



1953

An Investigation of the Effectiveness of the Counseling Programs for Student Nurses in Ten Chicago Area Schools of Nursing

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Recommended Citation

Uhlmann, Caroline Therese Ingeborg Bemberg, "An Investigation of the Effectiveness of the Counseling Programs for Student Nurses in Ten Chicago Area Schools of Nursing" (1953). *Master's Theses*. Paper 1311.
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**AN INVESTIGATION OF THE EFFECTIVENESS OF THE COUNSELING
PROGRAMS FOR STUDENT NURSES IN TEN CHICAGO
AREA SCHOOLS OF NURSING**

by

Ingeberg B. Uhlmann

**A Thesis Submitted to the Faculty of the Institute of Social and Industrial
Relations of Loyola University in Partial Fulfillment of the
Requirements for the Degree of Master of
Social and Industrial Relations**

February

1963

LIFE

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PREFACE

In the process of selecting a suitable topic for research pertaining to the nursing profession and of a sociological problem within that profession, consideration was given to the counseling being done in today's school of nursing.

Much has been written of what constitutes a counseling service, and what the objectives of a counseling service should be. But as investigations revealed, nothing had been written spearheading the counseling program in certain nursing schools, particularly as it affected the withdrawal and the dismissal of the student nurse.

There has been a far cry of the shortage of nurses and considerable concern of the high rate of withdrawal of student nurses. Nursing education is an expensive type of education, particularly for the nursing school; for the selection, testing, screening and acceptance of the student is an expensive procedure. Added to that is the expensive laboratory concentrated pre-clinical period provided for the pre-clinical student.

The candidate for nursing education is considered the same type, age and educational level as the college student. According to the National Educational Association Research Division, the United States Office of Education estimated that 53 per cent of those entering colleges as freshmen receive the

bachelor's degree. One can assume then that the other forty-seven per cent of those entering college constitute those who have withdrawn or who did not have the ability to do college work. The national rate of withdrawal of student nurses, according to the American Nurses Association is approximately thirty-three and one half per cent. However one must consider that this is a specialized field, while colleges would have a much more heterogeneous group and various fields of endeavor. It nevertheless, is a rate which seems to be much too high considering the intensive screening and selection of students carried on today in schools for nursing education.

Many changes have taken place in schools for nursing in the past twenty-five years, a period in which many of today's leaders in nursing were then students. Undoubtedly, few, if any, schools at that time had a counseling service. Schools for nursing at about that time were still emerging from a militaristic influence with the mistaken comparison of the student with a soldier. The hospital of that time was the outcome of humane and "enobling ideals of service to one's fellows,"¹ but for nurses there had been a rather "rigid system of discipline, unnecessary emphasis on drill and routine, and unfortunate subordination to qualities of reasoning initiative and individuality."²

The meager counseling of that time was probably that received from a superintendent of nurses, or advice from a senior nurse. But, because of the long hours of work, the monotony of this work, and probably more because of

1 A Short History of Nursing, Isabel Stewart, R.N., A. M. Lavina Dock, R.N., 391.

2 Ibid, 385.

the lack of experience in techniques of counseling, much aid and assistance to the student was found lacking. Nurses like Topsy somehow "just grew up." Very little social life or extra-curricular activity, as we know it today, was planned for the student; loans were few to aid the student financially. Ill health, mental as well as physical, was probably often caused by the lack of social contacts, lack of counseling during times of stress, adjustment, and personal problems, as well as the long and hard hours of work.

The fact that some of the students of the author's class, as well as other students in the school at that time had not finished their education had always caused her some concern. No doubt these students had at one time real desire to become nurses. What caused them to withdraw, or why were they dismissed? Would they have finished their education and saved for the profession if counseling, such as we see set up as a service in the modern hospital school today, had been available to them at that time?

In the conferences, interviews and visits with counselors and with leaders in the nursing profession in this area, all seemed interested in a study of this problem. They agreed that such research was timely, worthwhile and necessary in view of the acceptance by education of the responsibility for counseling individual students. It has become a normal part of the teacher's responsibility in today's schools for nursing. They cautioned, however, that the selection process, the philosophy of the school itself, the ability of the staffs, all played a vital and important part in the background of such a study.

The purpose of the study was to determine what type, if any, counseling is done in the schools of nursing to be studied, and to investigate the effectiveness of such counseling programs in curtailing the withdrawal or dismissal of

feelings and plans can be voiced much more clearly by direct contact with the ones doing the research than by answering a questionnaire.

A letter was sent to the directors of the ten selected schools, requesting them to participate in this study. The letter assured them that the purpose of the study was neither that of analyzing school statistical data, nor of making comparisons between schools; rather it was one of investigating if any such counseling programs exist and the possibility that such counseling programs might contribute successfully to curtaining the mortality of students leaving training. All directors willingly agreed to participate, either stating that they themselves would give of their time in the interview or designated that either the counselor or another faculty member would take part. This revealed the cooperative spirit of these leaders in the profession, their concern of the problem, and the devotion to their profession.

A questionnaire was presented at the time of the interview. Considerable time was devoted by each participating school in this process. A copy of the questionnaire was given to the interviewee, and in several instances pertinent material not given at the interview was sent with the statistics requested.

It was a deep and lasting experience; the author is deeply grateful to each director, instructor, counselor, nurse and friend, who so willingly gave so much of their valuable time; and humbly submits the following study, feeling that it will not measure up to many expectations. However, also realizing that a study such as this could be much more exhaustive if time permitted. Perhaps this time element will present itself at some future date. The author has earnestly attempted not to reveal certain confidences, nor

student nurses in these schools.

Since Chicago is one of the great medical centers and the schools for nursing in this area constitute a good cross section of the modern school of today, it was decided to do the sampling here if possible; that is, if the schools would consent to participate in the survey.

At the beginning it was thought best to study twelve of the thirty-four schools listed in the directory of the Illinois State Nurses' Association, for the sample. However, certain controls were necessary; one of these it was advised should be that of the newly organized National Nursing Accrediting Service for Nurses' Training Schools. Only ten schools in the Chicago area had been accepted and listed in the directory at the time, even though other schools probably were eligible and had applied for this accreditation. Another control deemed necessary -- not to use all schools with a church affiliation, nor all schools with nonsectarian background. This was rather difficult, for some schools were organized through the church and are still church affiliated, others were founded and organized by the church, but are now nonsectarian; while still others in this group were organized by a nonsectarian group and continue to follow that philosophy. Therefore, five hospital schools with church affiliation and five nonsectarian hospital schools were chosen. All ten schools were accredited by the National Nursing Accrediting Service, all approved by the Illinois State Department of Registration and Education, and all the hospitals associated with the ten schools, approved by the American College of Surgeons. Average enrollment of students in the ten schools was about students.

It was felt that for this type of study direct interview would be

the best way of gathering the data. Certain philosophies, trends, reactions, jeopardize or color the school's philosophy or policy in any way.

The author wishes to acknowledge the kindness of

Miss Mary McNeill,

Mrs. Dollie Sparmacher, R.N.,

and

Dr. Paul Mundy, PhD.

as consultants and critics.

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CHAPTER I

TWO PROBLEMS IN THE NURSING PROFESSION

Apparently two of the greatest problems facing educators of nurses today are: failure to recruit more young women to the nursing profession, and the large number of students who withdraw from nursing education. Emphasis has been placed in recent years on better recruitment measures, yet recruitment has failed to attract many young women. After securing young women and men to the schools for nursing, many of these young people have withdrawn for various reasons. The national rate of withdrawal for nursing students, according to American Nurses' Association is about thirty-three and one-third per cent.

Our nation has become increasingly health conscious. The first White House Conference, 1931, during President Hoover's administration, was called for the purpose of studying and improving care and health conditions for children. During the First World War, many young men and women recruits of the Armed Forces were found suffering from defects which could have been corrected early in life. Since then emphasis has been placed on better care to the pre-school child, the school child and the adolescent. Particular weight has been given in the field of Preventive Medicine, the preventive aspects of handicapping illnesses, and the correction of defects. The lengthening of the life span has brought about a broadening of the scope of health. Consequently, this

has caused a need for more personnel -- doctors, nurses and other medical workers. More nurses are needed to help hospitals care for their increased patient load. More and better equipped hospitals have been built which require staffs of nurses to help run the hospitals. Specialized fields as Public Health, Psychiatry, Industry, the Armed Services and Education, have also required increased staffs of nurses, since they have expanded so tremendously in the past ten to fifteen years.

In 1935 the nation was emerging from a severe depression. The supply of nursing service was so far beyond the demand that it caused a serious social and economic problem in the profession. Many nurses left the profession to seek work in other fields, never to return to nursing. Hospital schools were restricting the number of new students to a minimum, and many students' names were placed on a "waiting list." The average student did not have financial means to begin or continue her education. By 1940 economic conditions were still unstable, but the average person had found employment and the nation seemed more economically sound. By this time certain Group Hospital Plans had been organized to help the patient pay for hospital care for illness. This plan was an outgrowth of the depression, and began an era when more people would be cared for in hospitals than had previously been the custom. Because of increased patient load, hospitals were required to have more personnel.

Figures for enrollment during this period were not available in all hospital schools for this study, but by the ones appearing in the following table, one can see this upswing, and by 1945, when the nation was at war, the trend was still greater. By this time the lack of nursing personnel was manifesting itself. The profession had erred in not foreseeing future needs and

trends. This has been considered one of the major shortcomings not only in nursing, but in many other professions as well.

TABLE I

ENROLLMENT OF STUDENT NURSES IN TEN
CHICAGO AREA SCHOOLS FOR NURSING 1935-52

PRE-WAR AND WAR YEARS				POST-WAR YEARS					
School	1935	1940	1945	1947	1948	1949	1950	1951	1952
A	34	36	65	68	69	59	70	66	66
B	*	*	51	36	28	32	39	32	25
C	50	65	81	56	68	73	79	74	53
D	70	41	114	83	87	86	91	102	122
E	55	62	68	29	47	57	65	63	57
F	*	*	72	28	60	64	41	58	56
G	109	147	232	191	167	110	86	77	71
H	168	254	338	226	204	214	227	234	222
I	*	129	128	58	89	84	63	83	76
J	*	*	276	247	239	253	238	227	219

*Figures not available.

During World War II, emphasis on recruitment came about in a new program to provide education for nurses through government subsidy under the Bolton Act, approved June 15, 1943. It provided for "the training of nurses for the Armed Forces, Government and civilian hospitals, health agencies and war industries, through grants to institutions providing such training. Public

Law No. 74.¹

The provision of this war emergency law was to aid in alleviating the serious nursing shortage throughout the nation. In 1945 the goal was for six hundred and fifty thousand new student nurses, which was actually short of the need. While this emergency act of government subsidy did aid somewhat, it did not alleviate the shortage of nurses, nor attract sufficient well qualified young women who remained in nursing. Many of these young recruits, who received two and one-half years of education at government expense, have gone into other types of work. During the war years, nursing, of course, was not the only field short of workers. The entire labor market was tight even through 1947-1949 and to some extent today. "The nurse shortage must be viewed in terms of the economic conditions of the country. In August 1946, 317,000 graduate nurses were available, 350,000 needed."² In July 1950, a nurse recruitment and campaign for 50,000 students was under way --

needed for eighteen million American hospitals. This meant about one out of every twelve of that year's feminine high school graduates. Recruitment started in June 1950 with circulars mailed to 28,000 high schools in the United States by the United States Office of Education.³

Intensive recruitment has continued since the war with emphasis placed on better planning and procedures, and in recruiting an intelligent, capable student with a real desire to continue in the profession after finishing

1 Journal American Medical Association, 122:752, July 10, 1943, Thomas Parran, Surgeon General, U.S.P.H.S.

2 Journal of the Indiana Medical Association, 40:352-355, April 1947, Miss E. Mary Scramlin, President Indiana State Nurses' Association.

3 Hospital Management, July 1950, 70:76-77, Nurse Recruitment.

her education. Recruitment has been carried on in high schools, clubs, universities, nursing alumnae associations, by means of the radio, television advertisements, and many other sources. Yet in only three hospitals does one see an upward swing in the enrollment of students. In three instances it is apparent in the second half of the table that enrollments have dropped, some never to return to the large classes prior to the war years.

On June 19, 1952, at the Biennial Convention of the American Nurses' Association at Atlantic City, New Jersey, an editorial in a local newspaper gave this advice to the nursing profession:

While the A.N.A. is here and possibly casting about for a solution of the national shortage of trained, reliable personnel for hospital service, and care of the sick in private homes, it may be timely to suggest that perhaps there should be a re-examination of the courses and of the rules of nurses training schools. The first obstacle to overcome apparently is the very evident reluctance of many intelligent, active, physically fit young women to enter the schools. Why is this condition prevailing? Nursing school officials and teachers, and the physician who lectures the classes during the customary three year "drill" -- and it's all of that -- are best qualified to answer that question, for they know the situation.

The article has this to say regarding the philosophy of the schools and the education of the students,

Relative to the rules governing training schools, it is well known by the layman that through the years such institutions have gained a reputation for being rigidly administered and the girls "regimented" It is necessary to impress the gravity of the cases which come under their study, and when on duty in the hospital under their care, to some extent. When dealing with cases of life and death, the greatest of devotion and degree of skilled service must be given. Mistakes might end it all for the patient, neglect of duty may result in the same way. Therefore, there has brown up and expanded as the situation seemed to demand, a very rigid code of discipline to govern the actions and guide the work of the student. Graduate nurses are also bound by it. But it may be possible to ease up some of the provisions of the disciplinary code without danger to the

patient or undesirable effects upon the student. If that is possible then training schools may be made more attractive to high school graduates about to choose their supplemental courses of preparation for their life work.

Nursing leaders and nursing educators are aware of many of the shortcomings of the past and the present type of education offered to students. Much of the plain drudgery in hospital ward work has been abolished and the repetitious, monotonous tasks have been somewhat eliminated. At one time nurses were considered almost on a level with domestic servants. But with the public becoming more accustomed to nursing care and with health standards rising, nursing has won real acceptance for itself as a profession. Still there is much that imperils the physical and mental health of the student, and which contributes little to the education of a clinical nurse.

Today's training is nerve wracking and out of date, unsystematic and altogether a process largely defeating its own purpose, which is the turning out of adequate numbers of skilled nurses who love to nurse. Training as given today is unlikely to attract or hold large numbers of young women to the nursing profession, and how much they love nursing after graduation from today's training period is questionable.⁴

During the war years, when the nurse shortage was felt so acutely, this shortage was explained by some that nurses are exploited. This, no doubt, was true all too often, particularly before and during the war, when there was a demand for a large part of student's time for nursing service in the hospitals which should have been spent in educational experience. Hospitals, however, who depend on nurses for the care of the sick, state this is not true, and charge that the cost for nursing education, at least for the three year diploma

⁴ Hospital Management. New Types of Nursing School Graduates,
Nettie Fiedler, R.N., May 1950, 69:82-90.

course, has more than doubled in the past ten years. Hospital administrators and managers state that the tuition of students should be increased and the government, probably through subsidy or loan, assist in the cost of nursing education. We cannot disregard this in view of rising costs in materials and probable more so in wages to all hospital personnel -- professional and non-professional. Since hospitals do not have the benefit of endowment funds, and special grants to aid in financing their programs, the educational program for professional personnel must be as nearly self-supporting as possible. In a study of costs made at one Chicago hospital in 1950-51, it was determined that the cost to the hospital for the three year course in nursing leading to a diploma, amounted to \$5,911 per student. Of this amount the student paid \$636 in fees and tuition and was given credit for \$3,840, which was the estimated value to the hospital for the practice time she spent in helping to take care of patients. The credits to the student totaled \$4,476 compared to the cost to the hospital of \$5,911. The difference of \$1,435 represents the amount of subsidy the hospital furnished the average student over the three year period.

Another hospital reported its

cost per patient day for nursing care was already \$4.36. This figure had never moved far from \$1.86 during a five year period prior to January 1946. The sharp rise had come during a two year period following that date. Factors which caused this rise were, 1. There had been a drop in student enrollment, 2. As graduate nurses became available they had taken the place of the students and volunteers, 3. The work week had been shortened and salary rates had gone up, 4. More and more nurses were required with a faster and faster turnover of patients.⁵

⁵ Hospitals, Economic Security and the Cost of Care (No.2) 22:35-36, February 1948, Nellie Gorgas, F.A.C.H. Director, St. Barnabas Hospital, Minneapolis, Minnesota, Geo. J. Bartell, Adm. Intern.

Since 1950, prices have skyrocketed with a corresponding rise in costs to the hospital and school for nursing.

In 1947 the approximate expenditure per student in the basic curriculum was \$470 for the three year diploma course. If a student planned her education for a degree program, the expenditure was at least \$2,000 to \$3,000.

It has been reliably stated by the hospital schools in this study that the greatest expense of the student to the hospital is during the pre-clinical period, when there is a concentration of classroom and laboratory work. Usually the student is requested to pay her tuition, or most of it, when she enters the school. Tuition varies with each school (See Table II); some may be refunded to the student should she leave the school; other schools specify tuition or parts of it will not be returned after a certain period. Some schools offer students a loan or stipend, or a scholarship. In a loan fund the student is required to repay the loan with no interest or a small rate of interest; a scholarship is a gift to a student towards tuition and other expenses for meritorious service. Usually this is offered after the student has proven her ability or aptitude and her desire and interest in nursing, which is after the pre-clinical period when the student's capabilities are evaluated.

TABLE II

APPROXIMATE COST FOR THREE YEAR PROGRAM: TYPE OF COURSE OFFERED: TYPES OF FINANCIAL ASSISTANCE GIVEN STUDENTS IN TEN CHICAGO AREA SCHOOLS OF NURSING

SCHOOL	APPROX. COST OF THREE YEAR PROGRAM (Tuition)	TYPE OF COURSE OFFERED	FINANCIAL ASSISTANCE
			L Loan S Scholarship
1	\$400	A - C	---
2	\$265	A	S - L
3	\$300	A - B	---
4	\$305	A - B	S
5	\$250	A - B	S - L
6	\$110	A	L
7	\$345	A - C	S - L
8	\$300	A - B	S - L
9	\$293	A - B	S - L
10	\$700	A - B - C	S - L

A. Diploma. B. School offers two programs, the one leading to a diploma in nursing, the other through affiliation with a college or university, to a diploma in nursing and to a baccalaureate degree. C. Offers college affiliation for interchange of credit, or for course affiliation.

It has been stated by the ten schools studied, as well as conclusive results from research, that the greatest rate of withdrawal is during the critical first six months, and secondly during the first year. During this period the faculty of the nursing school becomes increasingly aware of the student's lack of aptitudes or capabilities. It is during this period that the student fails either scholastically, or in personal adjustment to the new environment. The following table will show the loss to the schools in this study and to the profession.

TABLE III
WITHDRAWAL OF STUDENT NURSES IN
TEN CHICAGO AREA SCHOOLS OF NURSING 1935-1952

School	PRE-WAR AND WAR YEARS				POST-WAR YEARS				
	1935	1940	1945	1947	1948	1949	1950	1951	1952
A	6	4	12	10	8	9	14	14	*
B	*	*	9	6	7	9	16	20	9
C	6	1	15	9	7	8	10	17	16
D	19	12	41	15	24	20	15	11	24
E	20	18	35	10	6	24	23	32	12
F	*	*	38	39	30	24	3	0	0
G	12	8	23	14	11	12	7	10	3
H	39	19	50	49	39	40	48	79	25
I	*	57	47	10	22	18	25	14	5
J	*	*	33	19	16	26	11	22	21

Figures not available

TABLE IV
DISMISSAL OF STUDENT NURSES IN
TEN CHICAGO AREA SCHOOLS OF NURSING 1935-1952

PRE-WAR AND WAR YEARS				POST-WAR YEARS					
School	1935	1940	1945	1947	1948	1949	1950	1951	1952
A	3	1	3	2	1	3	4	2	*
B	*	*	*	*	*	*	*	*	*
C	5	2	10	4	5	11	11	10	8
D	*	*	26	5	6	13	10	11	15
E	1	0	0	0	0	0	0	0	0
F	*	*	*	*	*	*	*	*	*
G	*	*	*	*	*	*	*	*	*
H	*	*	*	*	*	*	*	*	*
I	*	*	*	9	9	9	9	7	1
J	*	*	14	18	11	18	8	16	5

*Figures not available.

Some schools do not separate the statistics regarding the dismissal or withdrawal -- they group these under one heading as "withdrawn" or "dropped out". Since the student is usually given an opportunity to resign and withdraw if dismissal is imminent, the figures are not conclusive.

To summarize is to quote Miss Agnes Gelinas, President of the National League for Nursing, who recently said:

The nation's schools of nursing should provide a real education,

not an apprenticeship training. The emphasized problem of the relationship of the student to the organized nursing service in some situations has been a serious one. What is needed is a better school system for nursing.

To meet the current crisis she recommended:

1. Maintenance of completely free channels of communication between school and the problem.
2. Placement of all schools under American system of higher education.
3. Better personnel, including student and faculty.
4. Funds to raise teachers' salary and conduct research.

CHAPTER II

THE NURSING SCHOOL SELECTION PROCESS

Florence Nightingale, the founder of modern nursing, "recognized nursing as a service, but she added an essential ingredient to that service-- the element of preparation."¹

There are many kinds of activities that nurses engage in, and each makes its demands in the education and preparation for that activity. While the hospital school may wish to identify with a certain type of activity in the education of nurses, i.e. train students to become nursing instructors and teachers, nursing administrators, bedside nurses or rural nurses, they try to avoid becoming too uniform or set. Nursing organizations have a variety of interests and points of view, to prevent even the nursing profession from becoming too rigid. In order to participate in as many activities, as do nurses, will require many kinds of suitable instructors to educate students for the profession.

"The prerequisites for success in the nursing curriculum may be viewed under headings as follows: scholastic aptitude (i.e. ability to do academic work) achievement in subject matter areas, special aptitudes and

¹ Counseling in the Schools of Nursing, H. Phoebe Gordon, Katherine J. Densford, R.N., Edmund G. Williamson, 7.

skills, interests and personality."² Therefore, the "policy of the school in selecting and promoting students should be based upon its purpose and upon the ability of the students to participate and profit by the program of the school." A great sensitivity to this interaction is necessary on the part of those responsible in the selection process. For the responsibility of a profession and the learning of a difficult discipline based on scientific knowledge, the nurse will require real education. Howwell she is fitted for the acquiring of this education, so to give service to patients, will depend a great deal on how well the selection process functions for the "first control is at the portal of entry."⁴

Some of the generally accepted criteria for the selection of student nurses are:

1. Protection of the Community.

The health of the community must be protected. Nurses must have sufficient intellectual capacity to carry out their assignments adequately both in the care of patients and in the safeguarding of public health. To meet the present day demands made of her, the nurse must have scientific knowledge. To acquire that knowledge she must have adequate scholastic aptitude."⁵

Hospitals and training schools are organized for the purpose of serving the people in a community. In Chicago there are more than seventy hospitals thirty-four of these hospitals have nurses training schools. Some of these

² Personnel Work in Schools of Nursing, Frances O. Triggs, P.H.D., W. B. Saunders and Company, 1945, 112.

³ The Hospital in Modern Society, The Commonwealth Fund, 186, Arthur C. Bockmeyer, M. D., Gerhard Hartman, P.H.D.

⁴ The Education of Nurses, 334-335, Isabell N. Stewart, R.N.A.M., MacMillan and Company, 1944.

⁵ Ibid 1

hospital schools were organized many years ago, others quite recently. All have contributed in providing qualified graduates to the field. In this study the hospital with the oldest history was organized in 1889, the most recent was organized in 1935.

Many of these schools have had to make major changes in the school's physical plant, the school curriculum, and the philosophy of the school, to meet the changing needs and requirements of the community which it serves. These changes, therefore, also require adjusting the educational program for the student so she is prepared to meet the changes in the profession, as well as the broader sociological changes and trends.

This, then is probably the greatest and broadest responsibility shouldered by those whose duty is the selection of likely candidates. "While there is no room for snobbishness in nursing and while we realize that the nursing impulse is not at all confined to any specific grade or class of society, it is important in the interests of society, as well as the interests of nurses themselves, that a certain standard of personal honor, intelligence, and good breeding should be required of all those who enter the nursing profession in order that we may keep clean of any suspicion of the servile taint."⁶

In order to serve the public adequately nursing must extend its interests, cope with new developments as they present themselves, and adjust the nursing curriculum to coincide with these factors.

2. Physical and Emotional Endurance

"The nurse should have physical and emotional endurance and stamina

to meet the demands of nursing. Therefore, the schools require a thoroughly healthy candidate."⁷

A balance of good physical as well as good mental health must, of necessity, be a prerequisite of all likely candidates to the profession. When a young nurse is confronted with responsibility such as she has never met before when she is expected to apply theory to actual practice, when she sees the hideousness of illness, and disease, probably for the first time, she may often experience physical and nervous strain. "The healthy mind is able to hold different impulses -- desires -- in a state of undecided balance and finally to give the decision by which one of the impulses prevails."⁸ The nurse is required to make many such decisions in her own life, as well as in her work with the patient.

3. Motivation

The applicant must possess the qualifications which will enable her to accept and profit by the learning situations in the school to which she will be admitted. This is not synonymous with scholastic aptitude although often related to it. Much as allowance for individual differences needs to be made in teaching situations, there are limits to the amount of flexibility any one faculty can introduce."⁹

Many of the qualifications and motives of the student are revealed and determined in the interview with the student. Her personal appearance, her use of English, her dress, approach, even her laughter and poise are significant. The significance of dress, the approach, posture, gesture, forced

7 Ibid.1, 102-104

8 The Art of Counseling, Rolfe May, 51.

9 Ibid, 103

expression, tone of voice, particular problem the individual describes, relation to friends, and of the opposite sex, success or failure in past experiences, are all revealing.

4. Character

"An applicant for nursing should have sound integrity of character which is considered essential for any profession dealing with human beings."¹⁰

Some schools require character references, using these in the evaluation of all records before the final approval or rejection of the candidate. Other schools state character references are of little value for the candidate has quite naturally requested references from the people whom she likes, and who like her. It is important, though, from whom these reference requests were made.

It necessarily requires great skill and care not to put or unwillingly "push" the candidate into a certain type or class, but to remember that the student's interests, abilities and aptitudes, along with personality, must be measured to determine the possibilities and potentialities of that student. The experienced interviewer becomes sensitive to certain character traits and is able to detect many traits necessary to a nurse.

Ideally it would be desirable to have tests available for each essential characteristic in the field of nursing. However, there is no single pattern of characteristics which must be possessed to the same degree by every nurse. There are certain basic requirements which must be met if the nurse is to be able to accept any of the basic responsibilities of the profession.¹¹

10 Ibid. 104

11 Ibid. 112

In the process of selection for admission of student nurses, the requirements which are made in general education, age, health, and personal qualifications are all of vital importance. They are equally important to the student, the school, and to the community. Requirements for admission will have a direct bearing on the quality of nurses who will graduate. Therefore, by the proper techniques of selection, candidates not suitable in temperament or ability will be detected at the time of admission. This procedure of selection and screening requires a staff of qualified nursing experts. Each school in this study has a director and some have an assistant. The assistants to the director in nursing service and nursing education, the counselor, registrar, librarian, physical education instructor, are also all assistants to the director, and aid in the minute details of these tests.

Four of the ten schools studied admit students once a year -- in September. While the other six schools are probably able to enroll more students by admitting two classes each year, it seems the work required would be tremendous. Does it warrant the extra screening, or would it not be a better plan to devote more time to follow up with the young student, particularly the pre-clinical student?

Three schools admitted students at age eighteen; the other seven schools permitted students to enter at the latter part of the seventeenth year. Students must be twenty-one years of age to take their State Board examinations. Often a student loses time on duty due to illness, conditions in her family, etc. In all schools sick leave is granted the student, and some schools enroll their students in a Group Hospital Plan. However, many students lose more time than the allotted days, and must "make up" this lost

time. Three weeks' vacation each year is the usual vacation period. Four schools set no age limit. Four specified an age limit of thirty, two an age limit of thirty-five years.

Men students, for some time, have been encouraged to enter the nursing profession. There is a definite need for them. Nursing has always been democratic -- never adhering to any race, color, creed or sex. However, some hospital schools have not planned for a program that could care for both men and women students, while others have this type program.

TABLE V

THE SEX, COLOR AND MARITAL STATUS OF STUDENTS
IN TEN CHICAGO AREA SCHOOLS OF NURSING

SCHOOL	1	2	3	4	5	6	7	8	9	10
Men Students Considered	No	No	No	No	Yes	Yes	No	No	No	No
Negro Students Considered	Yes	No	No	No	Yes	Yes	No	No	Yes	No
Married Students Considered	No	Occ.	No	Yes	Yes	Yes	No	No	Yes	Yes

Six schools admit married students; eight schools permit student nurses to marry during the last six months of the third year. Students in most of these hospitals are required to meet with the director if they plan to marry, who often requires to the parents of the student be present for this interview. If the parent lives out of town, the director may frequently require a letter from the parent stating they have been told of the plans and

give their permission to the marriage. At the interview the student is cautioned of the possibility of pregnancy interrupting her education.

TABLE VI

OTHER CRITERIA IN THE SELECTION PROCESS

SCHOOL	1	2	3	4	5	6	7	8	9	10
Acad. Stand. in H.S.	Upp. 3rd or 4th	Upp. Half	Upp. 3rd.	Upp. Half	Upp. Half	Upp. Half	Upp. 3rd	Upp. Half	Good Stand	Upp. Half
Evalu. of Prev. Courses	Yes by Univ.	Yes by Univ.	Yes	Yes by Univ.	Yes	Yes	Yes	Yes	Yes tests must beat 50th perc.	Yes by Univ.
References	None	Four Let-ters	Five Let-ters	None	Three Let-ters	Occas.	None	Yes	Yes	None
Other	Tests in Math	Pre-entr. tests	Pre-entr. tests	Chem. and Pre-entr.	Pre-entr. tests	Rep. of Prin.	Chem. and Pre-entr.	Psych. Met. Tests	Writ. Essay	Chem. Pers. Rat. of H.S. Prin.

The above information will be required on the admission form. Much will depend on the high school attended. Where the student ranks in her class may depend on the size of the high school class. Naturally if there are only a few students it would not be difficult for the student to be at the upper third or fourth of her class. Knowing something of the high school is import-

part to the school. Some schools of nursing place a great deal of value on the high school record, for they say this represents the educational ability over the past four years, which is certainly a criteria of measurement. They state if the student has educational ability, the high school is where this will become apparent, where the student is usually in her own environment and, therefore, not encumbered with strange environmental factors, i.e., having to adjust to a new environment and surroundings as well as people whom she lives with. Some nursing school faculty members stated "if the student is below the forty to sixty percentile, it is questionable whether the student is acceptable. Therefore most schools will not accept students below the fiftieth percentile for a student with a "score at the twentieth percentile or under, other tests being that low too, will probably fail to graduate if a girl with a score at the thirtieth percentile will have difficulty graduating."¹² High School grades are unreliable for

A grade of ninety in one high school does not represent as much achievement as a grade of eighty-five in another and there is considerable evidence that a "B" average in one college may be comparable to a "C" average in another institution, therefore, grades shifted to emphasis on scholastic aptitude test scores as predictive measures. One reason is that the test scores, even at their best, show ability and not how the ability will be used. One advantage of the test score over high school or college grades is that all applicants are measured by the same instrument, thereby making relative placement easy to determine. Another advantage is that test scores are probably not so easily influenced by extraneous factors as are school grades.¹³

¹² Personnel Work in Schools of Nursing, Frances O. Triggs, Ph. D., W. B. Saunders and Company, 115.

¹³ Counseling in Schools of Nursing, 118-119, Phoebe Gordon, Katherine Densford, Edmund G. Williamson.

Some schools of nursing feel the student should be graded on how well she performs on the pre-entrance tests. They state the student has been in the habit of taking examinations, and in the past tests she had little to motivate her, while in these tests she makes particular effort. Also, she is with a homogeneous group with like interests and motivation.

A study in Delaware of nurse applicants by the psychologists proposed certain questions in their study, "What is the personality pattern of the candidate for these services? What are the candidate's vocational interests? What are the aspirant's outlooks, feminine or masculine?" The subjects were selected

in regard to age, with younger applicants given preference. Selection of subjects also was made to include as many as possible of those given the Kuder Preference Record. The objective method of personality analysis by Jostak was used to determine the normality of intelligence and measurable character factors. His analysis permits the assessment of five personality traits, namely; native capacity, language polarity, reality, contacts, motivation and psychomotor efficiency. Vocational interests of the individual studied were obtained by means of the Kuder Preference Record. Conclusions were:

1. In general nurse applicant have high average native intelligence and normal personality. Some individuals in the groups suffer from handicapping character weaknesses which make them poor candidates for nursing.
2. Nurses are interested primarily in working with and serving people and using scientific knowledge to that end.
3. Nurses are definitely feminine in outlook and interests.¹⁴

Another interesting study was a five year experiment on the basis of

¹⁴ Delaware State Medical Journal, V. V. Spaulding P.H.D.,
20:177-178, August 1948.

psychometric tests, interview ratings and other psychological techniques given student nurses at St. Luke's Hospital, Cleveland, Ohio.¹⁵ It pointed out the prediction of these tests on the withdrawal and dismissal of the student nurses studied. This study particularly stressed the importance of the testing program as a sound device in the process of screening and selection of candidates. The evaluation of the tests were made by the psychologist and presented to the nursing school office. The correlation of these recommendations and the dismissal or withdrawal of the candidates will be discussed later.

There are several types of tests which may be given students.

Literature of the last century indicates that student nurses can be selected by use of many of the same methods as are students in colleges and universities. The evidence also clearly indicates that by such selection student mortality is markedly reduced. A coordinated personnel program follows close on the heels of a successful program of selection because through the selection process the faculty becomes more wide awake to the potentialities of the students and therefore more aware of its responsibilities.¹⁶

The Nurse Testing Division of the Psychological Corporation has a testing service which carries on as its chief activity at the present time the administering of psychological tests to applicants for schools of nursing; the scoring, interpreting and reporting of the test findings to schools of nursing for their use in selection and guidance of their students; and the study of students' records in relation to scores made in various tests for the purpose of improving accuracy in prediction as to the probable chance of success of

15 Blake Crider, Ph. D. *Journal of Applied Psychology*, October 1943, 452-457.

16 *Personnel Work in Schools of Nursing*, Frances O. Triggs, P.H.D., W. B. Saunders and Company, 1945, 115.

the applicants tested. This test deserves a good deal of credit as the pioneer in the field.

The National League of Nursing has a Pre-Nurse and Guidance Test Service which according to the announcement leaflet has as its purpose,

To offer services to the schools of nursing which will promote a selection of better qualified students and will assist schools in improving the personal, educational and professional guidance of their students. Tests are given to determine the students' intellectual capacities, personal and interest appraisal. Tests used are the American Council Psychological Examination, The Mechanics of Expression, issued by the Cooperative Test Service, a simple arithmetic test, The Cooperative General Science and Social Science Tests, and an unstandardised test of manipulative skill. Also each school of nursing may choose either the Bernreuter Personality Inventory or the Minneapolis Personality Inventory. The personality tests are not given as a part of the original battery, but are sent to the school to administer and interpret at their discretion, according to the manual. All the tests are scored and each student's scores are recorded on the first page of an eight page cumulative record. The rest of this record is left blank. It is expected that the school will fill in the record as the student progresses in school and that it will be used as a basis of the personal counseling record for this student.¹⁷

The fee for either test is not \$10.00.

17 Ibid, 115.

TABLE VII

THE TESTING PROGRAM IN TEN CHICAGO AREA SCHOOLS FOR NURSING

SCHOOL

What Tests were Used: Standardized or Objective	<ol style="list-style-type: none"> 1. National League of Nursing - 7 Schools 2. Dents Test - 2 Schools 3. Temple University - 1 School
Who does the Testing or Where is testing Done	<ol style="list-style-type: none"> 1. League Tests given near students' home-Designated place 2. Dent - University or Hospital 3. Temple University - at Hospital
How much Faculty Participation?	<ol style="list-style-type: none"> 1. No faculty participation in 9 Schools 2. Faculty member trained to interpret in 1 School.
How are Test Results Interpreted? to Faculty	<ol style="list-style-type: none"> 1. Psychologist at University interprets in 8 Schools. 2. Faculty member interprets in 2 Schools.

"The National League of Nursing Education Test has as its purpose to offer services to the schools of nursing which will promote a selection of better qualified students and will also assist schools in improving the personal educational and professional guidance of their students."¹⁸ Other nursing tests usually do not differ markedly.

¹⁸ Manual of the Pre-Nursing and Guidance Test Service, National League of Nursing Education, 1790 Broadway, New York, New York.

TABLE VIII

THE WEIGHT OR VALUE PLACED ON THE TEST PROFILE IN ITS RELATION TO THE APPLICATION, INTERVIEW, AND HEALTH EXAMINATION IN THE TOTAL SELECTION PROCEDURE IN TEN CHICAGO AREA SCHOOLS OF NURSING

SCHOOL	1	2	3	4	5	6	7	8	9	10
More Weight			X					X		
Less Weight	X						X			
As Much Weight		X		X	X	X			X	X

"Each school must determine by experimentation what the critical point is on any test below which it is probable a girl will not be successful, but under present accrediting requirements, the variation has not been found too great."¹⁹

Since nursing is another type of education, it is not only the nursing efficiency and mental ability which are required in the education for nursing; it requires a person with the kind of temperament and a person with sound physical health that will allow maximum use of mental ability in the profession. This requires a mature and stable individual as well as a physically robust person. It is therefore of vital importance to the student, to the school which is responsible for the student during her three year education, and the community, that a physically and mentally healthy student be admitted. No less important is the physical and mental support given the student during her education.

ation. For how else is the student to benefit to the optimum, how else to benefit practically in caring for herself as it relates to the patient and community, and how else can she benefit to the maximum in her relations to others--faculty, students, in her many problems of adjustment? Schools of nursing request a thorough physical examination of the student, therefore, not only before she enters training by her own physician, but again before she is accepted into the school. This examination is done by the hospital staff of physicians, or by the student physician. The physical examination usually includes weight, height, chest x-ray, posture, orthopedic and foot examination, eye and hearing test, dental examination, and at some hospitals a pelvic examination. The laboratory examination includes a urinalysis, blood count, blood test, stool test, allergy test, and the Mantoux test. Immunizations are done and supportive doses given. Students with diabetes, severe orthopedic defects, or pelvic trouble, which might prevent the student from fulfilling her goal, are detected and these students are rejected. All schools in this study have a health program for this important initial examination. It appears some schools have a somewhat more comprehensive health program. A team of a doctor and nurse, sometimes called a public health counselor, are responsible for the initial health examination. Some schools have on this team a psychiatrist who interviews the prospective student.

Whatever the program, it seems the nucleus of a sound rapport can be established in this service for the student to make her conscious of the importance of health, the early detection of disease, and the prevention of further illness. In other words, it is just here that the student learns by actually experiencing it, to safeguard her own health, and to adhere to the

three basic rules of public health -- the protection, prevention and preservation of health. It is by this experience that the student has her indoctrination into the value of good health habits, scientific medical care, and the interaction of preventive and curative medicine.

It is therefore tragic, and would seem almost inexcusable, if there were no follow-up for this all important examination. Often there are minor defects which are detected in the first examination. These can be corrected without permanently handicapping the individual. The follow-up program, it appears, is further carried out by giving the student an annual physical examination, and an opportunity of reporting any illness or injury, or requesting counsel regarding certain physical symptoms from the health counselor or student physician. Most schools have certain beds in an area of the hospital or nurses' home set aside for students who are ill. It appears this is a wiser practice than the old practice of assigning ill students to share rooms in the hospital with other patients. The student has made the adjustment of being away from home environment, and to ask this student to make a further adjustment seems unwise. It is probably for this reason that students are cared for in their own rooms, or in a "sick bay" in the nurses' home or hospital.

It is the objective of the hospital to care for those in need; those individuals who come for help in fighting for their lives, men, women and children. Whether their ills are real or imagined matters little. It is a further objective of the hospital to restore that individual to health and to support him in retaining optimum health. It is likewise the objective of the hospital to give optimum health to the students, so that they may benefit to the maximum. Most hospitals, it seems, therefore, have a plan to aid the

student in maintaining optimum health by periodic physical examinations.

TABLE IX

PERIODIC HEALTH EXAMINATIONS IN
TEN CHICAGO AREA SCHOOLS OF NURSING

SCHOOL	TYPE OF PROGRAM PLANNED
1	Annual Physical Examination and Chest X-ray. Physical Examination at Affiliation Time - Psychiatric and Communicable Disease.
2	Annual Physical Examination - Chest X-ray. Physical Examination at Affiliation Time - Physical Examination at End of Third Year.
3	Annual Physical Examination and Chest X-ray - Student Physician is Available to the Student at All Times.
4	Annual Physical Examination - Public Health Nurse in Charge of Student Health and Student Health Counseling.
5	Annual Physical Examination. Chest X-ray Every Six Months. Monthly Height and Weight, Posture and Nutrition. Physical Examination at End of Third Year. Immunisation Testing at Time of Obstretical and Communicable Disease Service. Public Health Nurse Counselor in Charge of Student Health Service and Student Health Counseling.
6	Annual Physical Examination With Chest X-ray every Six Months. Graduate Nurse in Charge of Student Health Program and Student Health Counseling
7	Annual Physical Examinations - Public Health Nurse in Charge of Student Health Service and Health Counseling. Physical Examination at end of third Year.
8	Annual Physical Examination, and as Deemed Necessary Throughout the Year. Annual Chest X-ray.
9	Annual Physical Examination and Chest X-ray. Annual Schick, Dick, Typhoid and Tuberculin Tests.
10	Annual Physical Examination, including Chest X-ray and Pelvic. Others as Deemed Necessary.

It is apparent that in four schools graduate nurses, and in three of these public health nurses, are in charge of the health service to students. This is probably a wise plan to coordinate all health service in one program, under the direction of a single faculty member or counselor, as it may prevent delay in adequate care to the student nurse. It probably also fosters better care, since the nurse in charge is better acquainted with the individual, her background, her past illnesses, and the future planning for the student.

Of no less interest, value or importance than the admission form, the testing, and health examination, is the initial personal interview. By understanding the background of the candidate, her family, education and past experiences, the interviewer will have some knowledge of the student. But much more can be learned as to the suitability of the candidate by the interview; and it is likely that the conclusion will be that personality is at least as important as intelligence in the student. The experienced interviewer becomes sensitive to certain character traits and is able to distinguish many. "For example, the tendency to observe accurately, to persist in a word building test, to avoid mistakes in a manual task, appears to be more closely related to success in nursing than is intellectual ability."²⁰ It means, therefore, that other means of testing or evaluation of the candidate are of equal importance to the intelligence tests or abilities and attitudes -- these are interest, personality, and the possibilities of the candidate. Abilities, interest and personality can be measured somewhat, but they will all have to be measured in light of the possibilities of the particular candidate. Some students score

²⁰ The Lancet, 1:363-365, February 25, 1950, Aseneth Petrie, Mariel B. Powell, Personality in Nursing.

high in tests, yet are poor in adjustment and mechanical ability. Some schools contend that the application is of little value. Even if the test results were quite low, the findings of the interview are of greatest value and a student would not be rejected if the interview were satisfactory. (See Table IV)

The motivation of the candidate in selecting a certain school, a certain area, are also of some significance. For example, some students feel they have greater opportunities for education, for advancement, even for marriage, in some schools than in others. Much of such information is not revealed in the tests or other selection processes for the student is not given an opportunity in other tests of giving verbally her opinion and reactions. The manner in which she reacts is quite significant. Dostoevski, keen student of human nature stated, "One can recognize a person's character much better by his laughter than by boring psychological examinations."²¹

Certain mannerisms, facial expressions, manner of dress, tone of voice are expressions of the personality picture. The personality pattern "shows itself in an individual's every activity. It may be very obvious in his external expressions, as for instance, the way he looks at another person, his manner of shaking hands, or of speaking. His whole personality may give an indelible impression one way or another, which we sense almost intuitively."²²

Directors of schools of nursing usually feel this part of the selection process so valuable a tool that they insist on the interview with each stu-

21 Art of Counseling, Rolle May, 107, Quoted by Adler in Understanding Human Nature, 252.

22 Understanding Human Nature, Alfred Adler, Translated by Walter Derrau Wolfe, 170, Greenberg, New York, 1927.

often requiring more than one interview to substantiate all findings. They assure themselves the "gaining of insight" into the candidate's personality, motivation, interest, capabilities and her possibilities in the nursing profession. This is necessary for a critical evaluation due each candidate. Also, in this interview, they often clarify questions the student might have, such as explaining the program of the school, or what the program includes.

The final evaluation of all tests, interviews and information is conducted by a committee whose chairman is usually the Director of Nurses. Each member carefully and critically analyzes the information contained for each candidate and votes her approval or disapproval. The responsibility of this committee, it seems, is of greatest importance. The student is usually informed by letter from the director of committee on admissions, that she has been accepted or rejected; at times it is possible for her to return personally. Is it not the responsibility of the school towards the student to think of the applicant's welfare if accepted, or rejected?

Administratively, it is often necessary to place the needs of society before the needs of the individual, but the personality-minded administrator will always ask, "What will acceptance or rejection of this applicant mean to her?" Whatever the final decision regarding the applicant must be, it should be part of the admission philosophy of the school to make a decision in the light of social obligation to the individual as well as the group. When the decision involves rejecting the applicant, it will be a part of the guidance philosophy to present the decision to the applicant in as helpful a way as possible and ^{to} assist her to make a satisfactory adjustment in her plans.

TABLE I

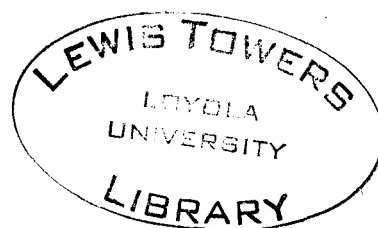
TYPE OF GUIDANCE FOR THE REJECTED STUDENT
IN TEN CHICAGO AREA SCHOOLS OF NURSING

SCHOOL	
1	Referred to other work - Smaller school - Nurses Aid.
2	Referred to other work - Particularly Nurses Aid
3	No guidance
4	Referred to other work
5	Referred to other work - particularly to practical nursing. Nurse may get better education in some subject and reapply.
6	No guidance
7	Referred to other work.
8	Referred to other work - particularly practical nursing.
9	Referred to other work - particularly nurses aid - College
10	Referred to other work - Smaller schools - College

In two schools no guidance is given the rejected student; the hospital feels no responsibility towards this student. Their philosophy is that the student applies to a school or to a college, knowing that rejection is a possibility and, therefore, must accept the decision and make her own future plans, for she alone must decide what she wants to do. Yet, these two schools provide a counselor for student guidance, and it seems many of these applicants could profit from the experience, and be able to accept the decision a little easier if their shortcomings could be shown them. If some guidance is given the applicant it seems this student might in the future be just as happy and

satisfied in practical nursing, or as a nurses aid, or in another field, and yet make a real contribution to society; it at least seems more humane. Social ethics requires such action on the part of those in authority.

A great deal more information than is indicated by the tables is required by the hospital schools for nursing. Only the parts of the selection process which indicated some relation to the counseling service were used.



CHAPTER III

THE COUNSELING SERVICE IN TEN CHICAGO AREA SCHOOLS OF NURSING

The Physician Furnishes the Conditions, God Works the Cure - Motto.

Counseling services have developed in recent years as a special kind of aid to individuals. Webster's Dictionary defines counseling as "the inter-changing of opinions, mutual advising - deliberating together." Carl R. Rogers states "Counseling is a way of helping the individual to help himself."¹ In Art of Counseling Rollo May, the author, gives this definition, "Personal counseling is any deep understanding between persons which results in the changing of personality." This does not mean that one wants to change or threaten another individual's identity; our respect for concepts of human dignity and democracy prevents this. However, the stress and pressures of the environment and the inter-relation of the group tend to destroy individuality. Counseling aids in the individual's personal freedom and responsibility.

There are three main schools of thought or approaches to the field of counseling; clinical, non-directive and eclectic.

In clinical counseling the situation in terms of symptoms and findings is analysed. The student's problem is then

1 Carl R. Rogers, Counseling with Service Men, 24.

diagnosed in the light of this diagnosis. The problem is then followed until it is solved."

Clinical counseling is counselor centered, the significant activities rest with the counselor. The adherents to clinical counseling lay great stress on diagnosis of the problem, "for without diagnosis," Williamson³ states, "counseling is more generalized listening and advising." He states further, "many young people are unable to diagnose their own situations and so the counselor must give assistance in this process." He classifies their problems into these five areas:

1. Problems of personality.
2. Problems of educational orientation - achievement.
3. Problems of occupational orientation.
4. Problems of finance.
5. Problems of health.⁴

According to Carl R. Rogers, non-directive counseling is client centered. "With non-directive counseling the deeply significant activities of the counselor are only such as will make it easier for the client to guide himself."⁵

He would apply the non-directive technique to all types of problems whether they seem on the surface to be personal, educational or vocational, but admits some test data is necessary. The three steps are catharsis and release, self-understanding and insight, and re-oriented goals and actions

2 Hamrin, S. A., Paulson, Blanche B., Counseling Adolescents, Science Research Association, Inc., 1950, 79.

3 Williamson, E. G., How to Counsel Students, 34. McGraw Hill Book Company, 1939.

4. Ibid, 34.

5 Rogers, Carl R., Non-Directive Counseling as an Effective Technique, 108, Chicago Science Research Association, 1946.

implementing them.

It should be apparent that there is a close relationship between non-directive counseling and democracy as a way of life. All the characteristics of this type of counseling are also tenets of democracy. The client's participation is voluntary and self-initiated. The counseling atmosphere is built upon respect for the person, tolerance and acceptance of differences, faith in the person's ability to accept responsibility for his own conduct and freedom for growth toward maturity.⁶

Ecclectic counseling uses the technique which best suits the individual situation. There is no one way for a counselor to help every counselee who comes to his office for aid.⁷

The experienced counselor realizes that many of the young students who come for aid are not ready to assume full responsibility for themselves nor able to solve their problems. In these cases the counselor must assume some responsibility and aid the student to become independent and emotionally mature.

Sociology teaches us that man's interaction in the social group tends to narrow the individual. Man is a social being and needs the group, but he is often overwhelmed by sociological forces, some which are beyond his control, and some which may change the entire course of his life.

Students for nursing education come from various sociological backgrounds, and they bring with them all the problems that all other individuals are faced with such as, anxieties, insecurity, unrest and necessary adjustments to frequent and rapid change. To this the student adds the adjustment of a worker type of higher education. Many modern schools, in teaching mental health in the basic curriculum, help the student evaluate her part as a citizen and as a nurse in the social problems of illegitimacy, alcoholism, drug addiction,

⁶ Rogers, Carl R., Counseling With Returned Servicemen, 22, McGraw-Hill Book Company, 1946.

⁷ Ibid p. 77.

proper housing, the vagrant, venereal disease, physically handicapped, the war veteran, care for children of working mothers and others.

As one nursing school counselor pointed out during an interview, "The student of today is confused, perplexed, disturbed and anxious, even before she enters the school of nursing." The effects of the many world wide problems are shared by all people; the student as well as other citizens. So the student of today, much more than a decade ago, is not only confronted with the many broad sociological problems throughout the world - war, unrest, insecurity, race problems, religious problems - but even the very everyday problem of getting along well with her neighbor, her fellow worker, her fellow roommate. Some schools feel that group living as in a nurses' residence, with other students, often sharing a room, is too much to ask of any person. It is natural that a student has tensions and conflicts; working and living in too close proximity fails to foster good social and human relations. It is one of the mores of nursing that may require reform.

The many problems the nurse leaves at home as she enters the nursing school are not erased from memory; the broken home, the home bereaved because of the recent loss of a loved one, a home beset with financial or other worry, with conflict and disagreement, are problems the student often harbors and fails to disclose. Movements and forces of society as well as these sociological factors determine in large measure the direction which nursing takes, since the student of today is the nurse of tomorrow.

The nurse deals with human beings and feelings are necessarily aroused. Objectivity in nursing means that we become aware of our feelings instead of denying and depressing them, thus setting up barriers to effective relationships.⁸

⁸ Nursing World Dynamics in Human Relations in Nursing, November 1950, 519.

Hospitals are in a sense battlefields where patients, men, women and children, fight to regain mental and physical health. In their need they come for help, trusting that the strength and skill of the nurse will aid them in the struggle. The nurse must learn to be sympathetic, yet she must learn also to be objective. Certain problems and complaints of the patient are not always what they appear to be. She must also learn that forces beyond the patient's control must be considered. Some of these tend to color and change the patient's entire life, and this is difficult to witness. The student must learn to help the patient by helping him to help himself. She begins to learn the first principles of counseling as she aids the patient to learn to live with certain illnesses and handicaps, aids him in rehabilitation, and above all gives comfort and dispels fear. So,

the student needs help in evaluating her strengths and weaknesses, and help in her feeling of frustration, insecurity, common to all people. Intensive training and valid method of evaluation is necessary. For in a democratic society the unique contribution which each individual can make toward the welfare and progress of that society is of extreme importance.⁹

If such aid and assistance is not given the student whereby she may talk freely and without criticism of her feelings, reactions and attitudes regarding the interrelations with the patient, then these situations are certainly not real learning areas. As Miss Densford¹⁰ so clearly says -- the answer to the older generation that says "we get along without this help" is, "the need was not so great then as now. This is a new day."

⁹ Nursing World, November 1950, 514-515, Ruth V. Babcock, R.N., Comm. on Counseling Records.

¹⁰ Counseling in Schools of Nursing, Phoebe Gordon, Katherine Densford, Edwinna Williamson, 32.

Individuals may or may not know or understand why they act at times as they do, or they may not be acting on their own initiative; this is also true of the student. She must be prepared to meet with intelligence and sound knowledge the demands which will be made on her as a professional worker. The student in nursing education -

needs good educational and professional counseling if she is to avoid wasting time and money, and if she is to have a well balanced general education which she needs both as a nurse and as a member of her community.¹¹

This will require counseling in the scholastic, professional, social, extra-curricular, and health problem areas. The adolescent girl also needs approval and love -- yet this basic need is often lacking or forgotten in the schools, due to the anxiety to teach all the technical material required.

The types of counseling service provided in the ten schools varied as widely as did their philosophies. Naturally, there is a tremendous inter-relation between the selection process of the school, and the counseling service. Both deal with the student from the time she applies for admission to the time of graduation from the school.

The counselor is usually on the committee for admissions, often aids in evaluating past performance as well as the results of the pre-nursing tests, interviews and examinations, and reviews with the faculty the completed profile of the student.

In the orientation period for the student, the counseling service gives aid, guidance and assistance. Throughout the student's education and at graduation the student may feel free to present her problem to the counselor,

¹¹ Ibid, 17.

and together they attempt to arrive at a solution.

The way in which the counseling is carried out in the ten schools of this study will be shown in the following table.

TABLE XI

PHYSICAL PLAN OF TEN CHICAGO AREA SCHOOLS OF NURSING

School for Nursing	Date Org.	Date Coun. Began	Full-Time Counselor	No. of Students	Other Faculty Aiding in Guidance
1	1919	-	No	150	Psychologist at Univ. All instructors aid in Couns.
2	1898	1947	Yes	85	Educational Advisers- Director of Residence
3	1898	1947	Yes-R.N. Also Acts as Social Director	150	Class Advisers- Librarian
4	1905	1943	Yes-R.N.	170	1 Soc. Dir.-Ass. To Dir. 1 Dir. of Res.-Librarian and Ass't.
5	1880	1947	Yes-P.H.D.	155	1 Dir. of Res. 1 Health Couns. Librarian-Hostesses-Phy. Ed. Instructor.
6	1920	1947	Yes-R.N. Also acts as Social Director	120	1 Res. Supv., Health Supv., Registrar-Librarian-Phy. Ed. Instructor.
7	1893	1950	Yes-R.N. Also Asst Director	120	Health Counselor, 1 Social Director, Librarian
8	1885	1930	No	230	All Inst. and Nursing Fac. give Counseling. 1 Social Direct., 1 Inst. of Guid., 1 Recreation, 1 Supv. of Health Prog., Hostesses, Librarian Phy. Ed. Director.
9	1890	1945	Yes	200	Health Service Couns., Dir. Phy. Ed. and Recreation, Lib.

10

1889 1935 Yes-Also acts as 270
Social DirectorHouse Mothers-Librarian-
Registrar

The chart shows that counseling service as an organized service began in one school as early as 1930, although that school does not have a full time counselor, devoting the major part of her time to counseling. The other school which has no organized, planned counseling service stated, as did the school just mentioned, that counseling has been done over a period of many years by the nursing school office, the instructors and often by floor supervisors, But this is also done by the other eight schools. In the second oldest organized school, counseling service began in 1947. Here the service is carried on by a professional person, (not an R.N.) jointly with hostesses, a director of residence, and a health counselor. The counselors of the three oldest organized counseling services are not R. N.'s. They have special training, however, in other fields. These three counselors assume all the duties of social directors and plan for the social functions of the school. All feel student nurses need other types of interests and have organized many extra-curricular activities, especially in music, student organization, excursions, field trips, skating, hiking, etc. All three are vitally interested in the student.

The other four schools have registered nurse counselors. In two instances these counselors also are assigned the duties of social director. In one school the assistant director is the counselor. In only one hospital does the counselor act only in that capacity. However, she aids the nursing office greatly in the selection process of evaluating results of tests and records. Other faculty members who aid the counselors and the nursing school office in keeping them informed as to the students' progress, are listed in the right hand column under "other faculty." Most of the schools provide a librarian to

assist the student, and other hospital personnel. Some provide hostesses, whose duty is to see that students return to the home on time and give the nurses' residence more of an atmosphere of a home. In one school a graduate nurse instructs a class and gives some counseling in preparation for marriage. Since

student guidance is an essential part of every school's responsibility, the school of nursing is obligated to conduct its guidance program in such a manner that not only the most desirable candidates are selected, but that they are assisted in developing their maximum professional and personal potentialities; and that they are guided into jobs in which they are interested and for which they are qualified.¹²

Some hospitals still depend on certain faculty members, supervisors or clinical instructors to give the major portion of counseling necessary to students. But too often they are handicapped by traditional attitudes and practices as well as by the fact their staffs are inadequately prepared and too heavily loaded with other duties to give much individual attention to the student and their problems. Supervisors and nursing instructors, as other educational teachers, aid the student in classwork by clarifying problems, pointing out to the student her weak points or areas in which she failed and the reason for such failures. However, the counseling necessary to the student so she will become aware of her attitudes and reactions, consumes much more time and preparation on the part of the counselor than the average supervisor or instructor can be expected to give. Often the student is not aware of why she acts the way she does in certain situations, which should be learning situations to her.

¹² Nursing and Nursing Education, The Commonwealth Fund, Agnes Gilmas, R.N., 1950, 50.

In order to coordinate a good counseling program so all will understand their mutual service and responsibility "Demonstrations can help faculty members improve their practice in interviewing, counseling group work and other guidance activities."¹³ If, however, the faculty member is too burdened with other responsibilities, it is humanly impossible to give the kind of attention necessary in the solution of the students' problems even though she has the knowledge. If the student of the future is to have as Dr. Brown describes in the Brown Report "discriminative judgment, alert self-direction and skill in directing word and action on the basis of understanding human behavior and human relationships," then certainly good counseling techniques are essential to help the student attain that goal. It will require specialists in the field to help her if she is to qualify, for how can she learn to understand human relationships and behavior better than by actively living and practicing it?

Regardless of who administers and supervises the counseling service, it is the concern of the entire school.

The following tenets are principles of a sound counseling program. It must be kept in mind that counseling is an attempt to help the individual student,

1. To understand herself, her abilities and her limitations.
2. To set before herself objectives that are worthwhile, i.e. to build for herself a philosophy of life, including a philosophy of nursing.
3. To help to make adequate adjustments to different situations in which she may find herself.

¹³ American Journal of Nursing, January 1950, 44-45, Appraising Faculty Activities Related to Student Progress, R. Strang.

4. To develop a well rounded personality so that she can make worthwhile contributions to her profession and to society.¹⁴

Some individuals suffer from handicapping character weaknesses which make them poor candidates for the profession. At times character and personality traits are not all detected before admission, but manifest themselves during the student's orientation or pre-clinical education. The student should be taught early that to talk through some of her problems and gain confidence with someone outside her family and circle of friends will aid her as she is confronted later with problems and adjustment to classwork and personal responsibilities.

They should be encouraged to become emotionally independent of their families, and face reality, as is required of mature individuals. This is quite difficult for some individuals, since many have never been away from home and home ties have become very close. The student suddenly finds herself as detached from parents and siblings. She sees herself in a larger family at the hospital school. The counselor to her becomes the mother-part, the students the sibling part. If, however, this new structure does not give the student support she loses confidence. It is then that she wishes to go back, where she know comfort and security. This is why the student says she is homesick -- she is sick for home, security, love, approval, appreciation, recognition. It seems counselors are increasingly becoming aware that wherever possible it is best that students have short vacations to go home during the first six months. Will this prevent the habit of some students from withdrawing after their first vacation home following the pre-clinical period? The interviewers had this to say regarding withdrawal during the first six months.

TABLE XII

DISMISSAL OR WITHDRAWALS MORE GENERALLY OCCUR:
 A. WITHOUT ANY EVIDENCE OF STUDENT DIFFICULTY IN ADJUSTING
 B. AFTER SOME EVIDENCE OF STUDENT DIFFICULTY IN ADJUSTING.

HOSPITAL	A	B
1		After Holiday Vacation.
2		Build-up on Master Sheet of Guidance, about difficulty.
3		Obvious To Someone that Something is Wrong.
4	Resignation	Dismissal.
5		Always some sign.
6		Always Enough Evidence.
7		Has been Given Opportunity.
8		Always some sign.
9	Some resign	Usually someone not in.
10		Yes - some indications.

It is clearly discernable from the above table that almost without exception, dismissal or withdrawal occurs after some evidence of difficulty. Counseling cannot be identified as a cure-all, nor does it wish to sponsor a negative approach -- that the student shall seek the counselor only when in trouble. It appears counseling attempts more than that, particularly in character building, aiding the student in weaker spots so the whole personality is developed and the whole study area strengthened.

There seems to be a definite correlation between scholastic failure

and withdrawal? The weak student, as a rule, soon shows deficiency in the regular class and in laboratory work. Some of these difficulties can be traced to poor reading or poor study habits. "If many students withdraw because of failure in classwork, perhaps the policies regarding the admission of students needs revision."¹⁵ If aid is arranged for the student through additional instruction, library classes and acquaintance with helpful material, many of these students are encouraged and survive this crucial pre-clinical period.

The danger of prematurely narrowing and forcing the growth of young persons is increased when their training is primarily technical and when they carry a heavy burden of work, which prevents the normal social and other activities that young people need for their best growth.¹⁶

As several interviewees expressed themselves, the student needs all the help one can give her during orientation and the pre-clinical period. She makes a tremendous adjustment when she enters nursing education. She grows up and matures very fast, the first six months particularly. In all ten schools the greatest withdrawal of students was during this period. The second highest withdrawal rate at the end of the year. It was substantially indicated in the interviews that the huge amount of material the student is to absorb in the first six months is tremendous, almost impossible, considering the other adjustments the student is required to make. Some educators feel much of this could be spared the students until a little later in their education.

¹⁵ American Journal of Nursing, 50:12, December 1950, 804-805, Evaluation of Student Progress, Dorothy M. Smith.

¹⁶ The Education of Nurses, Isabel M. Stewart, R.N.A.M., 334-375, MacMillan and Company, 1944.

The intensity of the program is too great when compared with that of the average college. Before the student can orient herself to a new environment, she is forced with the necessity of rapidly absorbing a mass of varied material.¹⁷

The definition for withdrawal or dismissal of students in the ten schools in all instances meant the failure of the students to comply with certain policies, objectives and philosophies of the nursing school. Failure to make a passing grade in classwork, failure to adhere to rules and regulations governing conduct in the hospital or school were outlined in the handbook, given the students when they entered as definite reasons for dismissal. These rules were called to the student's attention when she entered, probably during the initial interview, and reviewed during any counseling the student might have had. Repeated violation of these rules of conduct or rules of the nurses' residence or the hospital, or failing to make the required passing grade in classwork necessarily meant forfeiting the possibility of continuing in the school. A student who consistently fails can never hope to pass her State Board Examinations necessary for graduate professional nursing.

While failure in scholastics ranked highest as a reason for withdrawal, it seemed also the area for most counseling; marriage followed closely as a second reason. As the interviewees stated, it is difficult to say whether there is a negative or positive correlation in this area, for it is difficult to say whether the student withdraws to get married because she is failing in her classes, or whether her classwork suffers because she is marrying and

17 A Program for the Nursing Profession, Committee on the Functions of Nursing, MacMillan and Company.

therefore withdrawing. Some students it appears are attracted to a particular school or area, with the prime purpose of seeking an eligible husband. "The nursing profession annually loses about 21,000 or six and five tenths percent of the total number of active nurses, largely because of the high rate of marriage.¹⁸ Seven schools now permit students to marry in the last six months of their third year. They are counseled at the time they write the director for permission to marry. At the interview and counseling period given this student, she is admonished that in the event of pregnancy her first responsibility is to her child. Invariably if the student must withdraw or resign for reasons of pregnancy and has intentions of returning, this usually does not occur, for she learns from experience that the adjustment to marriage and then to another new member to the family is greater than she can cope with. Counselors therefore are careful to point out the risks the student takes if she marries.

Poor health as a reason for withdrawal seems rare and is probably due to the thorough physical examination given the student on admission; the student with possible handicaps, poor or delicate health, being rejected. In rare instances, when a member of the family is ill and a student needed in the care of that member, most schools will permit the student to reenter later and finish her education.

Students in all the hospitals studied were given the opportunity of withdrawing or resigning. Dismissal is rare, it seems, in most schools, and

¹⁸ Nursing World, Education for Service in World Crisis, 125:6, 217, June 1951.

only for some grave misdemeanor are students dismissed. However, after the student has been counseled, given an opportunity to adjust and improve, and still does not measure up to the standards required by the school, she will of necessity be dismissed. This probably accounts for the low dismissal rate in Chapter One, Table IV, as most students "save face" by withdrawing. All ten schools permitted the student to withdraw or resign, even though confronted with dismissal.

Other reasons for withdrawing were, "I just don't like nursing." "I had no idea it was like this." "I can't go on, I can't study so much," or "I can't be separated from my family." Homesickness is usually relieved by a short trip home, arranged by the counselor. The student usually sees herself in a different perspective, probably not wishing to disappoint those who have faith in her and with renewed courage returns to the school much happier for the learning experience. More emphasis on mental hygiene and more opportunity for expert counseling relieve many of these tensions and prevent, therefore, much of the loss to the schools of nursing.

Other problems which seemed to come to the attention of advisors or counselors were as those listed in The American Journal of Nursing.

1. Shy girls shut themselves in their rooms.
2. Those who become homesick.
3. Ones who seemed unable to recognize other's property rights.
4. Noise makers who were not at all sensible to suggestion.
5. Girls who were away from parental influence for the first time and seemed unable to use reasonably good judgment in direction.
6. The love sick girls who thought that they couldn't tolerate remaining away from their boy firends.
7. The ones who seemed unable to study when there was any social activity nearby.
8. The girls whose rooms seemed always to be in a state of confusion.

9. The ones who refused to believe that an "F" in Microbiology really meant the possibility of a failure.
10. The students who never hesitated "to barge in" on others when they were trying to study.
11. The prankster who was especially resourceful in thinking up new ways of making other people uncomfortable.
12. The girl who wanted to quit every time she made a mistake or error in nursing.¹⁹

A very revealing nationwide study on reasons and rates of withdrawal was conducted and printed in American Journal of Nursing, April 1950. This list coincides in many instances with the research regarding withdrawal in the ten Chicago schools; failure in classwork ranking highest.

1. Failure in classwork	36.1	Per Cent
2. Matrimony	10.7	
3. Dislike for nursing	11.9	
4. Personal reasons as Family Complications Homesickness-Pregnancy	9.8	
5. Health	8.4	
6. Personality Temperament	6.1	
7. Failure to meet school's regulations and social standards	2.6	
8. Immaturity	3.5	
9. Disappointment in nursing	2.7	
10. Decision to go to college	2.9	
11. Failure in clinical practice	1.6	
12. Financial reasons	0.9	
13. Other reasons	2.8	
Total	100.0	

It would seem with proper testing, interviewing and selection, the percentages of many of the above reasons for withdrawal could be reduced. With good counseling provided, the percentages could be reduced even more.

The proper testing procedures that Dr. Crider²⁰ proposed in his study

¹⁹ American Journal of Nursing, Student Advisers, Smith, M. R., Davis, R. M., 50:11, November 1950, 748-50.

²⁰ Journal of Applied Psychology, Crider, Blake, P.H.D., October 1943, 452-57.

would have saved the hospital much of the turnover in nursing personnel. In the interview which he had with the 500 students he studied, he made very definite recommendations regarding the capabilities, aptitudes, and temperament of the candidate. When the school of nursing disregarded many of these recommendations and the student was admitted, it was later proven that the student was unable to carry the program, unable to adjust, or was not physically able to do the required practical work.

It would seem that judicious counseling and aiding the student, means more than to help the student to survive or stay in training, but to aid her in developing the will and power to create a better environment for human living, not only for the enrichment of her own life, but of promoting general social usefulness. It is as Dr. Hamrin states²¹

not only to bring about the adjustment of failing students. These pupils who are not succeeding in their school programs deserve and should receive assistance toward making satisfactory readjustments. A somewhat higher purpose of educational guidance is to aid in the prevention of failures. A potential failure should be detected and help given before failure occurs. But to devote some time to these students who would be successful even without assistance, but who can become better persons with such assistance.

Whatever type of counseling is used or whatever technique, it must attempt to solve the problem presented. Apparently clinical, eclectic and non-directive counseling is used in all the ten schools of this study. What seemed to be the most important aspect to the counselors was their concern of the student; that she have a learning experience, gain insight into her problem, make her decision and thereby profit, regardless of the problem, or the type of

21 Counseling Adolescents, 186, S. Hamrin, B. Paulson.

counseling used in the counseling periods. The same seemed quite true in requiring students to request counseling. The program had been explained and presented and the counseling that the student required was initiated either by the student or by a faculty member. Follow-up to the initial counseling period was very often left up to the student's own interest and motivation, while at other times definite counseling periods were designated to be kept by the student.

In five schools the content of the interview with the student is recorded and kept in her folder. In two of these schools the folders are kept by the counselor; in the other three schools in the cumulative record along with anecdotal notes by other supervisors or instructors. In the five schools mentioned above, progress reports were also kept on these students. It was stated in several instances that the student, knowing her confidences were recorded would soon lose faith in counseling service. Therefore, the counselors rarely kept a record of the interview. Some kept only sketchy notes of the highlights in the interview, which would aid them in follow-up or future interviews. These were kept in the counselor's file and for her personal use.

In counseling it is the evaluation of the student's work which is important to her for evaluation is not a final summary of work accomplished; it measures what I do, or how am I doing it, instead of what have I done. Anecdotal notes and comments, with the grades in classroom and practical experience of the student, give the basis for such evaluation. Without such definite criteria, there is no basis for evaluation. Evaluation is necessary for the school to be able to let the student progress in her education and to see if she is working up to capacity.

During the counseling interview, the evaluation record is often presented to the student.

The student sees her record, discusses them with the faculty sponsor, who encourages her to evaluate her own progress. The summary gives a better picture than the old efficiency record. Both groups gain in better understanding.²²

In the evaluation, the student becomes aware of her shortcomings; this becomes a learning experience to her.

When a student is willing to analyze such factors as her study habits, her social adjustment, her major handicaps and when she is honest in expressing her own feelings about them, the record is surely of more value to her than one made by another person.²³

Some schools permit the student to take the initiative in the evaluation. If she then feels she wishes to withdraw, this becomes the student's own decision. Some schools state they will not deter a student if she wishes to leave, nor urge them to stay.

Since many social programs in the average school of nursing are inadequate for the needs of college age students, many schools sponsor student organizations and clubs. Objectives of these supportive organizations are to aid the student in her adjustment to group living, good study habits, budgeting her time, proper conduct and adhering to the philosophy of the school. Student courts are democratic ways of giving the student body the responsibility of what is deemed just and fair punishment for an offense. Many organizations

²² American Journal of Nursing, Evaluation of Student Progress, Dorothy M. Smith, 50:12, December 1950, 804.

²³ Nursing World, Ruth V. Babcock, R.N., November 1950, 514.

publish a booklet or newspaper describing activities of individuals and groups. The duties of these upper classmen who act as student advisers, are to share the pleasures and activities of the individual and group; to know each student and help her achieve recognition; check for homesickness and discouragement; interpret the rules of the residence and student government; help each student establish good study habits; give some guidance and refer the student to the proper source of assistance; mutual cooperation with other school organizations and work with advisers, particularly in regard to matters pertaining to group living. Therefore, several schools (Table V) coordinate the responsibility and programs of the counseling service and social activities, the counselor assuming this responsibility.

Counseling prior to graduation is a service given in all the ten schools. The director or counselor usually initiates this interview. It provides for the follow-up of the senior student about to finish her education and seek employment in some of the varied fields of nursing. There are many students who benefit thereby, for again, certain aptitudes for specialized fields can be the objective of this service.

No doubt counselors often feel overwhelmed and bewildered by the enormity of this undertaking. There must be many rewards and encouragements though at times for her efforts. She knows as do all those whose work brings them in contact with personal problems, social workers, educators, pastors, priests, doctors, and nurses, that love, respect and sympathy can release great potentialities in all men. Many of the interviewees had a deep sympathy and concern for their students but felt, as attested in these words,

Did precious little, merely guided a bit here, directed a bit

there and the creative forces of life affected the miracle of transformation.²⁴

This meant having real faith in their students, their work, and themselves.

24 Art of Counseling, Rollo May, 15.

THE NURSE

To be a nurse is to walk with God,
Along the path that our Master trod;
To soothe the aching of human pain;
To faithfully serve for little gain;
To lovingly do the kindly deed,
A cup of water to one in need;
A tender hand on a fevered brow,
A word of cheer to those living now;
To reach the soul through it's body's woe,
Oh! This is the way that Jesus would go.
Oh! white capped nurses in dresses of blue,
Our Great Physician is working through you.

Author Unknown.

SUMMARY
INTERPRETATION

Everyone knows that the country has been struggling with the nursing shortage for several years, but apparently no one knows what can be done to combat this shortage successfully. Students are still entering in insufficient numbers and the percentage of those withdrawing from nursing is regrettable. However careful the selection process is made, mortality still exists due to causes often unpredictable at the time the student enters the school. The nursing profession does not stand alone in this dilemma.

It is true, nursing does not rank with the professions or trades which offer high financial returns. It has often been stated it is financially unsound for the student to spend so much of her time in education for such small return on her investment. Teaching, nursing and the ministry are probably the three most poorly paid professions. Teaching, nursing and certain other professions which require college training frequently offer less financial return than many occupations for which college training is not necessary; but the spirit in a profession is a desire to render a service rather than to make money. There are certain intangible satisfactions and returns in a profession not received in other types of work.

Many college women who are unhappy and misplaced should have the opportunity to be acquainted with what nursing offers or with the possibility

of continuing their education in a school of nursing. Their own problems would seem insignificant when confronted with the larger ones confronting many a patient. Perhaps they would find as Florence Nightingale herself did, "fulfillment of every want of heart and mind,"¹ in their physical ministrations to the sick.

Certain attitudes to nursing indicate that reforms are necessary if good nurses are to be recruited and retained. Nursing is not only an "organization for the promotion of economic progress, it is also a human organization in which the hopes and aspirations of individuals are trying to find expression."² Through research conducted in industry, conclusive results proved that what the worker needs above higher wages, improved working environment of the physical plant, better working conditions or accumulated benefits, is a feeling of recognition as a person, and of real worth; a feeling of belonging. Workers and people are the same in their desires, ambitions, feelings, emotions and basic drives, whatever their work or profession. Student nurses were motivated to seek nursing as a career in their desire to care for their fellowmen; they too, seek to find expression to their desires and ambitions, to derive a feeling of worth in their new work.

To meet the many new demands for nursing service, modern personnel practices are necessary; for students need leadership and guidance in their

1 American Journal of Nursing, May 1952, 571, Florence Nightingale Revealed, Cecil W. Smith.

2 Roethlisberger, F. J., Management and Morale, Howard University Press, Cambridge, Mass., 1943.

new environment and adjustment to a new type of work. With today's tremendous educational program required for nurses, the director of the school no longer is able to know each student as intimately as in the past. The delegation of work in the hospital requires real team work of the faculty. The attitudes with which the new student is surrounded will be of vital importance in the way she will react. All too often in the modern hospital of today the student is surrounded by disgruntled, dissatisfied, non-professional workers. She needs to be conditioned to what constitutes good nursing care. It cannot only be a hypothetical term, but needs expression in the care she sees given and is taught to give the patient under her care. The student, as one interviewee stated, needs to see happy, well integrated workers in their interpretation of theory to practice. So the student can only learn to give good nursing care through practicing and seeing others give good service.

Educational and vocational guidance for job satisfaction should not be concentrated only with the failing or discouraged student, nor with the potential one; it should be directed also to the student who would be successful even without a great deal of assistance, but who can become a better person and a real leader with such assistance.

This type of aid requires the aid of all the faculty in the organization of the hospital school. With unity the service can be extended throughout the entire school. But as with every service, a leader is necessary to give direction and objectivity to the service; to coordinate the service so to let it filter down through all the levels of the school. With such a system counseling builds on counseling and all phases of guidance are considered; scholastic, social and personal. The counselor then is the leader of the service and

all departments are aides in the program. She provides an atmosphere in which the student, through her exploration of the situation, comes to see herself more closely and to accept herself and her attitudes more fully.

Research in the ten schools disclosed that the established guidance and counseling services of the nursing schools have a deep concern for their students, to discover for themselves a way of adjusting to the realities and demands of life. The schools without a coordinated counseling service expressed a real need for such a program, in light of the present counseling service offered. Students in all schools are permitted the privilege of going to their immediate supervisors or instructors for help and aid. In a coordinated service much confusion and duplication is prevented, and counseling and guidance has much greater purpose and meaning to the student. The faculty is prepared with knowledge of the student's background and the coordinated plan for each individual student and also the plan for the carrying out of these objectives for each student; for some will require more help than others.

Most of the philosophies of the schools hinged on a feeling and desire to be of real help to the student. How they could help concerned them greatly; as one interviewee stated, "We want to give our student a feeling of belonging." Another stated, "We encourage our students to 'talk things over' whenever she desires for we want to aid her as much as possible in her adjustment to a totally new environment during her education and at graduation; "Even if our students leave, many often return to visit and request counsel."

With today's great pressures of work and demands on time and energy, it is probably impossible to give as much attention to the individual student as desired. Florence Nightingale knew each of her nurses by name and almost all

became her close friends. Today, of course, that is impossible with the large school. However, the interviewee who stated, "I talk with each student before she enters, try to see her when necessary or whenever she desires during her education," must have some of the spirit and love that Miss Nightingale had for her nurses.

Of the ten schools studied, eight schools have a full time counselor. It is interesting to note that withdrawal has been curtailed in five schools, B, F, G, H, & I. (See Table III). In these particular schools the counseling service has been established over several years; the other three schools with established counseling service have had a service too recently established, that perhaps it has had too little time to be beneficial. It is also interesting to note (Table IV) that in some schools dismissal has been reduced; these particular schools have a full time counselor. It would seem this curtailment is quite significant of the value of the counseling service.

Evaluation of the counseling service in the schools was difficult; to date no such evaluation has been done. Most of the coordinated services were too recently organized to do a valid evaluation. It is not the objective of the schools to keep their students at any cost. One interviewer stated, "If a student wishes to withdraw she is not encouraged to stay at all costs, but the decision rests with the student." It is difficult to say how much encouragement is given a student, discouraged and disheartened, when she desires to withdraw, if any encouragement is given.

The personnel policies of the counseling service of the schools seemed to be a desire to constantly improve on their present program; a discussion of problems in in-service training with the faculty, with the counselor acting

as chairman; evaluation or measurement of the reasons for the failure of students in a particular area or study; talking frequently with the student, meeting by "planned coincidence" -- this chance meeting often gave the student entree to discuss a smoldering problem, criticism given privately and objectively in the confines of the counselor's office; using constructive criticism and approval and listening to what the student had to say. All schools were aware of their shortcomings and all schools felt counseling a most necessary service.

In counseling as in preventive medicine one cannot evaluate or measure what one has prevented. However, many instances of real help to students were volunteered by the interviewees. In several instances well-qualified students became discouraged, but through counseling were encouraged to continue their education and today are happy graduates. Homesickness or illness (real or imagined) were often relieved by having the student make a short trip home. When they returned they seemed emotionally more mature. The young male nurse, financially pressed, is often counseled and given financial aid. He finds it particularly difficult if he is married and needs to work outside the hours required at the hospital. The students who met with a traumatic situation on the hospital floor or felt exploited; during counseling they were able to gain insight into the real problem; the feeling of some students that much teacher-pupil relationship was destroyed when too many social problems were discussed by a supervisor (for that reason it is better that the counselor have this responsibility, to preserve relationships). Other instances of real assistance were the recognition accorded individual students by the group; students gaining real insight in their problems; students becoming independent of their

family; and gaining a feeling of real worth as individuals.

The nurse of the future will continue to require the assistance and guidance of those who provide her education. For she will need administrative experience in how to delegate work, and how to organize a team. She will be required to contribute more to community planning, organization, and development. She will need to know the principles of the inter-personal relationships of those with whom she works and lives, for good citizenship. For this she will need real education; she will need good guidance to prevent wasting of time or opportunity, and she will require good guidance as she steps into a new environment at graduation and becomes a contributing member of the community. It is not enough to teach her the technical side of her profession, but also the practical as well. Nurses will need greater motivation and education to participate in the inter-relationships of other professions and learn the interdependence of one to the other.

She must be encouraged to feel that education continues after graduation in keeping with changing needs and trends. Above all, she must be educated to the end that patients will receive the nursing services they require.

The nursing profession dare not lag behind other professions who are aiding the individual to cope with personal problems which reflect on their work as well as their personality. With stout-hearted leaders, nursing may look to the future with hope and encouragement. For long range planning in the profession, the focal point will be directed towards the student. She will be assisted even greater than has been the custom in the past. This assistance will be given by those who themselves have experienced many of the same problems confronting the student in her education, but who have weathered

frustration, disappointment and discouragement; and with the assistance of those who truly loved nursing, have emerged as happy and competent nurses.

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APPENDIX I

Dear Miss X:

One of the research projects to be undertaken by the Institute of Social and Industrial Relations of Loyola University is that of a survey of student nurse counseling programs in the Chicago area schools of nursing.

It has been suggested that your school might participate as one of the ten in this study. The purpose is neither that of analysing school statistical data nor of making comparisons between schools; rather it is one of investigating if any such counseling programs exist and the possibility that such counseling programs might contribute successfully to curtaining the mortality of students leaving training.

I sincerely hope that your school will be able to participate in this survey. I will call you next week to learn whether permission has been granted to do so, and to inquire when it might be possible for me to have an appointment with you or some one you might appoint to see me.

Sincerely yours,

(Mrs.) Ingeborg B. Uhlmann

1132 N. Mozart Street
Chicago 22, Illinois

APPENDIX II

QUESTIONNAIRE

- I. Name of School of Nursing
Code Letter for above School of Nursing
- II. Date School of Nursing began
Date Counseling Service began
- III. Nursing Faculty:
Director
Director of Nurses
Dean of Students
Director of Personnel
Instructors
Counsellors
Others
- IV. Daily average number of patients in hospital
- V. Enrollment of students (March
a. September or September and (April
b. Give number of students enrolled in:
1935 1947 1950
1940 1948 1951
1945 1949 1952
- VI. Dismissal or Withdrawal of Student Nurses.
Do you have any definition for dismissal or withdrawal?

Are some students requested to withdraw, or permitted to, instead of being dismissed?

Please give number of students who withdrew in:
1935 1947 1950
1940 1948 1951
1945 1949 1952
Please give number of students dismissed in:
1935 1947 1950
1940 1948 1951
1945 1949 1952
- VII. During what year of academic preparation do the largest number of dismissals or withdrawals occur?
- VIII. Do these dismissals or withdrawals more generally occur:
a. Without any evidence of student difficulty in adjusting?
or b. After some evidence of student difficulty in adjusting?
- IX. Selection procedure for admissions:
a. Preliminary screening:
1. Age

2. Academic standing
3. Evaluation of previous courses
4. Other

b. Initial Interview:

1. Who conducts the interview?
2. For what purposes are these interviews conducted?
 - a. Clarify application blank?
 - b. Appraise personality adjustment?
 - c. Appraise motivation?
 - d. Other.

c. Testing Program: If used --

1. What tests are used?
 - Standardised?
 - Objective?
2. Who does the testing?
 - How much faculty participation?
3. How are test results interpreted?
 - To the student?
4. What weight is given these tests in the total selection procedure
 - Is the test profile given?
 - a. More weight than the application, interview and health exam?
 - b. Less weight than the application, interview, and health exam?
 - c. As much weight as the application, interview, and health exam?
5. To whom are the recommendations (of the testing) sent?

d. Health Program - Examination of students:

1. What does it include?
2. What program is planned for future examinations?

e. Evaluation:

1. How are the selection procedures finally evaluated?
 - a. by whom?
2. How is the student advised of her acceptance or rejection?
3. If rejected, is the student referred to another school, or advised to enter a different field?
 - a. by whom?

X. Counseling Service. If any, then

- a. How is the Service set up?
 1. What type of counseling is done?
- b. What physical facilities are available?
- c. Who administers or supervises the Service?
- d. Is counseling?
 1. Student initiated?
 2. Faculty initiated?
- e. Records:
 1. Is the content of each interview recorded?
 2. Is any progress record kept?
- f. Can you evaluate the counseling program in your school?
 1. How is it evaluated?
 - a. by the student?
 - b. by the faculty?

g. Follow up.

1. Is it student initiated?
2. Is it faculty initiated?

h. Has any analysis been made of the areas of discussion in the student counseling program?

1. Scholastic
2. Emotional
3. Social
4. Group living
5. Other
6. Graduation

II. Exit (Withdrawal or dismissal of student).

- a. Are exit interviews conducted with the student?
- b. By whom?
- c. What factors determine the dismissal of the student?
 1. What are the reasons most frequently given?
 2. What are the reasons as indicated by analysis of the exit interview?

XII. Do you care to cite any instances where the counseling service has aided your students, either in preventing dismissal or withdrawal?