest in the welfare of the patients, but practically it is not exhibited. Such characteristics are found in 4 cases, or 2.6% of the total cases of personal maladjustment.

If such patterns of personality can be ascertained in the high school by guidance directors many students can be prevented from entering schools of nursing when their characteristic traits would make such a course unwise. Much expense and disappointment can be saved the student. Furthermore expense and fruitless labor can be prevented on the part of the school of nursing.

CONCLUSION

The investigation of this problem has shown that there are various reasons assigned by schools of nursing for the resignation or dismissal of students, and also that there are several factors which underlie these reasons. It is these underlying factors which furnish the clues to the real causes of failure in student nurses. These factors have been summarized and described so that their relative importance may be apparent to those responsible for the guiding or admission of students into schools of nursing. If, in addition to the usual criteria of admission, certain

standards of intellectual ability, of levels of interest, of skill or manual dexterity, of health and of facility in making adequate personal adjustments are adhered to, the incidence of failure among students in schools of nursing will be decreased.

VITA

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TABLES
FOR
APPENDIX

Table A. Student Nurses with High School Averages of 85% or Better who were Unable to Meet Minimum Requirements in Practice.

Case Number	Personal Maladjustment	Physical Defect	Lack of Dexterity	Lack of Interest	Average of High School Grades	Average of Nursing School Grades
1). In the University Hospital School of Nursing:						
*	-	-	-	-	C	C plus
*	-	-	-	-	B-	C-
*	-	-	-	-	B plus	C
*	-	-	-	-	B	C
*	-	-	-	-	A	C
*	-	-	-	*	B-	C plus
*	-	-	*	-	B plus	C
*	-	-	-	-	C plus	A-
*	Infected tonsils	-	-	-	C plus	C
*	-	-	*	-	B	C
*	-	-	-	-	B-	C-
*	-	-	-	-	C	C
-	Sinus trouble	-	-	*	B plus	C plus
*	Infected tonsils	-	*	-	B plus	D plus
*	-	-	*	-	B-	C
*	Infected tonsils	-	-	-	B-	C plus
*	-	-	*	-	C	D
*	Hypothyroidism	-	-	-	B-	C plus
*	Hypothyroidism	-	-	-	C	C-
-	Hypothyroidism	-	-	*	C	C-
*	-	-	-	-	C plus	C
*	-	-	-	-	B-	C
*	-	-	-	*	B	C plus
*	-	-	-	-	C plus	C
-	Infected tonsils	-	*	-	C	B-
*	-	-	-	*	B-	C plus
*	-	-	*	-	A-	C
*	-	-	-	*	B plus	B
*	-	-	-	-	B	C
*	Hay fever	-	*	*	C	C plus
total	27	9	8	7		

2). In the General Hospital School of Nursing

*	Hypothyroid	-	*	B	C
*	-	*	-	C	B
*	-	*	-	C	D
*	-	*	-	C	B plus
*	-	-	-	C	C
*	-	-	*	B plus	A
*	-	-	-	B	D plus
*	-	-	-	C plus	B
-	Infected tonsils	*	*	C plus	D

* signifies the presence of the designated factor.
- signifies the absence of the designated factor

Table I (2). (Con.)

Case Number	Personal Maladjustment	Physical Defect	Lack of Dexterity	Lack of Interest	Average of High School Grades	Average of Nursing School Grades
10	*	Hypothyroidism	*	-	C	C plus
13	*	-	-	-	B-	D
15	*	-	*	-	B plus	A-
10	*	-	-	*	A plus	A
13	*	-	-	-	C plus	D
14	*	-	-	-	B	B
16	*	-	-	-	C	B
11	*	-	-	-	A	B
16	*	-	*	-	C plus	B-
17	*	Infected tonsils	-	-	B-	C plus
16	*	-	-	-	C	C
10	*	-	-	-	B plus	C plus
18	*	-	-	*	C plus	C
19	*	-	-	*	C	C
Total	22	4	7	6		

10. In the Psychiatric Hospital School of Nursing:

13	*	Recent thyroidectomy	-	-	B-	B plus
15	*	-	-	-	C plus	B plus
16	*	-	-	-	B plus	C
18	*	-	-	-	B	C plus
14	*	Diabetes, Gastric ulcer	-	-	C	C
16	*	-	*	-	B plus	B
12	*	-	-	*	B-	C
15	*	-	-	-	B-	D
18	*	-	-	-	B-	C plus
17	*	-	-	-	B	C
17	*	-	*	-	C	C plus
13	*	-	-	-	A	C plus
16	*	-	*	-	B plus	C
13	*	-	-	-	B plus	C plus
15	*	-	-	-	C plus	B
17	*	-	*	*	B	D plus
Total	16	2	4	2		

Table B. Student Nurses with High School Averages Below 85% who were Unable to Meet Minimum Requirements in Practice.

1). In the University Hospital School of Nursing.

*	Infected tonsils	*	-	C-	C plus
-	-	*	-	C-	C-
*	Hypothyroidism	*	-	C-	C
*	-	*	-	C-	C
*	-	*	-	C-	C-
*	Infected tonsils	-	-	C-	D plus
*	-	*	-	C-	C plus
Total	6	3	6	0	

Table B. (Con.)

Case Number	Personal Maladjustment	Physical Defect	Lack of Dexterity	Lack of Interest	Average of High School Grades	Average of Nursing School Grades
(2). In the General Hospital School of Nursing						
80	*	-	-	-	C-	C
90	-	-	*	*	C-	C
93	*	-	*	-	C-	C
97	*	-	-	-	C-	C plus
99	*	-	-	*	C-	C
106	*	-	-	-	C-	C
120	*	-	*	-	C-	C
131	*	-	-	-	C-	C-
135	*	-	-	-	C-	A
137	*	-	-	-	C-	C plus
140	*	-	-	-	C-	B
Total	10	-	3	2	C-	
(3). In the Psychiatric Hospital School of Nursing						
167	*	-	-	-	C-	C plus
172	*	-	-	-	C-	C
174	*	-	-	-	C-	B-
180	*	-	-	*	C-	C
183	*	-	-	*	C-	D
184	*	-	*	-	C-	D
185	*	-	-	-	C-	C
186	*	-	*	-	C-	C-
201	*	-	*	-	C-	C
210	*	-	*	-	C-	D plus
Total	10	-	4	2		

Table C. Student Nurses with High School Averages of 65% or Better Unable to Meet Minimum Standards in Both Theory and Practice.

(1). In the University Hospital School of Nursing.						
12	*	Infected tonsils	*	-	A plus	F
18	*	Hypothyroidism	-	-	C	F
28	-	-	*	-	C plus	F
33	*	-	*	-	C	F
45	-	-	*	*	C	F
57	*	-	*	-	C plus	F
65	*	-	-	-	C plus	C 3 F's
Total	5	2	5	1		
(2). In the General Hospital School of Nursing.						
76	*	-	-	-	C	F
84	-	-	*	-	A-	D 1 F
109	*	-	-	-	C plus	D 1 F
Total	2	-	1	-		
(3). In the Psychiatric Hospital School of Nursing.						
153	*	-	*	-	B-	F
170	*	Constitutional Inferiority	*	-	C	F

Table B (3). (Con.)

Case Number	Personal Maladjustment	Physical Defect	Lack of Dexterity	Lack of Interest	Average of High School Grades	Average of Nursing School Grades
178	*	-	-	-	B plus	F.
200	*	-	-	-	C plus	F
Total	4	1	2	0		

Table D. Student Nurses with High School Averages Below 85% Unable to Meet Minimum Requirements in Both Theory and Practice

(1). In the University Hospital School of Nursing.

56	*	Infected tonsils	*	-	C-	C- 1 F
65	*	-	-	-	C-	C- 1 F
Total	2	1	1	0		

(2). In the General Hospital School of Nursing.

77	-	-	*	-	C-	D 1 F
78	*	-	-	*	C-	F
107	*	-	-	*	C-	C 1 F
111	*	-	-	*	C-	D 1 F
115	*	-	-	*	C-	F
118	*	-	-	-	C-	F
Total	5	0	2	3		

(3). In the Psychiatric Hospital School of Nursing.
(ptosis)

147	*	Colitis, Various Syn-	*	-	C-	F
159	*	-	-	*	C-	C- 1 F
160	*	-	*	*	C-	F
169	*	-	*	-	C-	F
173	*	-	-	-	C-	F
195	-	-	*	-	C-	F
202	-	-	*	-	C-	C 1 F
Total	5	1	5	2		

Table E. Student Nurses with High School Averages of 85% or Better Unable to Meet Minimum Requirements in Class Work.

(1). In the University Hospital School of Nursing.

7	-	-	-	-	C	D- 1 F
8	*	Infected tonsils	-	-	B-	D 1 F
9	*	-	-	-	C plus	D 1 F
11	*	Infected tonsils	-	-	A plus	F
14	-	-	-	-	C	F
20	*	-	-	-	B	C- 1 F
25	*	Infected tonsils	-	-	C	C- 1 F
31	*	-	-	-	B-	F
39	-	Hypothyroidism	-	-	C plus	F
45	-	-	-	-	C	F
47	*	-	-	-	A-	F
55	-	-	-	-	B	F
Total	7	4	0	0		

Table G. (Con.)

Case Number	Personal Maladjustment	Physical Defect	Lack of Dexterity	Lack of Interest	Average of High School Grades	Average of Nursing School Grades
(2). In the General Hospital School of Nursing						
75	*	-	-	-	C	C 1 F
82	-	-	-	-	C	F
83	-	-	-	*	B	C 1 F
87	-	-	-	*	C	F
96	*	Brain Tumor	-	-	C plus	C 1 F
108	*	-	-	-	C plus	F
124	*	-	-	-	C	F
133	-	-	-	-	C plus	F
134	-	-	-	-	C plus	F
total	4	1	0	2		
(3). In the Psychiatric Hospital School of Nursing.						
144	*	-	-	-	C plus	F
161	*	-	-	-	C	C- 1 F
163	*	Infected tonsils	-	*	B	D 1 F
176	-	-	-	-	C	F
181	-	-	-	-	B	F
189	-	-	-	-	C	D
190	*	-	-	-	C	F
192	-	-	-	-	B plus	F
198	*	-	-	-	C	F
199	-	-	-	-	C	F
Total	5	1	0	1		

Table F. Student Nurses with High School Averages of 80% to 85% Unable to Meet Minimum Requirements in Class Work.

(1). In the University Hospital School of Nursing.						
4	-	Hypothyroidism	-	-	C-	F
5	-	Hypothyroidism	-	-	C-	D 1 F
10	-	-	-	-	C-	F
15	-	-	-	-	C-	F
29	-	Infected tonsils	-	-	C-	F
Total	0	3	0	0		
(2). In the General Hospital School of Nursing.						
78	*	-	-	-	C-	C- 1 F
86	-	-	-	-	C-	F
102	-	-	-	-	C-	C- 1 F
104	-	-	-	-	C-	F
112	*	-	-	-	C-	F
117	-	-	-	-	C-	F
119	*	-	-	-	C-	C- 1 F
122	-	-	-	-	C-	F
123	-	-	-	-	C-	C 1 F

Table F (2). (Con.)

Case Number	Personal Maladjustment	Physical Defect	Lack of Dexterity	Lack of Interest	Average of High School Grades	Average of Nursing School Grades
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(2), (Con.)

125	*	Infected tonsils & Hypothyroidism	-	-	C-	C plus 1 F
129	-	-	-	-	C-	F
Total	4	1	0	0		

(3). In the Psychiatric Hospital School of Nursing.

141	-	-	-	-	C-	F
149	-	-	-	-	C-	C- 1 F
150	*	-	-	-	C-	C 1 F
164	*	-	-	-	C-	F
Total	2	0	0	0		

Table G. Student Nurses with High School Averages of 85% or Better Unable to Meet Minimum Standards of Personal Conduct.

(1). In the General Hospital School of Nursing.

101	-	-	-	-	C plus	B
Total	0	0	0	0		

(2). In the Psychiatric Hospital School of Nursing.

142	-	Mastoidectomy & Appendectomy	-	-	C	C-
151	*	Infected tonsils	-	-	C	C plus
152	*	-	-	-	C plus	C-
155	*	Panhysterectomy	-	-	C plus	C plus
157	-	-	-	-	B	C
156	-	Rheumatic carditis	-	-	B-	C plus
171	-	-	-	-	B plus	C plus
209	*	Dietl's Crisis	-	-	B-	C plus
204	-	-	-	-	C	D plus
Total	4	5	0	0		

Table H. Student Nurses with High School Average Below 85% Unable to Meet Minimum Standards of Personal Conduct.

(1). In the General Hospital School of Nursing.

81	*	-	*	-	C-	B
89	*	-	-	-	C-	C plus
98	-	-	-	-	C-	C
132	*	-	-	-	C-	B
136	-	-	-	-	C-	D plus
Total	3	0	1	0		

(2). In the Psychiatric Hospital School of Nursing

179	*	-	-	-	C-	C-
188	-	-	*	-	C-	C
191	*	Alcoholism	-	-	C-	D plus
Total	2	1	1	0		

Table H. Student Nurses with High School Averages of 85% or Better Unable to Meet Minimum Requirements of Health

Case Number	Personal Maladjustment	Physical Defect	Lack of Dexterity	Lack of Interest	Average of High School Grades	Average of Nursing School Grades
(1). In the University Hospital School of Nursing						
21	-	Deafness	-	-	A-	A
22	-	Allergy	-	-	B plus	B
42	-	Infected tonsils	-	-	B plus	B
43	*	Schizophrenia	-	-	B	C
58	-	Tuberculosis	-	-	A-	C plus
Total		5	0	0		
(2). In the Psychiatric Hospital School of Nursing.						
158	*	Hypo-ovarianism	-	-	C plus	C plus
197	*	Myasthenia gravis	*	-	C plus	C-
206	-	Hypothyroidism	-	-	B	C plus
208	-	Cystitis	-	-	B plus	C plus
Total	2	4	1	0		

Table I. Student Nurses with High School Averages Below 85% Unable to Meet Minimum Requirements of Health.

(1). In the University Hospital School of Nursing						
19	-	Nephritis	-	-	C-	C-
70	*	Varicous infections	-	-	C-	C-
Total	1	2	0	0		
(2). In the General Hospital School of Nursing.						
91	*	Hypothyroidism	*	-	C-	Incomplete
Total	1	1	1	0		
(3). In the Psychiatric Hospital School of Nursing.						
175	*	Physical & Nervous Inadequacy	-	-	C-	D plus
182	-	Rheumatic carditis	-	-	C-	C
194	*	Gastric ulcer	*	-	C-	C
Total	2	3	1	0		

Grand
Total 152 55 53 26

N.B.

Equivalents of Grades in Percentages, University and Psychiatric Hospital Schools:

A - 95% - 100%
B- 90% - 95%
C - 80% - 90%
D- 75% - 80%
F - Below 75%

Equivalents of Grades in Percentages at the General Hospital School

A- 95% - 100% D - 80% - 85%
B- 90% - 95% F - Below 80%
C. 85% - 90%

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