A Study of the Opinions of Home School and Affiliate School Instructors Concerning Selected Aspects of the Orientation of Basic Nursing Students to the Psychiatric Affiliation

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A STUDY OF THE OPINIONS OF HOME SCHOOL AND AFFILIATE SCHOOL INSTRUCTORS CONCERNING SELECTED ASPECTS OF THE ORIENTATION OF BASIC NURSING STUDENTS TO THE PSYCHIATRIC AFFILIATION

by

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Diploma, Germantown Hospital School of Nursing,

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A Thesis submitted to the Faculty of the Graduate School of the University of Colorado in partial fulfillment of the requirements for the Degree Master of Science

Department of Nursing

1960
This Thesis for the M.S. degree by
Josephine E. Kelly
has been approved for the
Department of
Nursing
by

Date April 25, 1960
A Study of the Opinions of Home School and Affiliate School Instructors Concerning Selected Aspects of the Orientation of Basic Nursing Students to the Psychiatric Affiliation.

Thesis directed by Assistant Professor Jean M. Boyd.

The problem was to study the opinions of instructors in the home schools of nursing and the affiliate school of nursing concerning selected aspects of the orientation of basic students to the psychiatric affiliation. The purposes of the study were: to ascertain whether the instructors felt the orientation to the psychiatric affiliation should be done in the home school or in the affiliate school, to obtain suggestions regarding ways selected aspects of the orientation could be done in the home school, and to provide data which might be helpful to the schools in their psychiatric nursing orientation programs.

The normative survey method was used, and the opinions obtained by the use of an open-ended questionnaire. Thirty-three instructors of the home schools of nursing and four instructors of the affiliate school of nursing responded to the questionnaire. Five aspects of the orientation were used in the study: students' feelings of insecurity on leaving the home school and beginning the new experience, students' understanding of the role of the psychiatric nurse, students' feelings of aversion and prejudice toward mental illness, students' fear of the mentally ill patient, and students' understanding of the role of the nonprofessional personnel in the psychiatric hospital.
The data were tabulated and classified into categories. Analysis showed that most instructors felt these selected aspects of orientation could be done in the home school by direct information given to the students by means of classes, conferences, and discussions between the students and instructor, or by the use of films or field trips.

This abstract of about 250 words is approved as to form and content. I recommend its publication.

Signed

Instructor in charge of thesis
ACKNOWLEDGMENTS

The writer would like to acknowledge her indebtedness to Miss Jean M. Boyd and Mrs. Dorothy Bloch for their invaluable assistance to her during the preparation of this thesis and to thank them for their time and guidance. Thanks and appreciation also goes to the directors and faculties of the schools of nursing used in the study for their time and cooperation.
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provide this required nursing experience, most hospital schools have found it necessary to use affiliate schools to supply this learning experience for students.

To some this may have seemed a simple matter; particularly those who thought of the affiliate school as being totally responsible for the student's learning experience. Fortunately, most schools thought of this student experience as an integral part of the total curriculum. They saw clearly the two-way educational process, and they protected the student's learning by careful preparation and follow-up. When each of the two participating schools had a common understanding of student needs, a favorable climate existed for student learning.

THE PROBLEM

Statement of the problem. The problem was to study the opinions of the instructors of the home school of nursing and of the affiliate school of nursing concerning selected aspects of the orientation of basic students to the psychiatric nursing experience.
CHAPTER I

THE PROBLEM AND DEFINITION OF TERMS USED

Psychiatric nursing in the three year programs of the hospital schools of nursing has been a concern of nursing educators for many years. Since few general hospitals have psychiatric facilities to provide this required nursing experience, most hospital schools have found it necessary to use affiliate schools to supply this learning experience for students.

To some this may have seemed a simple matter, particularly those who thought of the affiliate school as being totally responsible for the student's learning experience. Fortunately, most schools thought of this student experience as an integral part of the total curriculum. They saw clearly the two-way educational process, and they protected the student's learning by careful preparation and follow-up. When each of the two participating schools had a common understanding of student needs, a favorable climate existed for student learning.

Purposes of the study. The purposes of the study were:

1. to ascertain whether the instructors felt the orientation to the psychiatric experience, she moves from the situation of more concreteness in the general hospital to more abstractness in her work with psychiatric patients. 

2. to obtain suggestions as to ways various aspects of the orientation could be done in the home school, and

3. to provide data which might be helpful to the home schools and

to the affiliate school in their psychiatric nursing orientation programs.

THE PROBLEM

Statement of the problem. The problem was to study the opinions of the instructors of the home school of nursing and of the affiliate school of nursing concerning selected aspects of the orientation of basic students to the psychiatric nursing experience.
Purposes of the study. The purposes of the study were:

(1) to ascertain whether the instructors felt the orientation to the psychiatric nursing experience should be done in the home school or in the affiliate school, (2) to obtain suggestions as to ways various aspects of the orientation could be done in the home school, and (3) to provide data which might be helpful to the home schools and the affiliate school in their psychiatric nursing orientation programs.

Importance of the problem. Webster's dictionary defined orientation as a determination or sense of one's position with relation to environment or to some particular person, thing, or field of knowledge. The Encyclopedia of Nursing defined the term as the process of acquainting a person with a new environment. The psychiatric nursing experience will be a new environment for the basic student. Peplau has stated, "In her past experience with patients there was definiteness, concreteness, and certainty in situations in which the problem was predominantly medical. When a student comes to the psychiatric experience, she moves from the situation of more concreteness in the general hospital to more abstractness in her work with psychiatric patients."
Orientation to the psychiatric nursing experience should prepare the student for leaving the home school, in which she has been comfortable and secure, and beginning an experience that is not only new but might cause a great deal of apprehension. Herbert Ruesch, in a study of student nurses, found that fear was the greatest problem during the psychiatric experience. He stated, "Inexperience in handling behavior problems makes the experience more threatening."^4

In a study, by Behymer, of six student nurses at the Boston Psychopathic Hospital, it was found that it was difficult for the student to grasp the concept of socialization and warm personal relationships as being therapeutic. The observer felt the basis of this problem was in the fact that, "the students come to this psychiatric affiliation from other hospitals where, apparently, less emphasis is placed on such relationships. They are thrust into a new environment where these concepts of relationships are emphasized; this places them in the position where they cannot use their usual methods in approaching patients and they do not adopt new methods of meeting strange situations quickly."^5 She recommended, "greater effort to resolve negative attitudes and clarify misconceptions concerning the students' role."^6 These factors play an important part

^4Herbert Ruesch, "Orientation to the Psychiatric Nursing Experience," Nursing Outlook (March, 1953), 164.

^5Alice Behymer, "Interaction Patterns and Attitudes of Affiliated Students in a Psychiatric Hospital," Nursing Outlook, (April, 1953), 205.

^6Ibid.
in the orientation of the basic student to the psychiatric nursing experience.

Frequently, in the mind of the average American, the person with a psychiatric problem has been regarded with fear and aversion. It was understandable that the average student entered the school fully equipped with aversions, fears, and prejudices concerning the person with a psychiatric problem. Orientation to psychiatric nursing, through its attempts to correct these misconceptions and attitudes, will have prepared the student for a constructive learning experience.

Ruth V. Methaney gave the following recommendation in a study done at the New York Hospital, Westchester Division, to measure the degree to which students learn to understand behavior through an affiliation in psychiatric nursing:

This study suggests that it is time for us to determine the function of the psychiatric affiliation in nursing education. This cannot be done by the psychiatric group alone, it is a task that should be taken by the faculties of the home and the affiliate schools. Questions that the faculties of the home and affiliate schools need to settle among themselves are: What are the objectives of the psychiatric nursing affiliation? How should the students be prepared for it? What will be the plan for a follow-up program in the home school? 7

In the summary of a study on preparing the student for the psychiatric affiliation, Smith stated:

"Effective preparation of student nurses for the psychiatric experience entails a long range program based on proper recognition by the faculty of the value of the psychiatric experience in the basic curriculum. It requires a satisfactory orientation of those responsible for the teaching program as well as of those with whom the students work during the early clinical assignment. . . . It demands the integration of good mental hygiene attitudes and basic skills of psychiatric nursing care in the student's total educational program and a faculty trained to assist the student in translating this knowledge from the academic to the practical situation. Students should be better prepared to adjust quickly and maturely to the psychiatric experience and to apply what they learn to the total care of each patient."

This suggested that cooperative planning between the faculty of the home school and the psychiatric nursing instructors was essential in the preparation of the students for the psychiatric nursing experience. Although agreement in policy was important, it was equally important that the ideas and attitudes of those who were directly concerned with the educational program be in accord.

Since the orientation of the basic student to the psychiatric nursing experience seemed to play an important role in the student's success and satisfaction in the experience, it was felt that more study needed to be done in this area.

Assumptions. It was assumed that the psychiatric nursing instructors and the home school instructors had opinions regarding the orientation of the student to the psychiatric nursing experience, and that they would give honest and considered answers to questions about their opinions.

Scope and limitations of the study. The study included the opinions of the total faculty of four hospital schools of nursing that used the same facility for the psychiatric affiliation and opinions of the total faculty of the affiliate school of nursing.

The study was not a description of what was being done, but concerned only opinions of what could be done in the orientation program. This study applied only to the opinions of the instructors used in the study and could not be considered to represent the opinions of instructors in other schools.

**DEFINITION OF TERMS USED**

Psychiatric affiliation. The academic and clinical experience in psychiatry and psychiatric nursing provided through another institution when the facilities are not available in the home school.

Orientation. The planned discussions and experiences which help the student to develop understandings of, and comfort in, a new environment.

Psychiatric instructors. The faculty members of the affiliate school of nursing who are responsible for the instruction and supervision of students during the psychiatric nursing affiliation.

Home school instructors. The faculty members of the home school of nursing who are responsible for the instruction and supervision of students in all clinical areas of nursing education provided in the home school, and the person or persons who are
responsible for the guidance and counseling of students in the home school.

CHAPTER II

REVIEW OF THE LITERATURE

SUMMARY

This chapter introduced the problem and its importance to the success and satisfaction of the basic student in the psychiatric nursing experience. The purposes of the study were discussed and the basic assumptions presented. The terms used in the study were defined.

PREVIEW OF SUCCEEDING CHAPTERS

In Chapter II a review of related literature is presented. Chapter III describes the methodology and data gathering tools used in conducting the study. Analysis of the data is presented in Chapter IV. Chapter V gives the summary of the findings and includes the conclusions and recommendations from the study.

COOPERATIVE PLANNING

Much has been said and written about making the psychiatric nursing experience a part of the total curriculum in basic nursing education. The responsibility of the home school for the total curriculum made cooperative planning between the home school and the affiliate school essential. Siller stated, "The primary aim of
CHAPTER II

REVIEW OF THE LITERATURE

Few nursing research studies were found which concerned the orientation of the student to the psychiatric nursing experience prior to the psychiatric affiliation. All information found in the psychiatric nursing texts concerned the orientation of the student during the first week of the psychiatric nursing experience. A great deal of information was found in the literature regarding the orientation of the student to the school of nursing which would be pertinent to the orientation to the psychiatric nursing experience.

The literature was reviewed in three parts—cooperative planning, student needs, and faculty needs. The review of literature included a survey of the following publications from 1950 through 1959: The American Journal of Nursing, Nursing Outlook, Nursing World, and Nursing Research. Psychiatric and psychiatric nursing texts, published since 1950, were reviewed. Books on administration of nursing education were also surveyed.

COOPERATIVE PLANNING

Much has been said and written about making the psychiatric nursing experience a part of the total curriculum in basic nursing education. The responsibility of the home school for the total curriculum made cooperative planning between the home school and the affiliate school essential. Bixler stated, "the primary aim of
cooperative planning is to achieve systematic group thinking about the problems of the school, in order that the problem may be attacked by the pooled intelligence of the participants." He also pointed out that "the organization of the collective intelligence requires facilities for each functional group to do cooperative planning and for each group to collaborate with each other." 

Other nursing educators were in accord with this thinking. The Washington State Board of Professional Nurse Registration in 1956 recommended that the school and the agency providing the affiliation should study the purposes and objectives of the affiliate program together. Communications had to be maintained, and an understanding of the problems of both schools developed when the student's welfare was the primary objective. Grace Wallace stressed this factor when she mentioned, in setting up a psychiatric affiliation program at the Gailor Psychiatric Hospital, that discussions of students, requirements, records, etc. were held with the home schools to insure the success of the program.

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10 Ibid., p. 90.
There has been a need for making the psychiatric nursing experience an integral part of the total basic nursing curriculum. Kathleen Black has pointed out that the psychiatric nurse instructors must be a part of the faculty. She stated, "They should have as active a part in the faculty and school activities as the staff of the other clinical specialties. . . . The objectives, methods, and facilities should be continually evaluated and revised."\(^{13}\)

Peplau gave support to the need for cooperative planning when she stated,

> It seems obvious that the student nurse cannot learn all that is needed for an understanding of any one psychiatric problem in the brief psychiatric period. . . . Experiences are needed in the undergraduate curriculum which will prepare the student for her experience in the psychiatric situation. If the student could be assisted to notice lesser degrees of these same difficulties in the general hospital situation much more useful experiences could be planned in the psychiatric experience."\(^{14}\)

**STUDENT NEEDS**

The orientation of the basic student to the psychiatric nursing experience seemed to be as important as the initial orientation to the school of nursing. The Report of the Committee to Study Administration in Schools of Nursing stated,

> The student who is beginning her preparation for nursing is plunged into a situation, of the nature of which she may be almost wholly ignorant, yet her success in the program before

\(^{13}\)Kathleen Black, "Are Our Basic Psychiatric Nursing Programs Adequate," *Nursing Outlook* (January, 1953), 41.

\(^{14}\)Peplau, op. cit., p. 27.
her is fundamentally conditioned by the time required for her to make a satisfactory adjustment. The orientation problem of the student in the school of nursing is greater than that of students in most other institutions of higher education because of the complexity of the hospital organization and the shortness of time between her entrance and the beginning of practice in clinical divisions. "15

These factors were particularly true of the student going into the psychiatric nursing experience.

How does orientation help the student? Bixler has said,

Orientation, as applied in student-personnel services in the school of nursing, is helping the student to understand the new community in which she has come to live, and to acquire the techniques of living within it. It is helping the students to acquaint themselves with the physical facilities with the health and recreation services, the personnel services, and the personalities with whom they are to be associated in the new venture. It is helping them to understand and appreciate the tradition and mores of the school, and to acquire a sense of purpose of the whole enterprise. It is helping them to understand the role that they are to play, individually and collectively, and to anticipate and surmount the obstacles they will encounter along the way."16

The inference drawn from this was that the student would be much better prepared for the psychiatric nursing experience if even part of the orientation to psychiatric nursing was done prior to the affiliation.

M. Elizabeth Reichert Smith reported on a study concerning "Preparing the Student for the Psychiatric Affiliation." The study included the responses of 115 nurse instructors from 93 schools in


16Bixler, op. cit., p. 216.
34 states and the District of Columbia regarding their opinions as to the most satisfactory preparation of the student for this experience. Some of the recommendations regarding the "pre-orientation" were:

1. Recognition and discussion of the possible emotional reaction of students being away from the home school.

2. Discussion of students' tendency to self scrutiny in terms of psychiatric symptoms may forestall any such unhealthy reaction to psychiatric nursing.

3. Orientation to the psychiatric nursing experience by psychiatric instructors or anyone knowing the psychiatric hospital.

4. Individual conference with counsellor before the psychiatric experience.\footnote{Smith, op. cit., p. 49.}

Another important point was expressed by Gordon, Densford, and Williamson when they stated, "A very satisfactory means of giving a sense of security in anticipating the new environment is for the school to supply the incoming student, in advance, with information as to the nature of this environment and to indicate to her very specifically the sources of aid which will be available to her."\footnote{H. Phoebe Gordon, Katherine J. Densford, and E. G. Williamson, Counseling in Schools of Nursing (New York: McGraw Hill Book Company, Inc., 1947), p. 135.}

The pre-affiliation orientation program reported by Florence H. Muehlhouser included the following points:

\footnote{Smith, op. cit., p. 49.}
1. At least two members of the faculty of the home school spend an entire day at the psychiatric hospital. They observe students working with patients on the ward and in special departments. They see students' living quarters, and meet with the teaching personnel. They attend ward conferences and discuss the program with the faculty.

2. Bi-annual meetings of a Joint Planning Committee on the Affiliate Program. This committee includes the nursing service administrators and faculties of both schools. The person who is responsible for the pre-affiliation orientation also attends the meetings.

3. Conference is held at the home school two or three weeks prior to the affiliation period to discuss the program, to dispel misconceptions, and try to create a positive attitude toward the affiliation.

4. Each school gets a copy of a scrap book containing pictures and explanations which gives the students some idea of what the hospital looks like and what they will be doing in the next three months. The first section describes the residence and advises on what to bring to the hospital and how to get there. The second shows pictures of students taking part in various activities on the hospital wards and special departments. Pictures of students with their patients at picnics, dances, and parties throw additional light on what will be expected of them in psychiatric nursing, and serves to make the transition from general
medical-surgical nursing less startling. The third section shows recreational activities available to students on off-duty time.

5. About two weeks before the new quarter begins, the resident director sends each student a personal letter of welcome and encloses with it a copy of the Handbook for Affiliate Nurses. The handbook provides a further orientation to the hospital program and community and is a reference source during the affiliation. It contains a map of the buildings and grounds and a bus schedule. Under the heading, "How We Feel About Our Patients," the task of molding desirable attitudes towards mental illness is begun. The handbook also contains the educational program, residence rules and regulations, and community facilities for recreation. The book is illustrated with amusing figures and cartoons.

FACULTY NEEDS

Some home school faculty members have feelings of fear or aversion to mental illness similar to those of the lay person. Cafferty reported, in the summary of a psychiatric workshop, that "It is surprising, but nevertheless true, that some of the faculty

members in the general hospital do not have an acceptable attitude toward psychiatric nursing. They still think of a psychiatric hospital as a 'lunatic asylum,' others do not believe psychiatric patients are ill— they are 'lacking in will power.' Some faculty personnel fear mental illness and communicate those fears to the students."^{20}

A positive feeling for the psychiatric nursing experience had to be developed by the home school faculty if any aversion to it existed. Some suggestions that were made by Cafferty to help faculty members with this problem were joint faculty conferences, visits to psychiatric hospitals maintaining good clinical programs, and participation in state and regional mental health conferences.^{21}

The home school instructors needed to feel that they were a part of the affiliate program. Cooperative planning and collaboration on the part of both faculties concerning students' needs and problems were means of eliminating the feeling of separateness that often occurred.

**SUMMARY**

The review of literature indicated that orientation plays an important role in the student's success and satisfaction in the
psychiatric nursing experience. Cooperative planning on the part of both faculties and communications between both schools were important factors in providing a meaningful experience for the students. The literature also pointed out that many students needed help with their feelings about leaving the home school and beginning the new experience and help in overcoming fear and aversion regarding the patient with a mental illness. Faculty members of the home school often had unacceptable attitudes toward psychiatric nursing and needed help in developing a positive feeling for the psychiatric nursing experience.

Chapter III will cover the methodology of study and the techniques used in the collection of the data.
CHAPTER III

METHODOLOGY

The problem was to study the opinions of the instructors of the home school of nursing and of the affiliate school of nursing concerning selected aspects of the orientation of basic students to the psychiatric nursing experience.

The method for study of this problem was the normative survey. Hillway stated, "This method attempts usually to describe a condition or to learn the status of something and, whenever possible, to draw valid general conclusions from the facts discovered." Good, Barr, and Scates also point out that the purpose of this method is to ascertain what prevailing conditions or attitudes are in a given population. This method of study was chosen to obtain the opinions of the instructors of the home school of nursing and of the affiliate school of nursing concerning whether selected aspects of the orientation should be done in the home school or must wait for the psychiatric nursing experience and how these selected aspects could be done in the home school of nursing.

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Subjects of the study. The subjects of the study were the total faculties of four hospital schools of nursing and the total faculty of the affiliate school that provides the psychiatric nursing experience for these hospital schools. The only criteria used in the selection of the subjects was that they be faculty members of the home schools or the affiliate school involved.

Permission to conduct study. An interview was arranged with the Director of Affiliate Programs in the affiliate school to obtain permission to contact the Director of Nursing Education in the psychiatric affiliation program, and the verbal permission was confirmed by letter. A letter requesting cooperation of the faculty of the affiliate school and a letter of endorsement were sent to the Director of Nursing Education in the psychiatric affiliation program. A letter requesting cooperation of the faculty of the home schools and a letter of endorsement were sent to the directors of the home schools.

The director of the psychiatric affiliation program and the directors of the home schools agreed, by letter, to the cooperation of their faculties in the study. Copies of the letters will be found in Appendix A.

TECHNIQUE OF COLLECTION OF DATA

As a means of obtaining the opinions of the subjects concerning the orientation of basic students to the psychiatric nursing experience...
two techniques were considered: the personal interview with each faculty member of the respective schools, or the use of a questionnaire to be sent to each of the faculty members of the respective schools. Since the interview method was recognized as time consuming for the subjects and investigator, the decision was made to use questionnaires. The questionnaire could be completed at the convenience of the subjects, and there would be time to give each question ample consideration. Hillway stated, "Often the same question answered again by the same person after a lapse of even a short period of time will be answered in a slightly different way." The questionnaire method enabled the subjects to think about each question before responding to it and to change an initial response after consideration if desired. The use of the questionnaire also decreased the influence of ideas and attitudes held by the investigator on the responses of the subjects and eliminated the influence which skill or lack of skill in interviewing techniques might have on the response. The questionnaire could also be evaluated and pre-tested before being sent to the subjects.

Since the study dealt with opinions only and not with facts about existing orientation programs in the schools, the questionnaire was considered to be a suitable method for collection of the data. Rummel stated, "As long as the respondent's opinions are with respect to his preference, they may be valid, but opinions about facts are

24Hillway, op. cit., p. 191.
utterly worthless unless these opinions are, themselves, the focus of the research."  

The questionnaire method does have limitations which were considered in its use. Hillway pointed out that the questioner's bias or desire for answers of a certain type can readily color the questions asked, and the bias of the auspices or sponsorship will inevitably affect the results. As a means of reducing the possibility of bias, the same three simple and direct questions were asked following the introductory statement in each item. The investigator requested that the questionnaire be returned to her in two weeks, which gave the respondents sufficient time for considered answers and the opportunity to change initial responses if desired.

CONSTRUCTION OF THE QUESTIONNAIRE

The open-ended type of question was used because the investigator wanted free responses to the questions. Jahoda, Deutsch, and Cook state:

The open-ended interview or questionnaire is designed to permit a free response from the subjects rather than one limited to stated alternatives. The distinguishing characteristic of the questions used in open-ended questionnaires is that they merely raise an issue but do not provide or suggest any structure for

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26 Hillway, loc. cit.
the respondent's reply. Thus the respondent is given the opportunity to answer in his own terms and in his own frame of reference.\textsuperscript{27}

Questions were devised to gain opinions on five selected aspects of the orientation of basic students to the psychiatric nursing experience. These aspects were:

Aspect 1. Students' feelings of insecurity on leaving the home school and beginning the psychiatric affiliation.

This aspect of the orientation was chosen because it was stressed in a study done by Mary Elizabeth Coggins, "Feelings Expressed by a Group of Nursing Students Related to the Anticipation of their Psychiatric Nursing Experience." Miss Coggins stated, "There was evidence from the expressions of the students that feelings of dependency and separation was aroused by the anticipation of leaving for the psychiatric nursing experience."\textsuperscript{28}

Aspect 2. Students' feelings of inadequacy during the psychiatric nursing experience and understanding of the differences in the role of the psychiatric nurse and the nurse in the general hospital.

This aspect of the orientation was chosen because of personal experience of the investigator with student nurses and because it was expressed as a basic problem of students during the psychiatric


\textsuperscript{28}Mary E. Coggins, "Feelings Expressed by a Selected Group of Nursing Students Related to the Anticipation of Their Psychiatric Nursing Experience" (unpublished Master's thesis, Catholic University of America, Washington, D. C., 1956), p. 32.
nursing experience in the study by Behymer referred to in Chapter I, page 3.

Aspect 3. Students' feelings of aversion and prejudice concerning the patient with a psychiatric problem.

The selection of Aspects 3 and 4 is supported by the Coggins study, which pointed out the factor of fear. She stated, "Some of the students were aware of fears or apprehension connected with the psychiatric nursing experience."²⁹ Fear was also reported as the greatest problem in the study done by Ruesch, referred to in Chapter I, page 3.

Aspect 4. Students' feelings of fear of the mentally ill patient.

This aspect of the orientation was chosen because it was one of the recommendations made by Kathleen Black. She stated, "Preparation is needed for working with nonprofessional workers."³⁰ The fact that the non-professional worker may know more about the patient and his behavior than the student may cause confusion on the part of the student.

Aspect 5. Students' understanding of the role of the nonprofessional personnel in the state hospital.

²⁹ Ibid., p. 33.
³⁰ Black, op. cit., p. 40.
An introductory statement was devised regarding each of the five aspects, followed by three simple questions. The first two questions were set up to give a yes or no response concerning whether this particular aspect of the orientation should be done in the home school or must wait for the psychiatric nursing experience. If the response was yes to the question, "Do you think this can be done in the home school," a third question enabled the respondents to give their opinions regarding ways in which it might be done. One of the items used is presented here as an example of the question form.

Many students enter the school of nursing with aversions, fears and prejudices concerning the patient with a psychiatric problem. Sometimes students can be helped with these feelings by individual counseling or in group conferences.

1. Do you think this can be done in the home school? Yes _ _ _ _ _ No __

2. Do you think this is something that must wait for the psychiatric experience? Yes _ _ _ _ _ No __

3. If you think it can be done in the home school, can you suggest things that might be done to help the student with this problem.

Directions to the Subjects. Read the introductory statement. Place a check mark in the space provided for the answers to questions 1 and 2. Please write out the response to question 3 directly below the question. If more space is needed please use the back of the sheet.

Cover letter. A cover letter submitted with each questionnaire informed the subjects that the investigator was a graduate student in nursing and that this was part of a thesis study. It gave the purposes of the study and requested the cooperation of the faculty members. It
also pointed out that the responses to the questionnaire would be strictly anonymous.

Pre-test of questionnaire. The questionnaire was submitted to and answered by the faculty of a hospital school of nursing not taking part in the study. This was done to determine if the questions were clear or if changes were necessary and to determine the length of time required to complete the questionnaire. Jahoda, Deutsch, and Cook state:

The pre-test is a tryout of the questionnaire to see how it works—whether changes are necessary before the start of the full scale study. The pre-test provides a means of catching and solving unforeseen problems in the use of the questionnaire, the phrasing and sequence of the questions, the length of the questionnaire. It may also indicate the necessity for additional subject matter or the elimination of certain questions.

The faculty members involved in the pre-test were also asked:

How long did it take you to complete the questionnaire?

Were the questions clear to you?

If not, which questions were not clear?

Since the results of the pre-test showed that all of the questions were clear and it took only a short time to complete, no changes were made in the questionnaire. The questionnaire as submitted to the subjects and the cover letter will be found in Appendix B.

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31Jahoda, op. cit., p. 429.
Distribution of the questionnaire. The questionnaires were taken to the directors of the schools for distribution to the faculty members. This was done to provide opportunity for the directors to ask any questions concerning the study or the questionnaire. A self-addressed envelope with postage was included for return of the questionnaires to the investigator.

PLAN FOR ANALYSIS FOR THE DATA

As the questionnaires were returned from the schools, they were coded for the purpose of analysis. Responses to part one and two of each question were tabulated numerically. Responses to part three of each question were tabulated and classified into categories. From the categorized responses, general conclusions were drawn regarding how the orientation of basic students to the psychiatric nursing experience could be done in the home school.

SUMMARY

This chapter described the method of study, construction of the questionnaire used for the collection of the data, the selection of the subjects used in the study, and the pre-test of the questionnaire.

Chapter IV will deal with the analysis of the data.
CHAPTER IV

ANALYSIS OF THE DATA

As the questionnaires were returned from the directors of the schools, they were coded for the purpose of analysis and as a means of checking the return of the questionnaires. Thirty-three questionnaires were returned from the home schools and four from the affiliate school.

For the purpose of clarity, the introductory statements covering the five aspects of orientation are referred to as items. The three questions asked about each aspect are referred to as questions 1, 2, and 3. The responses to questions 1 and 2 under each item were tabulated and recorded numerically. The reasons for the response to question 2 were given when stated by the respondent. The responses to question 3 of each item were sorted and classified into three categories. As indicated in the literature, with the use of the open-ended questionnaire, it was not feasible to set up categories prior to examination of the data. Rummel pointed out that in categorization of information, some categories may be set up on a priori bases, or by logical considerations, in advance of inspection of the data, but some categories may have to be set up on a posteriori bases, derived from the specific material examined. 32

32 Rummel, op. cit., p. 113.
The three categories established for question 3 of each item are as follows:

1. **Direct Information Giving.**
   
   This category included the responses indicating information to be given to the students directly, by means of classes, conferences, and discussions between the students and a faculty member.

2. **Indirect Information Giving.**
   
   This category included the responses indicating planned activities for the students other than classes, conferences, and discussions, such as films and field trips.

3. **Miscellaneous.**
   
   This category included the nonspecific responses not directly related to the question, such as integration of mental health concepts into the basic nursing curriculum.

A tabulation of the responses to question 3 of each item was also made to show the total number of responses in each category, and examples in each category were cited. The reported number of responses for question 3 was different from those reported in questions 1 and 2 because some respondents gave many suggestions, some a few, and others gave none.

The responses from the home school instructors were dealt with and reported separately from those of the affiliate school instructors. The responses of both groups are presented with each item.
ITEM I.

Many students feel insecure in leaving the home school and beginning the psychiatric experience. Sometimes it is helpful if the students are given facts about the State Hospital and school, eg., size, history of the hospital, faculty, etc.

Responses from the Home Schools

1. Do you think this can be done in the home school? Yes 27

2. Do you think this is something that must wait for the psychiatric experience? Yes 6

Reasons given for response:

Orientation should be well planned by the instructors of the psychiatric unit.

The students do not go to the psychiatric affiliation directly from the home school. A lapse of three months is too long a period for the information to be meaningful.

3. If you think it can be done in the home school, what do you think the students could be told about the psychiatric affiliation?

Direct Information Giving. There were one hundred and thirty-five responses from thirty-three home school instructors categorized as direct information giving. Examples of them are:

Size and location

Types of units

Policies, rules, and regulations

Large number of patients
History of the hospital

Responses regarding the school:

Policies, rules, and regulations

Size of the classes

Nurses' residence

Faculty - names, preparation, ratio to students

What is expected of the student? - work schedule, subject matter, days off, behavior

Responses regarding the clinical experience:

Type of patient they will be caring for

Type of personnel working with patients

Reaction of patients to students

Things they can do for the patient

**Indirect Information Giving.** There were three responses from the thirty-three home school instructors categorized as indirect information giving. Examples of them are:

- Visit to a psychiatric hospital
- Movie
- Letter sent to the student if they are away from the home school prior to the affiliation

**Miscellaneous.** There were no responses from the thirty-three home school instructors categorized as miscellaneous.

Responses from the Affiliate School

1. Do you think this can be done in the home school? Yes

2. Do you think this is something that must wait for the psychiatric experience? Yes
3. If you think it can be done in the home school, what do you think the student could be told about the psychiatric experience?

**Direct Information Giving.** There were twenty-three responses from the four affiliate school instructors categorized as direct information giving. Examples of them are:

- Students are given factual information about the institution.
- They could be informed that they will be assigned to a limited number of wards for the experience, and their patient assignment will be limited.
- Emphasize continuity of her educational experience. (This is not a unique experience for which she has no knowledge or skills.)
- Allow the student to express what she has heard about the affiliation and how she feels about it. Correct the misconceptions.
- Strong emphasis should be placed on the fact that the course will require a great deal of study and self direction.

**Indirect Information Giving.** There were no responses from the four affiliate school instructors categorized as indirect information giving.

**Miscellaneous.** There was one response from the four affiliate school instructors categorized as miscellaneous.

- Having had experience with group skills would be helpful.

**ITEM II**

Many students report that they feel inadequate during the psychiatric experience. Their physical skills are less often needed, and their interpersonal relation skills have not been as well developed.
Developing an awareness of the differences of the role of the nurse in the general hospital and the psychiatric hospital may be helpful to the students.

Responses from the Home Schools

1. Do you think this can be done in the home school?  
   - Yes 18  
   - To a certain extent 6  
   - By a psychiatrically oriented person 1

2. Do you think this is something that must wait for the psychiatric experience?  
   - Yes 8

Reasons given for responses:

The student is concerned during the first part of her training in learning physical skills so it is difficult to develop any other skills. This is one of the reasons she has psychiatry in the curriculum; she should develop this skill in her psychiatric experience.

The student will not be exposed enough to the type of patient who requires the amount of concentration on interpersonal relationships as the psychiatric patient does.

The student cannot realize the difference in roles until she sees the psychiatric nurse function in the psychiatric hospital.

3. If you think it can be done in the home school, can you suggest ways in which it might be done?

Direct Information Giving. There were thirty-seven responses from the thirty-three home school instructors categorized as direct information giving. Examples of them are:

- Use of ward class situations of "The Patient with a Psychiatric Diagnosis" to discuss role and to make comparisons with general nursing.
- Use of process recording to help the student with the process of interpersonal relations.
Teach attitudes which do not produce guilt feelings for spending time talking to and listening to patients.

Indirect Information Giving. There were four responses from the thirty-three home school instructors categorized as indirect information giving. Examples of them are:
- Use of films and discussions
- Field trip to a psychiatric hospital

Miscellaneous. There were six responses from the thirty-three home school instructors categorized as miscellaneous. Examples of them are:
- Classes in Communications
- Mental Health Concepts integrated into the basic nursing curriculum

Responses from the Affiliate School

1. Do you think this can be done in the home school? Yes 1
   To a certain extent 1

2. Do you think this is something that must wait for the psychiatric experience? Yes 2

Reasons given for responses:

Similarities in roles can be explored in the home schools if there are people there qualified to do so, but differences in roles should wait until the psychiatric experience.

3. If you think it can be done in the home school, can you suggest things that might be done to help the student with this problem?

Direct Information Giving. There were nine responses from the four affiliate school instructors categorized as direct information given. Examples of them are:
Use of an instructor who has a knowledge of interpersonal relations skills in a consultant capacity to assist instructors and others in the home schools—this would have to be on a frequent basis over a period of time.

The student can be helped by letting them know they may feel a little lost and inadequate initially and that it will take time to work this through, but that they will receive help and support during this period.

They could be helped much earlier to understand that interpersonal theory applies to all behavior rather than to pathology alone.

Interpersonal relationship skills should start to be developed as soon as the student starts Nursing Arts.

**Indirect Information Giving.** There were no responses from the four affiliate school instructors categorized as indirect information giving.

**Miscellaneous.** There were two responses from the four affiliate school instructors categorized as miscellaneous.

Communications between both areas

Improvement in the Psychology and Sociology courses if they are divorced from people.

**ITEM III**

Many students enter the school of nursing with aversions, fears, and prejudices concerning the patient with a psychiatric problem.

Sometimes students can be helped with these feelings by individual counseling or in group conferences.

**Responses from the Home Schools**

1. Do you think this can be done in the home school? Yes 27
2. Do you think this is something that must wait for the psychiatric experience?  Yes  5  

Reasons given for responses:

Only a briefing could be given before the affiliation

3. If you think it can be done in the home school, can you suggest things that might be done to help the student with this problem?

Direct Information Giving. There were forty-eight responses from the thirty-three home school instructors categorized as direct information giving. Examples of them are:

- Individual counseling
- Small group conferences
- Ward conferences on all aspects of patient care and acceptance of his behavior
- Discussions of the use of defense mechanisms, emotional aspects of illness, our own feelings, and why feelings might exist

Indirect Information Giving. There were five responses from the thirty-three home school instructors categorized as indirect information giving. Examples of them are:

- Selected reference reading
- Movies
- Field trip to a psychiatric hospital

Miscellaneous. There were four responses from the thirty-three home school instructors categorized as miscellaneous. Examples of them are:

- Emphasis on mental health in the curriculum
- Course in Mental Health given to the students
Responses from the Affiliate School

1. Do you think this can be done in the home school?  Yes 3
   To a certain extent 1

2. Do you think this is something that must wait for
   the psychiatric experience?  Yes 0

3. If you think it can be done in the home school, can you
   suggest things that might be done to help the student with
   this problem?

**Direct Information Giving.** There were four responses from
the four affiliate school instructors categorized as direct
information giving. Examples of them are:

- Discussions where students are given opportunity to express
  feelings, fears, and misconceptions would be helpful.
  They need someone who has a knowledge of mental health
  concepts and problems.
- They could be helped with understanding that mental illness
  is a matter of degree that they have had experience with
  patients in the general hospital that showed psychiatric
  problems. This concept of degree, not kind, will become
  more meaningful as they work with the more overtly ill in
  the psychiatric situation.
- Meeting with students who have returned from the affilia-
  tion with a prepared faculty member present.

**Indirect Information Giving.** There were two responses from
the four affiliate school instructors categorized as indirect
information giving.

**Reference Readings**

**Visit to a psychiatric hospital**

**Miscellaneous.** There were two responses from the four affil-
iate school instructors categorized as miscellaneous.

- Mental health concepts should be a part of the nursing
  curriculum.
Communications between both areas

ITEM IV

One of the problems many students have during the psychiatric experience is fear of the mentally ill patient. Providing experiences which increase an understanding of and familiarity with deviant behavior may decrease the student's fear.

Responses from the Home Schools

1. Do you think this can be done in the home school? Yes 16
   Possibly 2
   Partially 1

2. Do you think this is something that must wait for the psychiatric experience? Yes 14

Reasons given for responses:

Small hospitals would not be able to provide experience with this type of patient.

We do not see the exaggerated deviant behavior in the general hospital, and it would be quite different taking care of twenty or thirty patients than the isolated ones in the general hospital.

3. If you think it can be done in the home school, can you suggest things that might be done to help the student with this problem?

Direct Information Giving. There were seventeen responses from the thirty-three home school instructors categorized as direct information giving. Examples of them are:

Supervision of student with a patient who presents problems of deviant behavior.
Discussion of the problem with the student to help her with her fears.

The milder emotional upsets experienced in the general hospital can be utilized to assist the student to take care of the more seriously disturbed patients.

Use of role playing in helping the student with her response to the behavior.

**Indirect Information Giving.** There were five responses from the thirty-three home school instructors categorized as indirect information giving. Examples of them are:

- Use of films showing patients in the mental hospital and the approach to his care.
- Selected reference reading.
- Visit to a psychiatric hospital.

**Miscellaneous.** There were three responses from the thirty-three home school instructors categorized as miscellaneous.

- Growth and Development Concepts taught in the first year.
- Mental health concepts throughout the curriculum.
- Teach concept that she will not always experience success, develop attitude of failure, and how to handle own feelings in this respect.

**Responses from the Affiliate School**

1. Do you think this can be done in the home school? Yes 3

2. Do you think this is something that must wait for the psychiatric experience? Yes 1

Reasons given for responses:

Students hear of the bizarre or combative behavior from other students or people concerning mental patients. Experiences cannot be provided for the student before she comes to psychiatry affiliation. The student does not fear the patient who becomes combative during recovery from anesthesia, or the demanding patient who is anxious. The
same behavior in the mentally ill patient is interpreted as attack and this is where the fear arises.

3. If you think it can be done in the home school, can you suggest things that might be done to help the student with this problem?

**Direct Information Giving.** There were eleven responses from the four affiliate school instructors categorized as direct information giving. Examples of them are:

- Individual or group counseling.
- Assist the student to develop an understanding of what the behavior might be asking for, and how they can intervene.
- Support during this.
- She can be helped to understand (to some degree) anxiety and aggression.
- She can be helped to understand that the behavior of the psychiatric patient differs in degree and not kind from the neurotic and/or normal behavior.

**Indirect Information Giving.** There were no responses from the four affiliate school instructors categorized as indirect information giving.

**Miscellaneous.** There were four responses from the four affiliate school instructors categorized as miscellaneous.

- Use of a consultant.
- Communications between both areas.
- Mental health concepts should be taught in the basic curriculum.
- Some introduction to Ego-psychotherapy where the student has an introduction to or understanding of unconscious motivation.
- Orientation class immediately prior to the affiliation to stress the preparation of the nonprofessional personnel.
Most students have the experience with working with nonprofessional personnel in the home school but usually not with the large numbers of them that are part of the staff in the State Hospital. Developing an awareness of the differences in the roles of the nonprofessional personnel in the general hospital and the psychiatric hospital may be helpful to the student.

Responses from the Home Schools

1. Do you think this can be done in the home school? Yes 21

2. Do you think this is something that must wait for the psychiatric experience? Yes 10

Reasons given for responses:

Under ordinary situations the students do not work under the supervision of someone who has had less training than they themselves have had.

This information would be more meaningful to the student if given in the psychiatric hospital.

We can give the role of the nonprofessional personnel in the general hospital, but it must be recognized that there are differences in responsibility and we cannot give the responsibility of the psychiatric aide.

3. If you think it can be done in the home school, can you suggest ways in which it might be done?

Direct Information Giving. There were twenty-five responses from the thirty-three home school instructors categorized as direct information giving. Examples of them are:

Orientation class immediately prior to the affiliation to stress the preparation of the nonprofessional personnel.
Group discussions

The differences could be pointed out in individual conferences.

Student should be told that these people have supervised other students, know considerable background of the patient, and have stores of experience which can help the student to further her experience.

Students should be told that a difference does exist. Nonprofessional personnel are in charge of floors; when the student is on duty they are under their direction.

Indirect Information Giving. There was one response from the thirty-three home school instructors categorized as indirect information giving.

Use of movies

Miscellaneous. There was one response from the thirty-three home school instructors categorized as miscellaneous.

Responses from the Affiliate School

1. Do you think this can be done in the home school? Yes 1
   To some extent 1

2. Do you think this is something that must wait for the psychiatric experience? Yes 2

Reasons given for responses:

The actual difference in role will not be understood until they experience working in the situation.

3. If you think it can be done in the home school, can you suggest ways in which it can be done?

Direct Information Giving. There were ten responses from the four affiliate school instructors categorized as direct information giving. Examples of them are:
The misconception that the nonprofessional personnel grade them could be clarified.

They could be oriented to the fact that in the psychiatric hospital aides really function in professional roles; i.e., as head nurses.

The student could be helped to realize the potential and ability of the aides.

They could be helped by informing them that they can learn from the aides during the experience, and in turn may be able to help the aide learn.

**Indirect Information Giving.** There were no responses from the four affiliate school instructors categorized as indirect information giving.

**Miscellaneous.** There were two responses from the four affiliate school instructors categorized as miscellaneous.

Home schools must be aware of these things, why, and the preparation of the nonprofessional personnel.

None of these things can be accomplished without communications between the home school and the affiliating agency, or unless both see the need.

**SUMMARY**

The responses from the thirty-three questionnaires returned from the home schools of nursing and from the four returned from the affiliate school of nursing were tabulated and classified into categories. Questions 1 and 2 under each of the five items, representing a selected aspect of the students' orientation to the psychiatric affiliation, were tabulated and reported numerically. The responses to question 3 of each of the five items were sorted and classified into three categories. The category, Direct Information Giving,
included the responses indicating information to be given to the students by means of classes, conferences, and discussions between the student and a faculty member. The category, Indirect Information Giving, included the responses indicating planned activities for the students other than classes, conferences, and discussions, such as films or field trips. The category, Miscellaneous, included the non-specific responses not directly related to the question, such as integration of mental health concepts into the basic nursing curriculum. The number of responses in each category and examples of each were reported.

The purposes of the study were: To determine whether the instructors felt the orientation to the psychiatric affiliation. The review of literature indicated that orientation was an important factor in the students' success and satisfaction in the psychiatric nursing experience.

The narrative survey method was used in the study. The opinions of the total faculty of the four hospital schools of nursing and the opinions of the total faculty of the affiliate school were obtained by the use of an open-ended questionnaire. Thirty-three instructors of the four schools of nursing and four instructors of the affiliate school responded to the questionnaire concerning five selected aspects of the orientation of basic nursing students to the psychiatric affiliation. Each aspect of the orientation was covered in an introductory statement and was followed by three questions.
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The problem was to study the opinions of the instructors in the home schools of nursing and the affiliate school of nursing concerning selected aspects of the orientation of basic students to the psychiatric affiliation. The purposes of the study were: to ascertain whether the instructors felt the orientation to the psychiatric affiliation should be done in the home school or the affiliate school, to obtain suggestions regarding ways selected aspects of the orientation could be done in the home school, and to provide data which might be helpful to the schools in their psychiatric nursing orientation programs.

The review of literature indicated that orientation was an important factor in the students' success and satisfaction in the psychiatric nursing experience.

The normative survey method was used in the study. The opinions of the total faculty of four hospital schools of nursing and the opinions of the total faculty of the affiliate school were obtained by the use of an open-ended questionnaire. Thirty-three instructors of the home schools of nursing and four instructors of the affiliate school responded to the questionnaire concerning five selected aspects of the orientation of basic nursing students to the psychiatric affiliation. Each aspect of the orientation was covered in an introductory statement and was followed by three questions.
1. Do you think this can be done in the home school?

2. Do you think this is something that needs to wait for the psychiatric experience?

3. If you think it can be done in the home school, can you suggest ways in which it might be done?

The responses to questions 1 and 2 under each item were tabulated and recorded numerically. The responses to question 3 of each item were classified into three categories, as follows:

**Direct Information Giving.** This category included the responses indicating information to be given to the students directly, by means of classes, conferences, and discussions between the students and a faculty member.

**Indirect Information Giving.** This category included the responses indicating planned activities for the students other than classes, conferences, and discussions, such as films and field trips.

**Miscellaneous.** This category included the nonspecific responses not directly related to the question, such as integration of mental health concepts into the basic nursing curriculum.

A summary of the findings of this study follows:

**ITEM I.**

Many students feel insecure in leaving the home school and beginning the psychiatric experience. Sometimes it is helpful if students are given facts about the State Hospital and school; e.g., size, history of the hospital, faculty, etc.
Twenty-seven home school instructors felt this aspect of the orientation could be done in the home school, and six felt it needed to wait for the psychiatric experience. There were 135 responses categorized as direct information giving. Size, rules, and regulations of the hospital and school, and the types of patients the students will be caring for were suggested most frequently. Three responses indicated indirect information to be given to the students by means of a field trip to a psychiatric hospital or the use of movies. There were no responses categorized as miscellaneous.

The four affiliate school instructors felt this aspect of the orientation could be done in the home school by direct information given to the student. They suggested giving the students factual information about the institution and informing them that they will be assigned to a limited number of wards and patients. There were no responses categorized as indirect information giving. There was one response categorized as miscellaneous, suggesting that it would be helpful for the students to have experience with group skills.

ITEM II.

Many students report that they feel inadequate during the psychiatric experience. Their physical skills are less often needed and their interpersonal relationship skills have not been as well developed. Developing an awareness of the differences in the roles of the nurse in the general hospital and the psychiatric hospital may be helpful to the student.
Eighteen of the home school instructors felt this aspect of the orientation could be done in the home school, six felt it could be done to a certain extent, and one said it could be done, but by a psychiatrically oriented person. Eight of the home school instructors felt it needed to wait for the psychiatric experience. There were thirty-seven responses categorized as direct information giving. The development of interpersonal relationship skills was stressed in many of the responses. There were four responses categorized as indirect information giving. The use of films and a field trip to a psychiatric hospital were suggested. There were six responses categorized as miscellaneous. The integration of mental health concepts into the basic nursing curriculum was cited most frequently.

One of the affiliate school instructors felt this aspect of the orientation could be done in the home school, one felt it could be done to a certain extent, and two felt it must wait for the psychiatric experience. There were nine responses categorized as direct information giving. Most of the responses concerned the development of interpersonal relationship skills. There were no responses categorized as indirect information giving. Two responses were categorized as miscellaneous—communications between both areas and improvement of the psychology and sociology courses if they were divorced from people.

ITEM III.

Many students enter the school of nursing with aversions, fears, and prejudices concerning the patient with a psychiatric problem.
Sometimes students can be helped with these feelings by individual counseling or in group conferences.

Twenty-seven home school instructors felt this aspect of the orientation could be done in the home school, one felt it could be done with limitations, and five felt it must wait for the psychiatric experience. There were forty-eight responses categorized as direct information giving. Individual counseling or group conferences were suggested most frequently. Five responses were categorized as indirect information giving. They included the use of selected reference readings and movies. There were four responses categorized as miscellaneous. Emphasis was placed on the integration of mental health concepts in the basic nursing curriculum.

Three of the affiliate school instructors felt this aspect of the orientation could be done in the home school, and one said it could be done in the home school to a certain extent. There were four responses categorized as direct information giving. Discussions where the students are given opportunity to express feelings, fears, and misconceptions with someone who has a knowledge of mental health concepts and problems was stressed. Reference readings and a visit to a psychiatric hospital were categorized as indirect information giving. Integration of mental health concepts into the basic nursing curriculum and communications between both areas were the two responses categorized as miscellaneous.
One of the problems many students have during the psychiatric experience is fear of the mentally ill patient. Providing experiences which increase an understanding of and familiarity with deviant behavior may decrease the student's fear.

Sixteen home school instructors felt this aspect of the orientation could be done in the home school, two said possibly, and one said it could be done partially in the home school. Fourteen instructors felt it must wait for the psychiatric experience. There were seventeen responses categorized as direct information giving. Supervision of the student with a patient who presents problems of deviant behavior was suggested most frequently. There were five responses categorized as indirect information giving. They include the use of films and a visit to a psychiatric hospital. There were three responses categorized as miscellaneous. They included growth and development concepts taught in the first year and mental health concepts throughout the curriculum.

Three of the home school instructors felt this aspect of the orientation could be done in the home school, and one felt it must wait for the psychiatric experience. Eleven responses were categorized as direct information giving. They stressed individual and group counseling and helping the student to understand that the behavior of the psychiatric patient differs in degree and not kind from normal behavior. There were no responses categorized as indirect information giving. The use of a consultant, communications between
both areas, mental health concepts in the basic curriculum, and an introduction to Ego-Psychology were the four responses categorized as miscellaneous.

ITEM V.

Most students have the experience of working with nonprofessional personnel in the home school but usually not with the large number of them that are part of the staff in the State Hospital. Developing an awareness of the differences in the roles of the nonprofessional personnel in the general hospital and the psychiatric hospital may be helpful to the student.

Twenty-one instructors of the home schools indicated that they felt this aspect of the orientation could be done in the home school, one said it could be done to some extent, and ten felt it needed to wait for the psychiatric experience. One did not respond to the question. There were twenty-five responses categorized as direct information giving. Orientation class immediately prior to the affiliation to stress preparation of the nonprofessional personnel was cited most frequently. The use of movies was the only response categorized as indirect information giving. There was one response categorized as miscellaneous. [It should be] integrated as part of Professional Adjustments.

One of the affiliate school instructors felt this aspect of the orientation could be done in the home school, one said it could be done to a certain extent, and two said it must wait for the psychiatric experience. There were ten responses categorized as direct
information giving. The misconception that the nonprofessionals grade them could be clarified and the student could be oriented to the fact that in the psychiatric hospital aides really function in professional roles, such as head nurse, were suggested most frequently. There were no responses categorized as indirect information giving. There were two responses categorized as miscellaneous. Home schools must be aware of the preparation and function of the nonprofessional personnel, and none of these things can be accomplished without communications between the home school and the affiliating agency.

CONCLUSIONS

There was agreement between the instructors of the home schools and the affiliate school instructors as to the need for orientation of the basic nursing student to the psychiatric affiliation. There was consensus of opinion in both groups that the selected aspects of the orientation used in the study could be done in the home school. Most of the faculty members of both groups felt the orientation could be done in the home school by direct information given to the students by means of classes, conferences, and discussions between the student and a faculty member.

The integration of mental health concepts into the basic nursing curriculum was felt to be an important factor in the student's development of interpersonal relationship skills and in the orientation to the psychiatric nursing experience.
From the responses of the affiliate school instructors, it can be concluded that they feel a consultant or some other prepared psychiatric nurse could be of assistance to the home school faculties in planning and implementing their orientation.

**RECOMMENDATIONS**

On the basis of the frequent suggestion of communication between both areas, it can be recommended that the faculties of the home schools and the faculty of the affiliate school plan conferences to discuss the affiliate program and ways and means of carrying out the orientation of the student to the psychiatric affiliation.

Since both the affiliate school and the home school faculties emphasized the importance of mental health concepts in the basic nursing curriculum, it can be recommended that there be continued and increased emphasis on mental health concepts and interpersonal relationship skills in the basic nursing curriculum. It is also recommended that the home schools explore the possibility of obtaining the service of a consultant or a mental health integration project to assist them in the integration of mental health into the basic nursing curriculum.

The data revealed that both groups felt the student should be given an opportunity to express their feelings about the psychiatric affiliation. It is recommended that small group conferences be planned with a faculty member who has a knowledge of mental health concepts and problems to give the students an opportunity to express
their feelings and fears and to clarify misconceptions about the psychiatric affiliation. It is also recommended that the home schools use the service of a consultant, if they do not have a psychiatrically oriented faculty member or counselor, to assist the students to work through their feelings and fears by individual or group counseling.

In the process of doing this study, it has been noted that there is a need for more study in this area of the orientation of the basic student to the psychiatric affiliation. It is recommended that studies could be done on what is being done in the home schools and the affiliate school to coordinate their programs in psychiatric nursing. A study could also be done on the students' feelings concerning the orientation to the psychiatric affiliation. After the students' return from the psychiatric affiliation, it could be determined in what areas they felt they had been helped by the orientation program and in what areas they felt they needed more understanding before the psychiatric affiliation.
A. BOOKS


B. PUBLICATIONS OF ORGANIZATIONS


C. PERIODICALS

Behymer, Alice E. "Interaction Patterns and Attitudes of Affiliate Students in a Psychiatric Hospital," Nursing Outlook, I (April, 1953), 205-207.


________. "Human Relations Content in the Basic Curriculum," Nursing Research, V (June, 1956), 4-17.


D. UNPUBLISHED MATERIALS


APPENDIX A

Letters of Permission
January 11, 1960

University of Colorado
Medical Center
4250 East Ninth Avenue
Denver 20, Colorado
January 11, 1960

Miss
Director, School of Nursing

Dear Miss ________

I am doing a study for my thesis in partial fulfillment of the requirements for a Master of Science degree. I would like to request your cooperation in the study.

The study concerns the orientation of the student nurse to the psychiatric nursing experience. Its purposes are to find out whether the instructors feel this orientation should be done in the home school or the affiliate school, and to obtain suggestions as to ways various aspects of the orientation can be done in the home school.

If possible, I would like to have your faculty fill out a short open-ended questionnaire which will take approximately thirty minutes to complete. The schools and the names of the instructors will be strictly anonymous.

It would be greatly appreciated if you would respond at your earliest convenience giving me permission to use your faculty in my study. I will make arrangements to bring the questionnaire to you and answer any questions you may have about the study. Results of the study will be given to the schools upon request.

Sincerely,

JOSEPHINE E. KELLY
Graduate Student
Dear [Name],

Being aware of your interest in the preparation and orientation of student nurses for their basic psychiatric nursing experience, I am requesting your assistance in the study being conducted by Mrs. Josephine Kelly, graduate student in nursing, University of Colorado.

I am aware that the study is being conducted to determine if there is agreement between the faculty of the affiliate school and the faculty at the home school as to where the orientation to the psychiatric role should be done, in the home school or the affiliate school, and to obtain suggestions from the faculties as to ways that this orientation can be done in the home school.

Your faculty's assistance in completing and returning the short questionnaire which she will distribute to them will be particularly helpful in clarifying the many questions which we all have regarding how and when the needs of students in this area can be most satisfactorily met.

Sincerely,

Jean M. Boyd
Assistant Professor
Psychiatric Nursing

University of Colorado
Medical Center
4200 East Ninth Avenue
Denver 20, Colorado
January 11, 1960
University of Colorado School of Nursing
Denver, Colorado

Dear ___________

This letter is to confirm your permission given December 30, 1959 for me to contact the University of Colorado faculty at the Colorado State Hospital to request their cooperation in a study for my thesis.

The study is being done to determine if there is agreement between the faculty of the affiliate school and the faculties of the home schools as to where the orientation to the psychiatric experience should be done, in the home school or the affiliate school, and to obtain suggestions from the faculties as to ways this orientation can be done in the home school.

This material will be obtained by the use of an open-ended questionnaire to be sent to the University of Colorado faculty at the Colorado State Hospital and the four Colorado diploma schools of nursing that send their students there for the psychiatric affiliation. The questionnaire will take approximately thirty minutes to complete, and will be sent to the schools the first week in February.

Thank you for your time and interest in my study.

Sincerely,

JOSEPHINE E. KELLY
Graduate Student
APPENDIX B

Questionnaire Used in the Study
Dear Instructor:

We are all interested in making the psychiatric nursing experience of student nurses as meaningful and satisfying as possible. I am sure you will agree the orientation to the psychiatric experience is vital to the student's success and satisfaction in the experience.

The enclosed questionnaire is a part of a thesis study being made to find out where the instructors feel this orientation should be done, and to obtain suggestions from the instructors as to ways various aspects of the orientation can be done in the home school.

The questionnaire is to be strictly anonymous. For the purposes of my study, I am interested in opinions, not in names of the instructors or schools.

I would appreciate your giving the questionnaire your considered judgment and returning it to your director at your earliest convenience.

Thank you for your time and cooperation in this study.

Sincerely,

JOSEPHINE E. KELLY
Graduate Student
University of Colorado
School of Nursing
I. Many students feel insecure in leaving the home school and beginning the psychiatric experience. Sometimes it is helpful if the students are given facts about the state hospital and school, e.g., size, history of the hospital, faculty, etc.

1. Do you think this can be done in the home school? Yes ______ No ______

2. Do you think this is something that must wait for the psychiatric experience? Yes ______ No ______

3. If you think it can be done in the home school, what do you think the student could be told about the psychiatric affiliation?
II. Many students report that they feel inadequate during the psychiatric experience. Their physical skills are less often needed and their interpersonal relationship skills have not been as well developed. Developing an awareness of the differences in the roles of the nurse in the general hospital and the psychiatric hospital may be helpful to the student.

1. Do you think this can be done in the home school? Yes ___  No ___
2. Do you think this is something that must wait for the psychiatric experience? Yes ___  No ___
3. If you think it can be done in the home school, can you suggest ways in which it might be done?
III. Many students enter the school of nursing with aversions, fears, and prejudices concerning the patient with a psychiatric problem. Sometimes students can be helped with these feelings by individual counseling or in group conferences.

1. Do you think this can be done in the home school? Yes ___ No ___

2. Do you think this is something that must wait for the psychiatric experience? Yes ___ No ___

3. If you think it can be done in the home school, can you suggest things that might be done to help the student with this problem?
IV. One of the problems many students have during the psychiatric experience is fear of the mentally ill patient. Providing experiences which increase an understanding of and familiarity with deviant behavior may decrease the student's fear.

1. Do you think this can be done in the home school? Yes ______ No ______

2. Do you think this is something that must wait for the psychiatric experience? Yes ______ No ______

3. If you think it can be done in the home school, can you suggest things that might be done to help the student with this problem?
V. Most students have the experience of working with nonprofessional personnel in the home school but usually not with the large numbers of them that are part of the staff in the state hospital. Developing an awareness of the differences in the roles of the nonprofessional personnel in the general hospital and the psychiatric hospital may be helpful to the student.

1. Do you think this can be done in the home school? Yes _____ No _____

2. Do you think this is something that must wait for the psychiatric experience? Yes _____ No _____

3. If you think it can be done in the home school, can you suggest ways in which it can be done?