A GUIDE TO AID IN THE DEVELOPMENT OF UNDERSTANDING
OF THE CONCEPTS OF THE BEHAVIORAL SCIENCES
IN THE NURSING CURRICULUM

by

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Date April 17, 1962.
The purposes of this study were: (1) to identify the concepts of the behavioral sciences which were applicable to nursing care, (2) to develop a guide which contained a list of materials from which the nursing instructor could select those learning experiences which would enable the student to develop an understanding of the concepts of the behavioral sciences so that these concepts could be utilized in the promotion of health and the prevention of disease, and (3) to illustrate how these learning experiences could be organized to meet the criteria of sequence, continuity, and integration.

A review of the literature from the fields of nursing, education, and the behavioral sciences was made for the purposes of: (1) establishing the need for understanding of human behavior in the promotion of health and the prevention of disease, (2) exploring the study of behavioral sciences as a route to understanding human behavior, (3) delimiting the broad categories of the concepts of the behavioral sciences as they relate to nursing, (4) establishing the validity of the resource unit, and (5) examining the contributions of a philosophy of education and a psychology of learning to the educational process.
A review was also made of the statements of experts in nursing education and in the behavioral sciences concerning the criteria for the selection of the concepts. Based upon these statements, a grouping of the concepts was made into five basic categories which were related to nursing. With these five basic categories as the content dimension and understanding as the behavioral dimension, five objectives were formulated to serve as the basis for the guide.

The guide developed in the study was designed for use in any basic preservice program in nursing that espoused a democratic philosophy. Clinical content areas representative of a basic preservice nursing curriculum were divided into three experience levels, and learning experiences were developed for each area. These learning experiences were organized for continuity, sequence and integration, illustrating both horizontal and vertical relationships. The learning experiences were planned to effect the stated objectives and to reflect the objectives of the clinical content area. Teaching materials accompanied each learning experience and reflected the objective, the level of learning, and the clinical area. Evaluation tools and methods were included in the learning experiences and additional suggestions for evaluation of the attainment of the objectives were made.

As a result of the study, it was recommended that the guide be used and evaluated by nursing instructors as a means of
determining the effectiveness of the guide and that other areas in addition to the behavioral sciences be investigated as sources of developing increased understanding of human behavior by the basic preservice student.

This abstract of about 300 words is approved as to form and content. I recommend its publication.

Signed Patricia Sanders Leal
Instructor in charge of dissertation
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CHAPTER I

INTRODUCTION

The Problem

The need for the professional nurse practitioner who is able to relate to the behavior of others in an understanding manner has become paramount in our society. This need has grown out of the technical, social, and scientific changes within our society. Fifty years ago, by attending to the physical needs of the sick, the nurse met the demands of society and of the profession. At the present time, in order to meet these demands, the nurse must demonstrate a comprehensive approach to nursing care. This approach implies that the nurse meet not only the physical, but also the social, emotional, and cultural needs of the patients. The "comprehensiveness" of such an approach to nursing indicates the necessity for the nurse to have not only technical skills but also an understanding of human behavior. Only through such an understanding, together with technical skills, is the nurse able to demonstrate such an approach.
The recognition of the need for increased understanding of human behavior on the part of the nurse practitioner has created a growing interest in the contributions of the behavioral sciences. Bonner identified the behavioral sciences as those disciplines concerned with the scientific study of human behavior.\(^1\) A systematic study of human and social phenomena was recognized by Quinlan as a basic route to the understanding of human behavior in the improvement of patient care.\(^2\) Nursing educators also recognized that if there were a need for increased understanding of human behavior by the nurse, the educational programs in nursing could be utilized to fulfill this need. Accordingly, curricula and teaching methods were examined by nurse educators. A broader preparation in the sciences which contributed to the basic understanding of human behavior was identified as one means of improving the curriculum.\(^3\) Another important advance in curriculum improvement entailed investigations into the possible methods of integrating the concepts of the behavioral sciences into nursing


curricula. 4

Would a guide that provided the nursing instructor with a source of materials aid students in developing an understanding of the concepts of the behavioral sciences so that these concepts could be utilized in the promotion of health and the prevention of disease?

The Purposes of the Study

The purposes of this study were: (1) to identify the concepts of the behavioral sciences which were applicable to nursing cases, (2) to develop a guide which contained a list of materials from which the nursing instructor could select those learning experiences which would enable the student to develop an understanding of the concepts of the behavioral sciences, so that these concepts could be utilized in the promotion of health and the prevention of disease, and (3) to illustrate how learning experiences could be organized to meet the criteria of sequence, continuity, and integration.

4 Ibid., p. 1589.
The Need for the Study

Nursing educators recognized and validated the contributions of the behavioral sciences in the improvement of patient care. They further indicated that study of the behavioral sciences by the student nurse contributed to her understanding of human behavior by increasing her knowledge of society, societal problems, and social institutions.\(^5\) A systematic study of the concepts of the behavioral sciences was recognized as essential to the development of the nurse's awareness of the patient, his needs, and her own personal satisfaction. Although the importance of the contributions made by the behavioral sciences were long recognized by nurse educators and practitioners alike, in nursing education the problem became one of relating theory to practice.

The difficulty in applying theory derived from the classroom situation to actual practice or patient care was labelled by Simmons as a "therapeutic lag."\(^6\) According to Simmons, this lag occurred when the nurse failed to apply her knowledge of human behavior to the actual planning and practice of patient care.\(^7\) A problem in


\(^6\)Ibid.

\(^7\)Ibid.
nursing education, which was recognized by Shafer, et al., may account for the lag described by Simmons. These authors contended that, although comprehensive nursing care was emphasized in the classroom, the student nurse had little opportunity to practice this approach.  

Efforts were made to overcome the dichotomy between theory and practice in many areas of nursing. Nursing curricula were reorganized in the manner discussed by Tyler, corresponding with the principles of continuity, sequence, and integration. This type of reorganization provided for certain threads or foci of interest to be broadened and deepened throughout the total curriculum. The various aspects of rehabilitation, pharmacology, nutrition, and even sterile technique, were organized in this fashion.

Although the contributions of the behavioral sciences were long recognized as essential to the education of the student nurse, courses in these disciplines were usually placed in the first year of the nursing curriculum, and then subsequently ignored. The practice of placing courses in the behavioral sciences in the first

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portion of the curriculum, with no attempt to relate them to the professional needs of the nursing student, created a dichotomy between theory and practice. This practice has appeared to be particularly unsound, since if the nursing student is to develop an understanding of the concepts of the behavioral sciences and is to utilize this understanding in the development of professional competence, she must have the opportunity to utilize such an understanding in the clinical situation.

The role of the nursing instructor as the strategic person in planning effective learning experiences for student nurses was recognized by those concerned with nursing education. However, because of increasingly complex subject-matter, changing curriculum objectives, and other curriculum improvements, the nursing instructor needed aid in planning learning experiences which met all the objectives of professional education. Furthermore, the instructor was faced with the problems of increased amount of teaching material, of locating and organizing the material, and of less actual

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teaching time.

One of the tools which was suggested as an aid to the nursing instructor in planning more effective learning experiences was the resource unit. This tool was described as one which was readily adaptable to the areas of nursing instruction. One acceptable application of the resource unit as an approach to the problem of nursing instructors was demonstrated by Drumheller. She recommended that further study be continued in the use of resource units as a teaching tool of nursing instructors. In another study, Gorikapoodi utilized a resource unit as a method of approach to the problem of procuring a list of materials for a specific nursing course. She, too, recommended that the resource unit be investigated further as a method of meeting the needs of the instructor in nursing.


In the light of the aforementioned suggestions and recommendations, a guide for the nursing instructor in the form of a resource unit seemed applicable to the problem in this study. A basic postulate of the study was that relating the concepts of the behavioral sciences to nursing care could develop the understanding of human behavior by the student nurse. A guide, which provided the instructor with suggested learning experiences and a list of materials for teaching, was one tool which could be utilized by the instructor in aiding the students to develop an understanding of the concepts of the behavior sciences.

Definition of Terms

For the purposes of this study, the following terms were used:

Professional nurse practitioner. The person who performs

... any act in the observation or care of the ill, injured, or infirm or in the maintenance of health of prevention of illness of others... requiring substantial specialized judgment and skill and based on knowledge and application of the principles of biological, physical, and social sciences.\(^{15}\)

\(^{15}\)Laws of the State of Colorado, An Act Relating to Professional Nursing (1957 Session Laws, Chapter 189, Section 1, Article 1, Chapter 97, Colorado Revised Statutes, 1953; Denver: State of Colorado, 1957), p. 3.
Understanding. A continuum-like mental process, embodying the areas of appreciation, comprehension, and discernment.\textsuperscript{16} It consists of the ability to: (1) recall important facts and principles, (2) state pertinent and relevant facts and principles in one's own words, (3) utilize one's own experiences and the experiences of others to describe facts and principles, and (4) express the relationships between facts and principles.\textsuperscript{17}

Learning experience. The interaction between the learner and the external conditions in the environment to which he can react.\textsuperscript{18}

Concepts. Abstractions which organize and generalize the properties of objects and enable them to be studied, manipulated, and isolated.\textsuperscript{19}


\textsuperscript{18}Tyler, op. cit., p. 41.

Behavioral sciences. Disciplines which systematically analyze social and individual behavior. For the purposes of this study, the behavioral sciences which are considered to be the most related to nursing are cultural anthropology, social psychology, and sociology.  

Objectives. The educational purposes of the resource unit developed in this study.

Goals. Aims, purposes, and objectives toward which a definite process is directed as the effect of achievement of the process.

Teaching materials. Texts, books, periodicals, magazines, pamphlets, newspapers, films, and community facilities are considered to be the references and resources adaptable as teaching materials in this study.

Basic preservice program in nursing. A program of education which entails four years of study which leads to the baccalaureate degree in nursing.  

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Basic Assumptions

The assumptions upon which this study was based were:

(1) The professional nurse practitioner needs increased understanding of human behavior in order to effectively practice one aspect of comprehensive nursing care: the promotion of health and the prevention of disease.

(2) The study of the concepts of the behavioral sciences contributes to the development of understanding of human behavior.

(3) Theoretical concepts need to be related to practice if understanding of human behavior is to be utilized in nursing care.

(4) Learning experiences are one route of planning experiences which were based upon theoretical knowledge.

(5) The nursing instructor is responsible for the planning of the learning experiences for student nurses.

(6) The nursing instructor is responsible for planning learning experiences which enable the student to develop an understanding of the theoretical concepts of the behavioral sciences.

(7) The resource unit is a guide which could aid the nursing instructor in planning effective learning experience.

(8) The concepts of the behavioral sciences can be utilized in learning experiences organized to meet the criteria of continuity, sequence, and integration.
Scope and Limitations

The guide developed in this study was organized around a typical democratic philosophy of education, which was representa­tive of a school of nursing which offered a basic preservice nursing education.22 Therefore, the guide developed in the present study would be applicable to any school of nursing which espoused a democratic philosophy of education, and offered a curriculum of basic preservice nursing education. It was designed to illustrate that learning experiences could be planned to aid the student develop an understanding of the concepts of the behavioral sciences, and organized to meet the criteria of continuity, sequence, and integra­tion.

The limitations of this study were: (1) the guide would only be applicable to a school of nursing curriculum which was based upon a democratic frame of reference and offered a basic preservice program in nursing; (2) the guide would be more valid as a method of approach to the stated problem if it were evaluated in actual practice; (3) the concepts are, to some extent, indigenous to the behavioral sciences, and they might have been broadened to include

the remainder of the social sciences in order to increase their utility; (4) the single aspect of comprehensive nursing care, the promotion of health and the prevention of disease, could have been expanded to include all aspects of comprehensive nursing care, and thus augment the nursing student's understanding of the concepts of the behavioral sciences in all areas of nursing care; (5) not all the learning experiences possible were included; (6) not all the possible basic preservice clinical areas were included in this study; and (7) the clinical areas used in the study followed the pattern of one basic preservice program in nursing, thereby illustrating how learning experiences could proceed throughout any basic preservice nursing program.

Methodology

The approach to the stated problem of this study was the suggestion of a guide, in the form of a resource unit, for the nursing instructor. The purpose of the guide was to aid the nursing student in developing an understanding of the concepts of the behavioral sciences in order that these concepts could be utilized in the promotion of health and the prevention of disease.

The review of literature established the need for and guided the development of the resource unit. The preliminary steps were then, a review of the literature to determine the basic
concepts of the behavioral sciences, and the grouping of these con-
cepts into five broad categories which could be best applied to
nursing care. A tentative list of objectives was formulated by
using the aforementioned categories.

To determine the most desirable objectives and those which
were the most attainable, a screening through a philosophy of educa-
tion and a psychology of learning was the next step. The objectives
which survived the screening were considered to be in harmony with
both the educational philosophy and the learning psychology.

The educational philosophy which served as the frame of
reference for this study was proposed as representative of a school
of nursing which espoused a democratic philosophy and offered a
curriculum of study in basic preservice nursing education, cul-
minating in a baccalaureate degree. The goals of the above
philosophy reflected the following democratic values of our society:
(1) the promotion of the personal and professional growth of the
student nurse, so that she was able to meet the constant and changing
needs of society as a professional practitioner; (2) the organization
of learning experiences which would enable the student nurse to
develop professional skills in any branch or area of professional

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23School of Nursing, 1960-1962, University of Colorado
nursing; and (3) the promotion of the ideals and values of a democratic society, and helping the student nurse to appreciate her privileges and responsibilities as a member of that society.24

After the objectives were formulated, learning experiences were planned to aid the student to attain the behavioral goals and organized to meet the criteria of continuity, sequence and integration. Teaching materials from the fields of nursing education, nursing service, and the behavioral sciences were selected. Suggested methods and tools of evaluation were made, and a bibliography was compiled.

The final step in the development of the guide was the selection of a format of presentation. Sholtis and Bragdon suggested that the "T" format was desirable because "...experimentation and research have shown that the work of the teacher is facilitated when learning experiences, teaching materials, and procedures are visualized in relationship, as in the 'T'."25 This form was adopted from Draper and Gardner, who suggested the use of two parallel columns of presentation, one for suggested learning

24Ibid., p. 4.

experiences, the other for teaching materials. The general format used in this study was as follows:

**OBJECTIVE:**

**CLINICAL AREA:** TEACHING MATERIALS

Level of Learning Experience

Organization of Remainder of Thesis

Chapter II contains a review of the literature pertaining to the usefulness of the resource unit in curriculum planning. The literature reviewed also included that concerned with certain basic elements of nursing, the behavioral sciences, and related studies. Since the resource unit in this study was for use in any basic nursing preservice program which espoused a democratic philosophy, an overview of the philosophy of education and the psychology of learning guiding the development of the resource unit was included in this chapter.

Chapter III presents a detailed outline of the steps in the development of the resource unit in the study. Chapter IV contains the resource unit developed in the study in a form intended for use.

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27 Appendix B.

28 Appendix C.
Chapter V contains the summary of the study and suggestions made for further research.
CHAPTER II

REVIEW OF LITERATURE

Introduction

One of the objectives of the review of literature was to establish a background knowledge of the problem. Research into previous studies and related literature oriented the investigator to the problem by the elimination of duplicated effort and by the illumination of previous research techniques. In this study, preliminary research included a review of literature to: (1) establish the need for understanding of human behavior in the promotion of health and the prevention of disease by examining the changing approaches to nursing care; (2) explore the study of the behavioral sciences as a route to understanding of human behavior; (3) delimit the broad categories of the concepts of the behavioral sciences as they were related to nursing case; (4) establish the resource unit as a means of approaching the problem of this study; (5) explore the ramifications of the development of a resource unit; and (6) examine the contributions of a philosophy of education and a psychology of learning to the educational process.
The review of nursing literature included: The American Journal of Nursing, from 1900 to 1961, with emphasis upon the decades beginning in 1930, 1940, and 1950; Nursing Outlook, from 1953 to 1961; and Nursing Research from 1952 to 1961. Books and studies by leaders, experts, and educators in the field of nursing were reviewed from 1916 to the present. Literature from the behavioral sciences was reviewed for the period of 1940 to 1961. Educational literature which emphasized the use and development of the resource unit was explored from 1940 to 1961. Other related literature was also reviewed, in order to gain information concerning the salient aspects of this study. Although all the literature was not included in the chapter, the literature which was contributive to this study was added to the bibliography.

The Approaches to Nursing Care

The nurse has always been concerned with her approach to the patient. Her role and function, however, have always been directly related to the scientific, technical, and social changes which have ensued in our society. With each change, subsequent demands have been made upon the role and the function of the nurse. Over a period of time, both the role and the function of the nurse has broadened considerably.
Basically, the function of the nurse is the care of the sick.¹

The nurse of the 1900's exemplified this function in merely attending to the physical needs of the patient and to those of his immediate environment. However, as early as 1900, the nurse was concerned with her approach to the patient. Hill cautioned nurses to treat the patient as a human being in order to establish an effective relationship, and Knight asserted that the nurse should recognize both the emotional and the physical factors which were related to illness in order to give competent nursing care.²

In the first two decades of the twentieth century, nurses manifested interest in the improvement of patient care through the refinement and broadening of their technical abilities. Parsons reflected this interest in the improvement of their technical capabilities when she urged that nurses be educated for the more technical tasks and that the nurse should be willing to relinquish any portion of her work to another worker, who was capable of being taught.³ At the end of this two-decade period, the nurse began to


³Sara E. Parsons, Nursing Problems and Obligations (Boston: Whitcomb and Barrows, 1916), pp. 144-146.
move from the institution into the community as a public-health nurse and as a private practitioner in the home of the patient. 4

Social and economic upheavals in the 1930's precipitated a unique change in the practice of professional nursing. Because of the depressed economic conditions of the country, the hospital staffed its wards with nursing students. The graduate nurse, in an effort to find employment, moved in to the home of her patient, until over seventy per cent of the graduate nurses during this period were private practitioners. The nurses, who remained in institutions, moved from direct patient care to a "functional" approach to nursing care. The graduate nurse in institutions performed the more technical duties and left the lesser duties to students and other workers. 5

The nursing approach which was prevalent within the nursing profession during the 1930's did not escape the notice of nursing experts and educators. In 1934, Frost criticized the contemporary nursing approach, and advocated that the nurse return to the bedside of the patient, in the "back-to-the-patient


5Ibid.
movement." This movement not only was visualized as returning the nurse to the patient, but it also implied that the nurse could improve patient care through the observation of the needs of the individual patient and the utilization of those needs in planning his care. One year later, in an effort to find a method of counteracting the nursing approach of the times, Sleeper introduced the concept of "total patient care." She defined this approach as one in which the nurse cared for the "whole patient." This approach, although interpreted in different ways at times, was never absent from professional nursing interests for the next twenty years.

The major professional concern of nursing experts and educators at the end of the 1930's was perhaps epitomized in A Curriculum Guide for Schools of Nursing: "The subordination of the 'human element' in our work to the physical and technical is one of the severest criticisms we have to meet in nursing today."  

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7Ibid.


The 1940's brought tremendous social and economic changes in the form of world catastrophe combined with prosperity and increase of social mobility. Changes in hospitals, medical care, and the socio-economic conditions created within the profession of nursing an increased need for improvement and change. One of the most outstanding social attitudes expressed during this decade was the interest in the positive aspects of health. Those who were interested in health practice suggested that care of the patient should be regarded in the positive terms of health, rather than the negative term of treating the disease. The World Health Organization expressed in its definition of health, the total attitude of the times,

Health is a state of complete physical, mental, and social well being and not merely absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.  

The period which began in the 1940's was unique in the profession of nursing. A great upheaval in nursing standards of practice, nursing service, nursing education, and in professionalization resulted considerable introspective analysis within the profession. Gelinas, a precursor of Brown, predicted that, "The

nurse of the future will possess broader social vision, a clearer understanding of the social and economic factors affecting health, and a greater technical knowledge than the nurse of today.  

All of the then-current concerns and anxieties within the profession of nursing were crystallized by Brown in *Nursing for the Future*, published in 1948. A social scientist rather than a nurse, Brown made a comprehensive and probing study of the status of nursing, nursing education, and nursing practice. Using the changing needs of society as her basis of analysis, Brown predicted what the nurse of the future must be like in order to meet her professional obligations to society. One of the outstanding contemporary societal needs was that the nature and quality of health services had undergone a change in the form of increased emphasis upon the promotion of health and the prevention of illness and disease. Brown asserted that the only recourse available to the nursing profession was to improve educational processes, standards, and concepts.

By 1950, the nurse whose future was predicted a few years before began to emerge from the traditional shell of the past. The


13 Ibid., p. 53.
nurse discarded the role of the "trained nurse" and replaced it with that of the professional nurse practitioner. The concept of a nursing approach broadened in scope to "individualized care," "patient-centered care," and even "good nursing care." The nurse became more inquisitive and even posed the question, "What is good nursing care?" The nursing approach of the 1950's grew out of the ferment of the 1940's and the recognized needs of society in the 1950's. This approach was called comprehensive nursing care.

Following the recommendations of the World Health Organization that the health needs of the nation were the responsibility of the government, the President's Commission on the Health Needs of the Nation surveyed the nation's requirements. In the report of this survey it was recommended that the nation needed "comprehensive health services which included the (1) promotion of health, (2) the prevention of disease, (3) diagnosis and treatment of illness, and (4) rehabilitation of the patient."¹⁴

In 1953, The Joint Commission for the Improvement of Patient Care submitted to the National League of Nursing, the American Nurses Association, the American Medical Association, the

and the American Hospital Association the following definition of comprehensive nursing care:

Comprehensive nursing care should be designed to provide physical and emotional care for the patient; care of his immediate environment; carrying out treatment prescribed by the physician; teaching the patient and his family the essentials of nursing that they must render; giving general health instructions and supervision of auxiliary workers.\(^{15}\)

This definition was endorsed by the organizations to which it was submitted, and served as a basis for defining the nurse's function as a member of the health team providing comprehensive health care.

A modified and perhaps more comprehensive definition was published in *Nursing Outlook* in 1954. While this definition essentially reiterated the definition proposed by the Joint Commission, it also stipulated more clearly the nurse's role in the prevention of disease and the promotion of health. It also specified the function of the auxiliary worker.

Comprehensive nursing includes physical and emotional care of the patient; care of his immediate environment; carrying out treatments prescribed by the physician; teaching the patient and his family the essentials of nursing care that they may have to perform; participation in activities for the prevention of disease and the promotion of health;

and delegating to other workers activities which they can perform for specified patients.\textsuperscript{16}

Despite the endorsed definitions and subsequent modifications, the concept of comprehensive nursing care received varied interpretations. Lambertson pointed this out when she cogently commented: "Good nursing care, comprehensive nursing care, total nursing care, or even nursing care, have diversified meanings for different members of the occupation."\textsuperscript{17} To illustrate, Quinlan has approached comprehensive nursing care as an integral part of the total care of the patient.\textsuperscript{18} Abdellah et al., on the other hand, interpreted patient-centered care as "comprehensive care of the 'patient as a whole' including individual and social aspects of care of patients in home and health agencies."\textsuperscript{19} Nahm inferred a similar definition when she delimited the role of the nurse in total patient care as a member of a team, a problem

\begin{itemize}
\item \textsuperscript{16}"Tentative Statement on Nursing Education," \textit{Nursing Outlook}, 2:83, February, 1954.
\item \textsuperscript{18}Mary Quinlan, "Teaching Comprehensive Nursing Care," \textit{Nursing Outlook}, 3:385, July, 1955.
\end{itemize}
Kron further explained that in her discussion of the various aspects of nursing care:

The first four parts of the definition of comprehensive nursing include either directly or by implication, the same meaning as total patient care and indicate the centering of the care around the patient. However, the last two parts widen the scope of nursing responsibility. Participation in activities for the prevention of disease and for the promotion of health implies more than helping the patient recover and teaching him how to stay healthy. It must also include active participation in community health programs, directed toward the prevention of illness before it occurs.\(^\text{23}\)

One of the assumptions of this study was that the professional nurse practitioner needed an understanding of human behavior to be able to practice comprehensive nursing care. In order to limit the scope of the study, only one area of comprehensive nursing care was used. This area was concerned with the promotion of health and the prevention of disease and was selected because it reflected the most urgent needs of the society in which the professional nurse of today exists.

Brown recognized these needs when she pointed out that there was an increased emphasis upon the promotion of health and the prevention of disease.\(^\text{24}\) The Professional Code for Nurses listed as its first postulate, "The fundamental responsibility of the

\[^{23}\text{Ibid., p. 6.}\]

\[^{24}\text{Brown, Nursing for the Future, p. 33.}\]
solver, a planner, and a teacher. A similar definition to the
previous ones was utilized by Sholtis and Bragdon in describing
the four interrelated functions of the nurse administering com-pre-
hensive patient care. These functions were: (1) individualizing
his care, (2) providing supportive emotional care, (3) teaching
the patient, and (4) acting as a liaison person.

Kron not only defined but differentiated approaches to patient
care. She defined total patient care, individualized patient care,
patient-centered care, and comprehensive nursing care. In her
definition of comprehensive nursing care she listed the following
six components:

1. The physical and emotional care of the patient.
2. The care of his immediate environment.
3. Carrying out treatments prescribed by the physician.
4. Teaching the patient and his family the essentials of
nursing care which they may have to perform.
5. The participation in activities for the prevention of
disease and for the promotion of health.
6. Delegating to other workers activities that they can
perform for specified patients.

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nurse is to conserve life and to promote health." In 1953, this contemporary need was emphasized in the Report to the President's Commission on Health Needs of the Nation, when the first two aspects of comprehensive health services were listed as the promotion of health and the prevention of disease. Perrodin, Kron, and Abdellah, et al., referred to this aspect of nursing care as one of the basic elements in nursing.

The currently accepted definition of comprehensive nursing care implies that the professional nurse possesses more than mere technical competence. During the past ten years, the literature has been profuse with references to the competencies needed by the nurse in order to meet the needs of society and the patient. Outstanding was the emphasis upon the need for understanding of human and social behavior upon the part of the nurse. A statement appearing in Nursing Outlook emphasized that if the professional nurse were to perform effectively, "... the development of basic understandings and skills in human relationships and in teaching is essential."

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25 Perrodin, op. cit., p. xii.

26 Building America's Health, loc. cit.

27 Abdellah, et al., op. cit., p. 8; Kron, op. cit., p. 6; Perrodin, op. cit., p. 6.

28 "Tentative Statement on Nursing Education," op. cit., p. 84.
Nurse educators stressed and reiterated the need for increased understanding of human and social behavior. The patient needed a nurse who was able to contribute her knowledge both of his physical and emotional needs to the planning and practice of his care. Understanding of human and social behavior on the part of the nurse also contributed to developing insight into her own behavior and to her social adjustment. The nurse required an understanding of the relationship between human behavior and the patient's self-perception, social-class membership, cultural group orientation, and ethnic background, before she could effectively interpret the patient's needs. The nurse who was able to establish a common background of understanding with her patient was better prepared to plan and effect nursing care and to gain self-fulfillment as a professional nurse and a person. 29

Experts in other fields recognized and validated the need for the nurse who was able to demonstrate an approach to nursing care which was based upon understanding of human behavior. Macgregor asserted that:

Recognition that a patient's attitudes, customs, and psychological make-up may affect his physical condition and his attitude toward illness, treatment, and rehabilitation tends to result in improved care of patients and increased job satisfaction. This special awareness, however, does not develop by itself, but is derived from the systematic study of the sciences of human behavior.

Koos reinforced Macgregor's statement when he indicated that the nurse, in order to fulfill her professional role, must demonstrate an understanding of the patient who is a person and who has motivations and reactions which may affect his nursing care. Russell, in a study of the educational needs and status of professional nurses, asserted that, because of increased professional responsibilities and the changing philosophies of patient care, the nurse practitioner needed to develop a deeper understanding of people.

The Behavioral Sciences

The study of the behavioral sciences is viewed by many as the basic route to the development of the understanding of human

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behavior. Empirical research has demonstrated human behavior to be observable, predictable, and measurable. The area of health care proved to be a rich source of research in the behavioral sciences.

Many important and significant studies in the field of health were reported by Saunders, Clark, Macgregor, and Simmons and Wolff. These studies created interest in the behavior of the person who is ill and the behavior of the persons who form his frame of reference, including his family, the health team, and the extended community. Other behavior has been observable in groups, such as the manner of group behavior to prevent illness, or to the related normal group and cultural functions of pregnancy, childbirth, child-rearing, and death.

Although the interest in the social sciences, per se, has been evidenced in nursing education since the 1930's, the interest in improving patient care by increasing the understanding of behavior on the part of the nurse was not fully recognized until the past

33Macgregor, "Social Sciences and Nursing Education," p. 899.

decade. Efforts were made to find routes to increase the competence of the professional nurse, in order to enable her to meet the increasing demands of society. The study of the concepts of the behavioral sciences has been viewed as one of these routes.

In order to understand clearly the relationship of the behavioral sciences to the improvement of nursing care, one must first observe that these disciplines are an integral part of the social sciences. Usually the sciences are divided into the natural, physical, and the social, according to their foci of interest. Mercer points out that it is valid to make such a distinction "...as long as it is clear that the distinction refers to emphases or foci of interest rather than to the differences which are inherent in the separate branches of the sciences themselves." The social sciences are usually defined as consisting of the disciplines of history, political science, economics, anthropology, and sociology. Psychology is sometimes defined as a social science.

Although the terms, behavioral sciences and social sciences, have been used interchangeably, three separate disciplines comprise the behavioral sciences, according to a number of

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These are cultural anthropology, sociology, and social psychology. These areas of inquiry were viewed as being closely related to the professions, and have been differentiated from the social sciences by referring to them as the profession-linked social sciences.

As a branch of anthropology, cultural anthropology "...is concerned with the culture of man, that is, the learned patterns of behavior which a group of people share in common." Sociology "...is the study of group life and human behavior with particular interest in the activities and processes by which social life goes on." Social psychology is the most difficult of the three behavioral sciences to define, as evidenced by its adaptability either to sociology or psychology. The social psychologist is concerned with "...group processes, or social interaction between people as they affect the individual, the social determinants of individual motivation, perception and action."38


38Macgregor, Social Science in Nursing, pp. 37-44.
Delimiting the Concepts of the Behavioral Sciences

Concepts are necessary to all systems of thought for the establishment of adequate media of communication. Because the behavioral sciences deal with abstractions of thought, ideas, and images of human behavior, it has become necessary to express these abstractions as verbal symbols, or concepts.

One of the purposes of this study was to develop a group of behavioral science concepts which could be utilized as the basis of the content areas of the objectives for a resource unit. The purpose of this unit was to guide the instructor in helping the student develop an understanding of the concepts of the behavioral science concepts relevant to the practice of nursing. A review of the literature of the three areas of the behavioral sciences (cultural anthropology, sociology, and social psychology) indicated that several hundred concepts, not always defined in the same fashion, were available for each discipline. Moreover, the concepts often


overlapped considerably. In order to form an orderly and consistent manner of determining the objectives to be used in the study, a list was prepared of what appeared to be the "standard" concepts of the behavioral sciences. This list is included in Appendix A.

So that a tentative basis of selection could be established for the basic concepts which were applicable to the field of nursing,

a review of the criteria used for the selection of concepts by methodological experts in the behavioral sciences was made. Both Lundberg and Goode and Hatt asserted that a concept should be precise in meaning, should contain only one central idea, should not be ambiguous, and should not be confusing or irrelevant. 41 Furthermore, any symbol or word used in a conceptual sense should be fundamental to the interpretation of the field in which it is used. 42

In a study of nursing curriculum, Sand employed a set of criteria for formulating concepts which could be integrated into a nursing curriculum. The criteria for selection were that a concept should be: (1) adaptable to the nursing situation, (2) contributive to the understanding of the student, (3) related to other aspects of the curriculum, and (4) adaptable to several levels in the curriculum. 43

The views of Lundberg, Goode and Hatt, and Sand were combined and modified so that the following criteria were established


42 Lundberg, loc. cit.

for the selection of behavioral science concepts:

(1) Concepts were selected which were empirically demonstrated to be directly applicable to the field of nursing.

(2) Concepts were eliminated if they had restricted, narrow, or specialized meanings; e.g., "juvenile delinquency," contrasted to "deviant behavior."

(3) Concepts tending to be confusing, irrelevant, or reified were eliminated.

(4) Concepts were selected only if they were directly adaptable to the three levels of learning experience in the nursing curriculum.

When these criteria were applied to the list of behavioral science concepts, those concepts which conformed to the criteria tended to fall into five areas of academic inquiry:

(1) **Cultural patterns**, which include the organization of a culture around characteristic themes, norms, or values, and are usually manifested behaviorally in the forms of folkways, mores, and laws.

(2) **Group behavior**, which includes social interaction, controls, and systems. Three common manifestations of group behavior are status, role, and socialization.

(3) **Social organization**, which includes behavior related to the structural components of societies and cultures. Conspicuous
concepts in this area are caste, estate, and social class.

(4) Social disorganization, which includes behavior related to the disruptive elements of society. Examples are criminality, alcoholism, and psychoses.

(5) Social institutions, which include long-established, habitual, ritualistic, and repetitive patterns of behavior. The profession of nursing, itself, has important institutional connotations, not to mention familial, economic, political, educational, and religious behavior patterns.

The Resource Unit

The strong influence of the progressive education movement upon the educator's frame of reference, has placed increasing emphasis upon the democratic philosophy of education. This philosophy, as the foundation of curriculum planning, has increasingly emphasized the learner and the integrative process of learning. Learning has been viewed as an active process upon the part of the learner with teaching viewed as a student-teacher planning process based upon student interests and needs.

Changes in teaching methods, which were necessary to meet the changed curriculum objectives, were investigated by interested educators. One of the areas studied by those interested in the improvement of teacher preparedness was concerned with the
establishment of specific guides for teacher pre-planning. One pioneering effort along those lines was the Rocky Mountain Workshop in 1938. This workshop was conducted under the joint auspices of Stanford University and the General Education Board for the purpose of investigating the placement of social sciences in secondary school curricula. Out of this workshop came the concept of the resource unit. 44

Teachers had recognized a need for a specific aid or guide which would help them plan their activities for the day. Although the improvement of teaching methods was recognized as necessary, many such programs for improvement failed, because teachers could not find new methods to replace old ones. Teachers were observed to need help in planning learning experiences in order to give them security and bolster their morale. 45 They also required help in planning learning experiences for students which did not make the latter overly dependent upon others. 46

The resource unit was developed as a teaching tool which could be used by teachers as an aid in pre-planning. This tool,


which would provide specific help to teachers in planning more efficiently and effectively, was described by Krug as "... unusual in that it met the approval of both the curriculum theorist and the down-to-earth school man." \(^{47}\)

There has been no need to regard the resource unit as a complicated apparatus, although some teachers do. The idea behind the resource unit is simple and easy to understand. "It is just that teachers need help in getting ready to teach their classes and that it is better for them to go to a rich variety of suggestions than to pick up skimpy ones." \(^{48}\) The provision of an abundant variety of suggestions for the teacher via the resource unit has met with approval and success. In fact, "... the resource unit has come to be identified as a major tool in the achievement of the goals of democratic education." \(^{49}\)

There have been many definitions of the resource unit by various curriculum experts and educators. The definition of Bottrell is perhaps the most succinct:

Basically, a resource unit is a pre-planning device, developed in order to facilitate the guidance of learning experiences. It is not an outline for teaching or of teaching,

\(^{47}\)Krug, *op. cit.*, pp. 7-8.

\(^{48}\)Ibid., p. 160.

\(^{49}\)Ibid., p. 161.
but an assembled arrangement of many possibilities from which a particular plan can be developed with and for a particular group and at a particular place. It is not a syllabus or a study guide, though both could be developed from a resource unit in the process of using it. 50

Bottrell's definition was similar to several others. Krug emphasized that the resource unit was "... simply a collection of suggested learning activities and materials organized around a given topic to be used as a basis for teacher preplanning." 51 Consensus seems to exist that the resource unit is to be used by the teacher as a preplanning tool only, that it contains many many materials from which the teacher may select and choose, and that it covers a broad area which cuts across many fields. 52

The concept of the resource unit has been suggested as applicable to all fields of education. It applies both to skill and content areas of study; it is appropriate for all levels of instruction; and it ranges from the most simple to the most complex areas of interest for a given topic. Because it is a collection of suggested


51Krug, op. cit., p. 160.

activities and materials, the resource unit can be long or short,
and elaborate or simple. 53 There is no set pattern into which the
resource unit must conform, because it is a tool designed to fit a
particular need — that of the teacher. The content pattern then,
conforms to the purpose of the resource unit. It has become
rather common to regard the resource unit as a bound manuscript,
but this need not be necessary. It has frequently been organized as
a folder, a loose-leaf notebook, or even a card catalog. 54

One responsibility of the teacher who utilizes the resource
unit is to implement it, not as a teaching device but as a guide for
choosing learning experiences and materials to plan these experi-
ences. The teacher should use the guide with creative selection.
She should choose selectively and with purpose. She need not con-
form to the guide, because she is free to plan, study, and evaluate
the material in the resource unit. She is free to select what
material she wishes because she alone is aware of the level of her
students and is cognizant of their needs and interests. 55

The methods of organization of a resource unit have been
determined by its purposes. It should be organized around a

53 Krug, op. cit., p. 15.
54 Ibid., pp. 185-186.
55 Ibid., pp. 164-165.
specified need or problem. It should have a few stipulated objectives, which reflect the educational frame of reference in which it will exist. It should contain a large amount of suggested activities, materials, resources, suggestions for evaluation, and a bibliography. 56

The resource unit has been found to be successful as a tool for teacher pre-planning. It has allowed the teacher the opportunity to act as consultant and counselor with her students, thus developing within the students themselves the ability to think for themselves and to solve their own problems. Another area in which the resource unit has been productive has been in discovering resources and in developing existing resources. 57 Because of its pragmatic qualities, there is a need for many more resource units than are available. Because "...no teacher can produce all the resource units he needs...he must turn to resource units prepared by others." 58

The place of the resource unit in professional nursing education was recognized and validated by several nurse educators. 59

56 Eldredge, op. cit., p. 367.

57 Ibid., pp. xiii-ix.

58 Krug, op. cit., p. 189.

59 Brown, Curriculum Development, p. 270; Eldredge, op. cit., p. 367; Sholtis and Bragdon, op. cit., p. 36.
Also recognized was the fact that clinical instructors are increasingly faced with new and complex areas of instruction. It has been pointed out that "... nurse educators must become more efficient in teaching. They must decide what material is essential -- and the best way of organizing it."\(^6^0\)

One of the tools which have been suggested as an aid to the nurse in clinical instruction in nursing is the resource unit. This teaching tool has been suggested as an aid for the nursing instructor in planning student experiences. One type of resource unit which could be utilized by the nursing instructor is the "... unit based on its application to nursing. This provides the opportunity to correlate theory with practice."\(^6^1\)

The resource unit is usually organized with five essential components: (1) the objectives, (2) the suggested learning experiences, (3) the references and resources, (4) the evaluation methods and instruments, and (5) the resource unit bibliography.\(^6^2\) Several


\(^6^1\) Sholtis and Bragdon, *op. cit.*, p. 36.

steps have been required in the development of the various components and have been considered to be essential to the development of the resource unit.

The objectives of the resource unit should have followed the inherent function of the guide: to serve the instructor as a preplanning tool. Tyler described the purposes of formulating objectives as: (1) to guide the selection and organization of learning experiences, (2) to direct the organization and selection of evaluation tools and methods, and (3) to direct the organization and selection of teaching materials.

Philosophy of Education

The combined influences of progressive education principles and field theory caused educators in the 1930's to reconsider the traditional philosophy of education against the need for "...an organic connection between life and education, between experience and learning." The progressive educator recognized that the learner in a democratic society was educated through experience, not

63 Krug, op. cit., p. 68.
64 Tyler, op. cit., p. 3.
65 Burton, op. cit., p. 62.
imposition. 66

The democratic philosophy of education grew out of the need for the reflection of our societal values into our educational system. The democratic values of our society most commonly reflected are: (1) respect for the worth of the individual, irrespective of his race, nationality, or socio-economic status; (2) opportunity for each member of our society to participate in every activity of the society; (3) promotion of the individual's potentialities, rather than conformity to a particular social pattern; and (4) faith in intelligence as the individual's route to the solution of problems, rather than subordination of authoritarian direction. 67

A democratic philosophy of education served to determine the educational principles which were appropriate for teaching, and the method of teaching. Mayer emphasized;

Philosophy in education unifies the various fields and attempts to overcome the distance between the arts and the sciences, values and facts. Philosophy not only criticizes our own fundamental assumptions, but gives coherence to the entire intellectual enterprise. Philosophy is interested not merely in the present, but in the day after tomorrow. It points to the future to the unrealized potentialities of mankind. 68

66 Ibid., p. 87.


Tyler summed up the above quotation by stating that the philosophy attempts to define the "good life" and a "good society." The philosophy of a school of nursing with a democratic frame of reference defines the "good person" and the "good nurse," and the role of the school in developing this person. The use of a democratic philosophy of education in screening objectives was validated as a method of determining their consistency. Objectives which reflected the democratic values of a philosophy of education were: (1) dynamic, (2) desirable, (3) achievable, (4) developmental, (5) varied yet adequately limited, and (6) susceptible of evaluation.

The present study was developed under the philosophy of education developed by the faculty of a selected basic preservice nursing program in the Rocky Mountain area. The goals of this program were: (1) the promotion of the personal and professional growth of the student nurse, so that she was able to meet the constant and changing needs of society as a professional practitioner; (2) the organization of learning experiences which would enable the

69 Tyler, op. cit., p. 22.

70 Sand, op. cit., p. 43.

71 Burton, op. cit., p. 275.

student nurse to develop professional skills in any branch or area of professional nursing; and (3) the promotion of the ideals and values of a democratic society, and helping the student nurse to appreciate her privileges and responsibilities as a member of that society. It was believed that the goals outlined in this philosophy were representative of a basic preservice nursing program in nursing espousing democratic values.

Psychology of Learning

The second screen which was suggested for the formulation of objectives was a psychology of learning. A psychology of learning incorporated a theory of learning which explained "... how learning takes place, under what conditions, and by what sort of mechanisms." The theory of learning served to emphasize that learning was an active process which took place within the learner. Educators recognized that certain truths or principles could be applied to the process of learning. These principles defined the conditions which affected learning, the rate of learning, and even whether learning occurred.

The psychology of learning used in the development of the resource unit in the study was modified from the one outlined in

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A psychology of learning usually defines the learning process and then lists a set of basic principles which will effect the process within the framework of the philosophy of education. For the purposes of this study, Tyler's definition of learning was utilized. He defined learning as a change of behavior which results from experience and persists. The principles of learning utilized in this study were:

1. Learning involves active participation of the learner,
2. Learning occurs when the learner has the opportunity to practice the behavior implied in the objective,
3. Satisfaction in practicing the behavior implied in the objectives increases the learning process,
4. Individual differences affect the learning process,
5. Evaluation by the teacher and the student during the learning process enhances the process,
6. Learning takes place according to student readiness,
7. Learning takes place when the learner perceives principles in one experience which he can relate to other experiences, and
8. Learning takes place if the student's goals and

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75 Tyler, op. cit., p. 41.
learning experiences approximate and approach one another. \textsuperscript{76}

The use of the principles of learning as a screen served to determine that the objectives were consistent in that: (1) the objectives were obtainable, (2) the objectives were usable, (3) the objectives were appropriate, (4) one objective was capable of being effected through many learning experiences, and (5) several objectives could be effected through one learning experience. \textsuperscript{77}

\textbf{Summary}

In the review of literature, the changing approaches to nursing care manifested within the profession of nursing as these approaches were related to the evolving needs of society were explored. The evolution of comprehensive nursing care as an approach to the patient was observed to be in opposition with the changing societal emphasis upon the prevention of disease and the promotion of health. The professional competencies that the nurse required in order to demonstrate an approach of comprehensive nursing care were next considered. Outstanding among all the requirements was the need for understanding of human behavior on the part of the nurse.

\textsuperscript{76}Appendix C.

\textsuperscript{77}Tyler, \textit{op. cit.}, pp. 24-27.
The next major portion of the review was concerned with the behavioral sciences as the disciplines which contributed conceptual knowledge as a basis for studying and understanding human behavior. Cultural anthropology, sociology, and social psychology formed the nucleus from which a group of basic concepts were delimited. From these concepts, a list of five broad categories of concepts as they were related to patient care were formulated.

The resource unit as a major tool in the democratic process of experiential teaching was examined next. The resource unit as a guide has evolved into a teacher pre-planning tool which can be utilized to plan effective learning experiences. The resource unit was suggested as a method of approaching the identified problem of the study because of its applicability to the learning experiences in nursing curricula. A philosophy of education and a psychology of learning were described and investigated in order to determine their functions in the development of a resource unit. The philosophy and the psychology served as two screens which would insure a functional and realistic guide based upon democratic values and applicable to a school of nursing which espoused these values.
CHAPTER III

THE DEVELOPMENT OF THE RESOURCE UNIT

Introduction

The resource unit in this study was developed for the use of the nursing instructor to aid the nursing student in developing an understanding of the concepts of the behavioral sciences as they pertained to the promotion of health and the prevention of disease. The guide developed contained a list of suggested learning experiences, resources, and evaluation tools which were intended to help the instructor in planning effective learning experiences.

To produce the resource unit in this study, two divisions of preparation were necessary: First, the basic concepts of the behavioral sciences were identified by an extensive review of the literature. These concepts were then categorized into five broad areas which were the most applicable to nursing care. The second methodological division included: (1) the formulation of objectives of the resource unit, (2) the screening of the objectives, (3) the selection of the clinical areas, (4) the selection of learning experiences, (5) the organization of learning experiences, (6) the selection
of teaching materials, (7) the suggestions for evaluation, and (8) the compilation of a bibliography.

Identification of the Broad Concepts of the Behavioral Sciences

The identification of the concepts of the behavioral sciences was accomplished through an extensive review of the literature. A list of the basic concepts of the behavioral sciences was compiled. This list is included in Appendix A. The concepts were then categorized into five broad areas. The five areas into which the concepts of the behavioral sciences logically seemed to fall were:

1. **Cultural patterns**, which include the organization of a culture around characteristic themes, norms, or values, and usually manifested behaviorally in the form of folkways, mores, and laws.

2. **Group behavior**, which includes social interaction, social controls, and social systems. Three common manifestations of group behavior are status, role, and socialization.

3. **Social organization**, which includes behavioral related to the structural components of societies and cultures. Conspicuous concepts in this area are caste, estate, and social class.

4. **Social organization**, which includes behavior related to the disruptive elements of society. Examples are criminality,
alcoholism, and the psychoses.

(5) Social institutions, which include long-established, habitual, ritualistic, and repetitive patterns of behavior.

Formulation of Objectives

Educational objectives are usually based upon findings derived from three areas: (1) the needs of the learner, (2) the needs of contemporary society, and (3) the opinions of experts in the field. In this study, the learner was found to need an increased understanding of the concepts of the behavioral sciences as a basis for effective patient care, society was observed to require a professional nurse practitioner who could provide comprehensive nursing care, and the experts within the profession of nursing and the behavioral sciences observed that the nurse needed an opportunity to practice her understanding in real situations.

Tyler indicated that to make certain the objectives of the resource unit are the most contributory to their purposes, the objectives should be stated in terms of both content and behavior. 


Clear and concise statements of both content and behavior are required so that the instructor and the student both know what is expected of the student and in what areas the behaviors are to be practiced.³

Krug believed that the statement of objectives which contained the dimension of behavior should be expressed in terms of student behavior. The behavioral dimension has been most commonly stated in terms of understandings, skills, and attitudes.⁴ This dimension has also been described in terms of understandings, skills, and appreciations.⁵

One of the major assumptions of this study was that the student nurse needed to develop understanding of the concepts of the behavioral sciences in order to improve nursing care, therefore, the behavioral dimension of understanding was selected for use in this resource unit. Understanding was described as a continuum-like mental process embodying the areas of appreciation, comprehension, and discernment.⁶ In its behavioral aspect, understanding


⁴Tyler, loc. cit.


is perceived as the ability to: (1) recall important facts and principles, (2) state pertinent and relevant facts and principles in one's own words, (3) utilize one's own experiences and the experiences of others to describe facts and principles, and (4) express the relationships between facts and principles. 7

The second dimension in the formulation of objectives was that of content. In this study the broad categories of the concepts of the behavioral sciences served as the content dimension in the formulation of objectives.

Screening of Resource Unit Objectives

The purpose of the screening of resource unit objectives was to insure their selectivity and consistency. 8 By eliminating those objectives which are unattainable and/or unimportant, objectives that should be stressed will be selected. 9 A small number of highly consistent objectives was considered more desirable than a larger and more inclusive group. If the objectives were few in number and consistent in nature, they were likely to be more


8 Tyler, op. cit., p. 22.

9 Sand, op. cit., p. 20.
important, would effect more behavioral change in a limited amount of time, and be more attainable for the learner. Because of the limited scope of the resource unit, only a modest amount of behavioral change can be achieved within the framework of a single resource unit, and it has been suggested that the objectives of the resource unit should, therefore, be chosen with great care and selectivity.

A philosophy of education was utilized as the initial screen in the selection of objectives. Such a philosophy usually clarifies values concerning the "good person" and the "good nurse" and also describes the role of the school of nursing in their development. The philosophy, which clearly states the values and goals, serves to determine which objectives are the most valuable in terms of what should be accomplished. This screening serves to delimit the objectives in terms of their importance, from the least to the most important.

The philosophy of nursing education used as a screen in

10 Tyler, loc. cit.


12 Sand, op. cit., pp. 63-64.
this study was based upon the democratic values of our society. This philosophy was representative of any school of nursing which espoused a democratic philosophy of education, and also offered a curriculum leading to the baccalaureate degree in nursing. The societal values reflected in the democratic philosophy of nursing education are reflected in the behavioral aspects of the objectives.

The second screen utilized in selecting objectives for the resource unit was the psychology of learning. A psychology of learning defines how learning takes place, and the conditions necessary to effect the behavioral outcomes of the objectives. By using the principles of learning which were inherent in the psychology, the objectives were screened for their: (1) feasibility, (2) attainability, (3) appropriateness, (4) usability, (5) capability of being effected through many learning experiences, and (6) capability of multiple outcomes in one learning experience.

The objectives were screened through a philosophy of

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14Appendix B.

15Appendix C.
education\textsuperscript{16} and a psychology of learning.\textsuperscript{17} Those objectives which survived the screening were considered to be the most important, feasible, usable, and appropriate. The two screenings produced five objectives for use in the resource unit. The final objectives selected for use in this study were:

**Understanding** that behavior manifested in folkways, mores, and laws is influenced by cultural patternings.

**Understanding** that status, role, and socialization are observable aspects of group behavior.

**Understanding** that social class is a functional component of social and cultural organization.

**Understanding** that behavior which is disruptive to organized society or culture is contributive to social disorganization.

**Understanding** that behavior which is ritualistic, habitual, long-established and repetitive in nature is observable in social institutions.

**Selection of Clinical Areas**

In agreement with one of the basic assumptions of this study, that the planning and practice of comprehensive nursing care was

\textsuperscript{16}Appendix B.

\textsuperscript{17}Appendix C.
applicable to all the clinical areas in nursing, six consecutive clinical areas of a basic preservice nursing curriculum were selected as being representative. These areas were: (1) Fundamentals of Nursing, (2) Medical Surgical Nursing, (3) Maternal and Child Nursing, (4) Public Health Nursing, (5) Psychiatric Nursing, and (6) Senior-Experience in Nursing.

Because the clinical areas utilized in this study followed the pattern of a representative basic preservice nursing curriculum, it was believed that this pattern would serve to illustrate how learning experiences could proceed throughout the curriculum following the criteria of continuity, sequence, and integration. Three levels of experience were chosen and areas of clinical experience were selected to demonstrate each level. These clinical areas according to level were: (1) First-level: Fundamentals of Nursing, (2) Second-level: Medical Surgical Nursing and Maternal and Child Nursing, (3) Third-level: Public Health Nursing, Psychiatric Nursing, and Senior-Experience Nursing.

Selection of Learning Experiences

One of the basic purposes of this study was to provide the nursing instructor with a list of materials from which to select learning experiences for the nursing student in which the student could develop understanding of the concepts of the behavioral sciences
in the promotion of health and the prevention of disease. A learning experience was defined as "...the interaction between the learner and the external conditions in the environment to which he can react." In order to attain the stated educational objectives, the instructor must control the learning experiences in such a way as to set up situations in which the desired behavior is elicited from the learner himself.  

The criteria used in selecting the learning experiences were those given by Tyler. These were: (1) the student must have the opportunity to practice the behavior and to deal with the content contained in the objective, (2) the student must be able to gain satisfaction from the practice of the behavior, (3) the learning experience must be appropriate for the level of learning of the student, (4) many learning experiences can be used to effect one objective, and (5) several objectives can be effected in one learning experience. The final criterion utilized in the selection of learning experiences was to select experiences which reflected the clinical area in which they were being practiced.

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18 Tyler, op. cit., p. 41.
19 Ibid., pp. 42-44.
20 Ibid., p. 42.
In this study, a learning experience was suggested in each clinical area for each objective. By utilizing each clinical area, three levels of learning experiences were suggested in order to demonstrate the principles of continuity, sequence, and integration.

Organization of Learning Experiences

The principles of organization are inherent in any learning experience which is based upon a democratic philosophy of education.\(^{21}\) The educational process has been viewed as a long process of growth and accumulation. Experiential teaching through the modification of behavior has been noted to be a long and slow process, which is never terminal. Learning is a process which is reinforcing, or building from the previous experience to the next. As Tyler stated, "In order for educational experiences to produce a cumulative effect, they must be organized to reinforce each other."\(^{22}\)

In this study, the organization of learning experiences was based upon the criteria designated by Tyler: continuity, sequence, and integration. These criteria were based upon the vertical and horizontal aspects of learning. Continuity and sequence were

\(^{21}\)Tyler, op. cit., p. 55.

\(^{22}\)Ibid., p. 54.
considered vertical aspects, and integration viewed as an horizontal aspect.

Continuity, the first criterion of effective organization of learning experiences, is a concept of vertical organization and refers to the extension of practice of certain behaviors over a period of time. It is concerned with the recurring emphasis on one idea, element, or concept which is repeated throughout the entire curriculum. Continuity, as a principle of organization, provides for the continuance of opportunity for the learner to practice a certain behavior throughout the entire curriculum.23

Sequence is the second criterion of organization and is also a concept of vertical organization. Its emphasis is on the principle of expansion, or the idea of each learning experience building upon the previous experience by expanding throughout the curriculum at different levels of learning. While continuity is able to exist on one level, sequence emphasizes the necessity of having successive experiences build upon the preceding ones but to go more broadly and deeply into the subject.24

Integration, the last criterion of organization, is concerned with the horizontal relationships of educational experiences. It is

23Ibid., p. 55.

24Ibid.
related to the organization of the various parts of the curriculum into a unified whole. This is a unique principle of organization, in that it transpires in the mind of the learner. Only through learning experiences which utilize the principles of integration can the student perceive the curriculum as a unified whole. The learner's ability to increasingly develop perceptions of unified behaviors and content is the aim of the concept of organization.  

Selection and Organization of Teaching Materials

In discussing the resource unit, Krug said, "...the heart of it consists of materials which can be used with students and in the activities which students carry on." Tyler pointed out that the purpose of the resource unit was to provide a great deal of material from which the instructor can select and choose for any particular group. These materials should provide such a variety, range, and amount of subject-matter that the instructor can use both discrimination and selectivity in her choice.

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25Ibid., pp. 55-56.
26Krug, op. cit., p. 15.
27Tyler, op. cit., p. 6.
Rather than serving the teacher as a routine bibliographical source, the material included in the resource unit should provide the instructor with a stimulus for teaching. These materials should provide suggestions and ideas to the instructor by their variety, differences in perspective, and wide range. The materials in the resource unit can stem from many sources, and can include books, texts, periodicals, magazines, newspapers, pamphlets, films, records, tapes, and slides. Another area of rich resources are the community agencies, private agencies, radio and television facilities, and public meetings. When available, exhibits, museums, and resource persons should be utilized.

The criteria used in selecting the teaching materials for the resource unit were similar to those used in selecting learning experiences. The teaching materials had to be feasible, in that they would be obtainable under ordinary circumstances; they had to be usable for the instructor, both in content and in presentation; they had to be complementary to the learning experience, in that they provided a variety of information and that they conformed to the level of the learning experience and the clinical area in which the experience was planned.

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In accordance with the suggestions of many educators, an attempt was made to include as wide a variety as possible of teaching materials from the behavioral sciences and the field of nursing. The materials were organized in the resource unit as a complement to the suggested learning experiences. The materials ranged from the simple to the complex and formed a continuity through the resource unit.

Suggestions for Evaluation

Inherent in the development of a resource unit was the provision of a list and organization of evaluation methods and instruments. Evaluation was interpreted to be one of the most important components of the resource unit. Without the provision of evaluation suggestions, the resource unit was functionally incomplete.

Evaluation was defined by Krug as a continuous process which is a part of the learning experience from beginning to end. Evaluations are made by observing behavior. To make evaluation meaningful, it is necessary that a true sample of the individual's

30Krug, op. cit., p. 165.

31Ibid., p. 184.
total behavior in the learning experience be measured. Therefore, evaluation begins with the statement of objectives because it would be meaningless to evaluate behavior without a clear definition of what behavior should be practiced and observed in the learning experience.

The purpose of including the component of evaluation in the resource unit is to provide "...techniques and instruments that will be helpful to the teacher in the process of determining the degree of realization of the specific objectives of the unit." The process of evaluation is an important and essential facet of teaching. By determining the realization of the behavioral outcomes of objectives, an evaluation is made of the student, of the teacher, the curriculum, and the evaluation tool itself.34

However, in order that the evaluation be effective, it must first be objective, reliable, and valid. As stated earlier, all evaluation is observation. Objectivity refers to the absence of bias in observation. Reliability refers to the consistency of results from one


tool used for observing behavior. Validity refers to principle that an observation tool measures only what it was intended to measure. Validity is usually established by using a standard of comparison.\textsuperscript{35}

Tyler's steps in establishing evaluation methods and tools included definition of objectives, identification of the situations in which the learner is to practice his behavior, and development of tool which was feasible as a tool of measurement.\textsuperscript{36} These were the three steps utilized in organizing evaluation tools and methods for the resource unit developed in this study. Following the style of the selection of teaching materials and resources, the evaluation methods suggested were varied and ranged from the simple to the complex.

The tools and techniques of evaluation which were suggested in this study followed the suggestion of Tyler, "any way of obtaining valid data regarding the change in behavior or learning, accomplished through objectives is an appropriate evaluation procedure."\textsuperscript{37} The tools included in the resource unit were written tests, self-evaluations, class evaluations, antecdotal notes, projects, case studies, reports, rating scales, and class participation.

\textsuperscript{35}\textit{Evaluation in Air Force Instruction, op. cit.}, pp. 1-7.

\textsuperscript{36}\textit{Tyler, op. cit.}, pp. 72-75.

\textsuperscript{37}\textit{Ibid.}, pp. 70-71.
Compilation of a Bibliography

The resource unit bibliography was deemed essential to its comprehensiveness. The compiled bibliography in this study contained all the source materials deemed essential to each learning experience or activity. The bibliography made available to the nursing instructor a somewhat exhaustive series of references to choose from at her discretion.

In the present study, the resource unit bibliography was designed to include a variety of relevant reference materials from the fields of nursing, cultural anthropology, sociology, and social psychology. The bibliography was divided into five types of references: (1) books, (2) periodicals, (3) pamphlets, (4) audio-visual aids, and (5) community resources.

Structure of the Guide

The guide in this study was patterned after the method suggested by Sholtis and Bragdon, in their discussion of the development of a resource unit. These authors suggested that the resource unit be developed in a "T" format, with the suggested learning experiences in the left-hand column. In this left-hand column would also be the objective, the clinical area, and the level of learning

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38 Eldredge, op. cit., p. 367.
experience which were the basis of the learning experience. In the right-hand column were the sources and materials which complemented the learning experience.

The "T" method of presentation was recommended because it provided the instructor with a more complete and effective visualization of the learning experience, the resources, and the evaluation methods in the guide. The "T" presentation in this study was organized with facing pages. The left-hand page forms the left-hand or learning experience portion, and the right-hand page presents the resources.

Summary

In this chapter the steps in the development of a resource unit were accomplished. The broad categories of the concepts of the behavioral sciences were delimited as the content dimension of the objectives. It was determined that the behavioral dimension of the objectives would be that of understanding. The objectives were then screened through the philosophy of education and a psychology of learning. The objectives selected for utilization in the resource unit were then stated.

The following steps in the development of the resource unit were then accomplished: (1) selection of clinical areas, (2) suggestions of learning experiences, (3) organization of learning experiences, (4) suggestion of teaching materials and resources, (5) suggestions of evaluation tools and methods, (6) compilation of a bibliography, and (7) description of the format of the resource unit.
CHAPTER IV

A GUIDE TO AID IN THE DEVELOPMENT OF UNDERSTANDING
OF THE CONCEPTS OF THE BEHAVIORAL SCIENCES

Introduction

The resource unit was designed to illustrate how the development of an understanding of the concepts of the behavioral sciences could be emphasized throughout a basic preservice program in nursing. There were two purposes in developing the unit: (1) to provide the nursing instructor with a list of materials from which she could select learning experiences, and (2) to aid the student in the development of an understanding of the concepts of the behavioral sciences as they may be applied to nursing care.

Overview of the Resource Unit

The resource unit in this study was developed in such a manner that it could be utilized by any school of nursing espousing a democratic philosophy of nursing education and offering a basic preservice nursing curriculum. Five broad objectives which were derived from the concepts of the behavioral sciences served as a
guide for the planning of learning experiences and the selection of teaching materials. The five objectives were delimited as the most appropriate for the resource unit after the screening processes were accomplished through the philosophy of education and the psychology of learning which were used in this study. The objectives were stated in the two-dimensional form of behavior and content, and followed the suggestion of Tyler by being stated in terms of student behavior rather than teacher objectives. All of the objectives were stated in one behavior, understanding. This behavior was utilized because one of the purposes of the study was to develop a guide which the nursing instructor could employ in aiding the student to develop an understanding of the behavioral sciences. An assumption of this study was that the nurse had to understand the concepts of the behavioral sciences in order to maximize her understanding of human behavior. In this study, understanding was considered to be continuum-like mental process, embodying the areas of appreciation, comprehension, and discernment. This behavior implies the ability to (1) recall important facts and principles, (2) state pertinent and relevant facts and principles

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1 Appendix B.
2 Appendix C.
in one's own words, (3) utilize one's own experiences and the experiences of others to describe facts and principles, and (4) express the relationship between facts and principles.

The content areas of the objectives were derived from the five broad categories of the concepts of the behavioral sciences, as described in Chapter II. These categories were:

(1) Cultural patterns, which include the organization of a culture around characteristic themes, norms, or values, and are usually manifested behaviorally in the forms of folkways, mores, and laws.

(2) Group behavior, which includes social interaction, controls, and systems. Three common manifestations of group behavior are status, role, and socialization.

(3) Social organization, which includes behavior related to the structural components of societies and cultures. Conspicuous concepts in this area are caste, estate, and social class.

(4) Social disorganization, which includes behavior related to the disruptive elements of society. Examples are criminality, alcoholism, and psychoses.

(5) Social institutions, which include long-established, habitual, ritualistic, and repetitive patterns of behavior. The profession of nursing, itself, has important institutional connotations, not to mention familial, economic, political, educational, and
religious behavior patterns.

The clinical areas for which learning experiences were planned followed the typical curriculum of a basic preservice nursing program. The areas selected were: (1) Fundamentals of Nursing, (2) Medical Surgical Nursing, (3) Maternal and Child Nursing, (4) Public Health Nursing, (5) Psychiatric Nursing, and (6) Senior Experience in Nursing. The levels of experiences corresponded to the last three years of a four year curriculum. Learning experiences planned for Fundamentals of Nursing were considered to be first-level experiences; experiences planned for Medical Surgical Nursing and Maternal and Child Nursing were considered to be second-level experiences; and experiences planned for Public Health Nursing, Psychiatric Nursing, and Senior Experience in Nursing were considered third-level experiences. The learning experiences were then organized to meet the criteria of sequence, continuity, and integration.
Objectives of the Resource Unit

The objectives of this resource unit were:

Understanding that behavior manifested in folkways, mores, and laws is influenced by cultural patternings;

Understanding that status, role, and socialization are observable aspects of group behavior;

Understanding that social class is a functional component of social and cultural organization;

Understanding that behavior which is disruptive to organized society or culture is contributive to social disorganization;

Understanding that behavior which is ritualistic, habitual, long-established and repetitive in nature is observable in social institutions.
Learning Experiences

A learning experience was defined as the interaction between the learner and the external conditions in the environment to which he can react. Learning was defined as a persistent change of behavior which results from experience. The learning experiences were selected to reflect the nature of the objectives, to meet the needs of the learner, and to concur with the principles of selection suggested by Tyler. These principles were: (1) the opportunity for the student to practice the behavior in the objectives, (2) satisfaction by the student as the result of practicing the behavior, and (3) the use of several experiences to effect the same objective. The learning experiences were also planned to harmonize with the objectives of each clinical content area.

Teaching Materials

The teaching materials and resources suggested in the guide were selected upon the basis of applicability to the level of learning experiences and to the criteria of variety, range, and usefulness. A bibliography was included at the end of the unit. It contained all the suggested resources, including books, pamphlets, periodicals, films, and other teaching materials employed in planning the learning experiences.

\[4\text{Ibid.}, \text{ pp. 42-44.}\]
OBJECTIVE: Understanding that status, role, and socialization are observable aspects of group behavior.

CLINICAL AREA: Fundamentals of Nursing

First-Level Learning Experience

In a class concerned with the orientation to hospital procedures and routines, the instructor discusses with the students the procedures of patient admission. She describes to the class that many hospitals have different requirements, but that there are several basic steps taken in the admission of the patient. She indicates that there is usually a cause for the patient's admission, such as illness, examination procedures, or surgical procedures. The instructor elaborates that the patient, upon admission, usually has many apprehensions and fears. The instructor poses the question to the class, "What were your feelings when you first went on the ward to give care to a patient?" The instructor guides the class in discussing fears of the unknown, of changes in role and status, and of "not knowing how to act." The instructor then describes that the person who enters the hospital must assume the role of a patient, and that his fears and anxieties can stem from fear of the unknown, fear of death, and apprehension over what will happen to him. With the class, the instructor plans for one of the students to observe the patient admission sequence, from admissions office until he reaches the ward. The student is to report the sequence to the class the following week.

In class the instructor and the other students listen to the report of the observer. The instructor notices the amount of information gained from the observation, the routines observed, the various procedures carried out, and the people who came into contact with the patient during the admission procedure. One of the class members is assigned to list on the blackboard all the functions of people who were in contact with the patient. The class members contribute their knowledge of the functions of each person who was in contact with the patient. The instructor also notes whether the student was able to gain sufficient perception of the patient's anxieties concerning his change in role and status. The instructor evaluates the individual members of the class concerning their contributions, discussions, and abilities to perceive of the rationale behind this observation. In a written test, the instructor asks the question, "What is the role of the nurse in patient admission?" She will evaluate the answers according to the emphasis the students place upon the nurse as teacher, orientor, and role-definer as a means of determining the students' understanding.

The chapter on the admission of the patient to the hospital describes the reason the patient enters the hospital, his typical anxieties, and the role of each person who deals with the patient. The role of the nurse as the person who orients the patient to hospital procedures and routines is emphasized. Some of the routines listed are the hospital rules, the hospital gown, the nurse-call system, and meal and visiting hours.


An excellent section in this book contrasts the feeling of "well-being" which the patient has in his home environment as compared to the hospital environment. The patient frequently suffers a loss of freedom when he enters the hospital in that he has to adjust to a great many rules, he suffers the loss of personal items, and he experiences the loss of self-decision and freedom of speech.


A stimulating and provocative approach to patient care is found in the section, "Receiving the Patient into the Hospital." It is pointed out that the admission procedure often terrifies the patient and increases the dread, and hostility of the patient. The manner in which a patient is admitted gives him his perceptions of his role as a person or as a bearer of a disease.


An amusing description of an oriental's perceptions of an American hospital. The nurse assumes the role of the "gestapo" with her coldness and profusion of rules and regulations. The
admission to the ward is described as an experience of confusion and frustration.
OBJECTIVE: Understanding that behavior manifested in folkways, mores, and laws is influenced by cultural patternings.

CLINICAL AREA: Fundamentals of Nursing

First-Level Learning Experience

The instructor discusses with the students the importance of the role of culture in nursing care. She points out that many of the behaviors and actions exhibited by the patient are determined by his cultural background. She utilizes as an example the Spanish-speaking cultural group found in the Southwest. This group has many health practices which are at variance from those of the Anglo group, such as the reliance upon a cuandero, or one who uses magic to cure disease. The class members are encouraged to bring out their own personal examples of differences in cultural health practices.

To illustrate further these variances in cultural groups, the instructor then describes a film which she will show. The students are to note the various cultural factors influencing health care which they observe in the film. The film, Man and His Culture, is shown. After the showing of the film, the instructor reviews the important aspects of it. She encourages the students to express any ideas which they gained from the film. The instructor reinforces the idea that cultural settings affect health practices. She points out that the American depicted in the film has many health practices which are entirely alien to the existence of the African tribesman shown in the film.

At the conclusion of the class, each student is assigned to write a brief paper, in which she is to compare a health practice in a cultural grouping which is different what it is in the dominant American culture. The instructor suggests that the student utilize the nursing periodicals or books as resources. The papers are evaluated for communication skills, adequacy of reference material, understanding of the meaning of the concept of culture, the recognition of differences between cultural groups, and the ability to compare two different cultures.
TEACHING MATERIALS:

Man and His Culture, Bureau of Audio-Visual Instruction, University of Colorado Extension Division, Boulder, Colorado.

A college-level film which illustrates the variety of ways people live by comparing an African tribesman, an American city-dweller, and several other cultural groups.


An excellent reference for the descriptions of the health beliefs and practices of the Spanish-speaking group of the American population which lives in the South-West.


The nurse must understand her own and her patient's cultural patterns of behavior if she is to give effective patient care.


The mores of a cultural group play a significant part in the role of the nurse in planning effective patient care.
OBJECTIVE: Understanding that behavior which is ritualistic, habitual, long-established, and repetitive is observable in social institutions.

CLINICAL AREA: Fundamentals of Nursing

First-Level Learning Experience

In class on orientation to the hospital as community institution, the instructor discusses with the students the rules and regulations of the hospital. The instructor indicates that rules and regulations are always found in all social institutions, and that they are there to establish order, insure the maintenance of the institution, and to protect persons within the institution. The students are asked to indicate the hospital rules and regulations with which they are familiar. The instructor listens to a recitation of rules pertaining to smoking, visiting hours, admission and discharge, persons allowed to visit patients, fire rules, hours for meals, etc. As the students relate the various rules, the instructor lists them on the blackboard. She then asks the students to tell why each rule is necessary. The various points brought out by the students, such as the protection of the patient, the prevention of fire, the maintenance of efficiency, the protection of the public, and the protection of hospital personnel are observed by the instructor who then elaborates upon the need for rules, and emphasizes the fact that rules, once made, often become habitual. As an example the instructor cites the frequent hospital rule that flowers in patients' rooms are to be placed in the hall at night. She explains that this rule was based upon the premise that the flowers used up the oxygen in the room, which was bad for the patient. She asks the class if this rule is useful in terms of its rationale, and she observes whether the class brings out the fact that flowers can block the hallways and, if spilled, can become hazardous to safety. As an assignment, the instructor asks the students to write a brief paper, using the library as a resource, upon a specific hospital rule or regulation, its origin, its purpose, its effectiveness, and its present feasibility. As an example, the instructor cites the regulations about what a patient can bring to the hospital with him.

The instructor evaluates the papers for communication skills, skill in using library facilities, ability to use information from the class-discussion in planning the paper, the content of the paper, the understanding of the student of the meaning of the rule, the ability to describe the rule, and the evaluation of its use in the hospital setting.
TEACHING MATERIALS:


Discusses the social organization of the hospital, the formal and informal controls, and the effects of these controls upon the persons who are part of the organization.


A simplified discussion of the hospital as a social institution within the society.


An aspect of hospital life is the ritual and magic which occurs among all the rules. This study points out the inconsistencies and symbols which occur in hospital rules. The author emphasizes that rules become symbols when the knowledge is limited and a ritual is performed as a measure of control in the form of hope that the practice will bring about or prevent something.


Discusses the safety measures in hospitals as a measure of protection for the employee and the patient. The nurse's role is to teach the patient the safety rules.
OBJECTIVE: Understanding that behavior which is disruptive to organized society or culture is contributive to social disorganization.

CLINICAL AREA: Fundamentals of Nursing

First-Level Learning Experience

In class, the instructor and the students discuss the administration of narcotics to the patient. The instructor emphasized that the nurse, with the written orders of the physician, administers narcotics for the purpose of relieving pain. The basic types of administration of medications—oral, hypodermic, intramuscular, and intravenous—are reviewed by the instructor. The students are asked to review the symbols for each type of administration, and their replies are evaluated for their knowledge of type symbols: "o" or per os, "h," "IM," and "IV." The next topic is introduced by the instructor as consisting of the role of the nurse in the control of narcotic addiction. In the discussion, the fact is emphasized that the drug addict is considered to be deviant in our society and that societal norms do not accept drug addiction as anything but a disruptive type of behavior. Also emphasized is the concern of the Federal and the various state governments with this deviancy. The instructor points out that in our society, control is exerted by law, which basically aims (1) to eliminate narcotics traffic and (2) to prevent drug addiction. The film, Drug Addiction, is then shown to reinforce the class discussion. After the film, the students are encouraged to discuss their reactions to the film and to the problems presented by the film.

The Harrison Narcotic Act and its effect upon hospital procedures and rules are described by the instructor, who emphasizes that the purpose of hospital procedure for the control of narcotics is to provide a physical situation and a method of operation which will meet the requirements of the law, and thus provide maximum safety for the patients and the hospital personnel. Described in detail are the following hospital procedures: (1) narcotics are legally required to be kept under double-lock, (2) one nurse (usually the charge nurse) has possession of the keys, (3) after the administration of each narcotic, the drug is recorded both in the narcotic book and upon the patient's chart, (4) narcotics are counted between shifts, and (5) the nurse is responsible during the count to assure the accuracy of the count, the reliability of the records, and the cleanliness or sterility of the drug.

Upon the ward, the instructor observes a member of the class administering a p.r.n. order of morphine sulfate gr. 1/6. The student is observed for her use of a medicine card, the check of the Kardex, obtaining the keys from the charge nurse, her technique in preparing the drug, the identification of the patient, the check of his pulse, the
administration of the drug, and the disposal of the syringe and needle. The instructor aids the student in locating the narcotic book, the proper recording of the drug, and the charting of the drug on the patient's chart. The instructor asks the student what behavior she would anticipate from the patient subsequent to the administration of the morphine sulfate. The student's replies are evaluated for her knowledge of the physiological effects of the drug and for her knowledge of the symptoms to be observed in the patient, such as the slowing of the pulse rate, the relief of pain, and the drowsiness of the patient. In a test on the unit, the instructor includes a multiple-choice question testing the student's knowledge of the fact that the Harrison Narcotic Act is one method utilized in our society as a control of deviant behavior.

TEACHING MATERIALS:


Chapter 10 describes the historical and contemporary views of society toward the habitual use of drugs. A discussion of the drugs used by addicts, the culture of drug addiction, and the treatment and prevention of drug addiction is included.

**Drug Addiction**, 20 minutes, black and white.

A film suitable for college level students which describes the story of a youthful drug addict. The hazards of the use of drugs, the derivations of drugs, the physiological effects of drug addiction, and the treatment of those who use drugs are depicted.


A simple presentation of the techniques utilized by and responsibilities of the nurse in the administration of medications.

Discussed the Harrison Narcotic Act and the role of the school of nursing in carrying out the requirements of the Act. Procedure is emphasized.
OBJECTIVE: Understanding that social class is a functional component of social and cultural organization.

CLINICAL AREA: Fundamentals of Nursing

First-Level Learning Experience

In class the role of the nurse in teaching the patient the requisites of good nutrition is discussed. As an introduction, the instructor indicates that the nurse who is preparing to teach a patient about nutrition should take into consideration such factors as the receptiveness of the patient, his interest, and his motivation. The instructor explains that these factors are often related to the patient’s social class, which is part of the social and cultural organization of society. The instructor describes that the patient’s social-class membership conditions his perceptions of his needs and interests. To illustrate the latter point, the instructor indicates that persons of lower socio-economic groups frequently rely upon one basic menu and shun a variety of foods, whereas persons in higher socio-economic strata usually prefer a variety of foods, and are interested in new and different foods. She also points out that many times persons of lower status are limited by their incomes, educational levels, and the ability to understanding the ramifications of their physical disabilities. The students are assigned to read the articles, "Good Nutrition on a Low Income" and "No Eggs for Breakfast." They are instructed to write a brief summary of one of the articles, in terms of what behaviors of the patients were utilized by the nurse in planning their diets, what effects differences in social class had upon diet planning, and what they thought of how the nurse handled the cases. The papers are evaluated for skill in communication, ability to follow an assignment, recognition of dietary needs, ability to relate the class discussion to the assignment, and appreciation of the role of the nurse as a teacher.
TEACHING MATERIALS:


This section of the book serves to identify in simple and basic terms the role of the nurse as a teacher. Diet teaching is included in the discussion areas which can be approached by the student in fundamentals.


One of the important facets of student instruction is the area of student teaching of patients.

Bertha Monge and Dorothy Throssell, "Good Nutrition on a Low Income," The American Journal of Nursing, 60:1290-1292.

A family who has the children removed for neglect and malnourishment, is helped by the nurse to plan an adequate diet for the children as one means of effecting their return to the family group.


An article which introduces the effects of cultural and social class differences have upon eating habits of people. The nurse is depicted as using at first poor understanding of these factors in planning family nutrition but later she helps the family meet its nutritional needs within its social and cultural milieu.


A book which would serve as a reference or resource for the instructor who is interested in describing any facets of the total class structure in the United States.
OBJECTIVE: Understanding that status, role, and socialization are observable aspects of group behavior.

CLINICAL AREA: Medical Surgical Nursing

Second-Level Learning Experience

During a ward conference on the pre- and post-operative care of the patient who is to have a radical mastectomy, the instructor reviews with the class the role of the nurse in preparing the patient for surgery and in helping the patient to recover after surgery. The instructor guides the students in bringing out that the nurse has an important role as a teacher. The instructor describes that the nurse should prepare the patient both emotionally and physically. She points out that the patient about to undergo surgery for cancer is usually quite fearful and apprehensive. She cautions that the nurse should allow the patient to express her fears and anxieties and accept her right to have them. The instructor then interjects the idea that the patient is fearful because she is worried about losing her role and status as a woman, a mother, and a wife. The class, with the instructor's guidance, identifies and plans ways in which the nurse can aid the patient regain her function in her role prior to surgery and after surgery. One student is selected to present her patient to the class at the next ward conference. The class is to participate in the class discussion and contribute knowledge gained from previous and similar experiences.

In the ward conference, the instructor observes whether the student recognized and met the emotional, physical, and spiritual needs of the patient; whether all the teaching possibilities in the realm of immediate postoperative preparations were made; what preparations were made for the patient's return to her home, in the form of rehabilitative measures and teaching, such as exercises, follow-up and prosthesis; and whether the students in the class contributed knowledge and information from similar experiences and were able to relate these experiences to the present discussion.

As a method of evaluation, the instructor plans to include a question in the test covering the entire unit, in which she will ask the student to list the functions of the nurse in her role of preparing a patient for a radical mastectomy. She will evaluate the student's responses for the inclusion of teaching, accepting, planning, and aid to the patient in accepting the change that surgery has made in her role as a wife, a mother, and as a woman.
TEACHING MATERIALS:


Although this article pertains to facial surgery, it is significant in that it emphasizes that the patient's attitudes are important in pre- and post-operative care. Any surgery which imports a change in physical appearance has considerable impact upon the person's self-perception and sense of worth. This article is suitable for reference material, but not for student assignment.


The chapter, "The Patient with Disease of the Breast," is a comprehensive explanation of the subject. It emphasizes the role of the nurse in preparing the patient for a radical mastectomy and describes the rehabilitative aspects of post-operative care.


The article states that the surgical removal of the breast is the preferred treatment of cancer of the breast. The patient is usually fearful prior to surgery because of fear of the unknown. The physician's duty is to explain the surgery and all its ramifications to the patient in the presence of the nurse and the patient's family. The nurse who has to care for the patient who has not been thus informed has a great task to face.


The patient undergoing surgical removal of the breast is usually fearful and anxious. The nurse's role before surgery is to reassure the patient and accept her fears and anxieties. The nurse
may also have to arrange for religious attention for the patient. After surgery, the nurse must help the patient overcome her fears of unworthiness and lack of acceptance on the part of her family.
TEACHING MATERIALS:


An article written to form a basis for a panel discussion concerning established food habits of a cultural group and how the professional person should utilize the mores of the group as a basis for health teaching.


The role of the nurse in health teaching is hampered if she does not take into consideration the behavioral attitudes of various ethnic groups.


In this section of the book, food and eating are considered as social acts and should be viewed as behavior which is exhibited differently in different social and cultural groups. The author advises the use of anthropological knowledge in preparing diets in the hospital.
OBJECTIVE: Understanding that behavior manifested in folkways, mores, and laws is influenced by cultural patternings.

CLINICAL AREA: Medical Surgical Nursing

Second-Level Learning Experience

In the classroom, the instructor discusses with the students the importance of the proper nutrition for patients and the role of the nurse in providing the proper diet for the patient. The instructor and the students discuss the responsibilities of the nurse in determining what diet is ordered for the patient, in perceiving the food preferences of the patient, and in explaining to the patient on special diet why he is on one. She emphasizes that the nurse should attempt to create an atmosphere similar to the home environment when the patient is eating; e.g., by offering the patient water to wash, clearing away unpleasant items such as bedpans, and the avoidance of unpleasant procedures during or immediately prior to meals, e.g., changing dressings. The instructor also emphasizes the importance of cultural conditioning patterns upon food preferences and upon attitudes toward food.

The topic of discussion is then centered upon the role of the nurse as a health teacher of nutrition. The instructor points out that the patient must be motivated to learn before the nurse is able to teach nutrition effectively. Also emphasized is the fact that the nurse must have a knowledge of the subject she is teaching, in this case the "basic four" of good nutrition. The students are asked to review the basic four, and their replies are evaluated for their knowledge of the following groups: (1) dairy foods, (2) meats, (3) vegetables and fruits, and (4) breads and cereal.

The student is assigned to a thirty-year-old Spanish-American female, who has a diagnosis of malignant hypertension and is on a salt-poor diet as a therapeutic measure. The student is to do a diet study on this patient as a preliminary step to teaching the patient her diet. The instructor goes over the diet study with the student to see whether she considered the patient's food preferences, her dietary restrictions, and her nutritional needs. The student then plans with the patient for her future dietary plans. The student submits a teaching plan, with the planned menus, to the instructor. The instructor evaluates the plan according to whether the student has considered the basic four in planning the diet, and whether the student is planning to meet the cultural needs of the patient, in terms of food preferences and habits. The instructor then observes the student during the actual nutritional teaching and planning sessions with the patient for her skills in interpersonal relationships, communication, and planning and organization.
OBJECTIVE: Understanding that behavior which is ritualistic, habitual, long-established, and repetitive is observable in social institutions.

CLINICAL AREA: Medical Surgical Nursing

Second-Level Learning Experience

The instructor and the students discuss in class the rehabilitation of the patient who has suffered a myocardial infarction. With the help of the instructor, the students review the following: the prognosis of the patient with the myocardial infarction is guarded until about four weeks after the attack, the degree of disability is frequently unknown, sixty-to-eighty per cent of the patients can return to some employment, and treatment in the hospital usually includes rest, anticoagulents, oxygen, analgesics, and supportive nursing care. The topic of the role of the nurse in preparing the patient for return to his family is introduced. The family as a primary social institution, with its own set of rules, values, status structure, and role expectations is described by the instructor. She asks the students which habits and established patterns of behavior of the patient as a member of his family will be altered? She listens to the student responses to ascertain if the students understand that the patient will have to acquire new habits and modes of behavior as a result of the limitations of his disability. She observes whether the students recognize that the entire family will often have to change its established pattern of living to adjust to the disability of the patient. The instructor then elaborates that the patient, if a breadwinner, must often replace his job with a less strenuous occupation and that another family member must frequently assume the role of breadwinner. She further observes that the change in family, as well as feelings of guilt and unworthiness in the patient, often creates emotional imbalances and tensions within the family. The instructor explains that the role of the nurse is to help the family retain its established habits of living as much as possible. The work classification unit is described as one important resource available to the patient, in which he can establish his limitations and receive advice concerning them.

A student is assigned the observation of the process of the work classification unit. She observes the vocational counselor, the social worker, the psychiatrist, the medical director and the cardiologist during the interviews and examination of one myocardial patient. She also observes the case conference of the staff with the patient's attending physician. The student also discusses with the patient his reactions to the work classification unit and the probable work he will do when he returns to the family milieu. The student reports
her observations to the class. The instructor evaluates her report for her comprehension of the nature and function of the work classification unit, the changes in habit-patterns that the patient will have to assume, dietary restrictions, and changes in familial activities and functions, as well as in other established institutional relationships.

TEACHING MATERIALS:


The basis of teaching a patient as a means of preparing him to go home is the nursing care plan. Often a week-end pass from the hospital enables the patient and the family to visualize how much adjustment will be needed when the patient comes home.

Minna Field, Patients are People (New York: Columbia University Press, 1953).

An excellent book which uses the sociological approach to describe the patient's behavior which is influenced by and indicative of his social environment.


The patient who is returning home with a cardiovascular disease and on a special diet requires instruction from the nurse regarding planning, organization, and understanding of his diet.


Discussion of the family theory in which the role and function of each family members is explored and described.
Colorado Heart Association, Work Classification Unit, 1636 Logan St., Denver 3, Colorado.

A pamphlet which describes the purpose and the function of the work classification unit.
the students for the recognition of the importance of insight and the acceptance of the alcoholic as a person before effective nursing care can be planned. As a class assignment, the students are asked to turn in a paper listing the resources available to the alcoholic and his family in planning for his rehabilitation.

The students' papers are observed for communication skills, ability to do research into community resources, and comprehensiveness of the report. In a written test at the end of the unit, the students are asked to describe the alcoholic's behavior and why it is disruptive to society.

TEACHING MATERIALS:


Discusses alcohol drinking as social behavior and alcoholism as behavior which is deviant from the norm. Utilizes a number of statistics to point out the magnitude of the problem. Also brings out the cultural, religious, and ethnic differences which affect drinking behavior and the attitudes toward drinking.


A popular book written in simple style by an alcoholic for alcoholics, their families, and the people who take care of them.


Alcoholism is described as a complex of social and individual disorder which is viewed as emotional dysfunction. The alcoholic seen in the hospital is usually guilt-ridden and it is the nurse's role to understand him and help him plan for his return to society.
OBJECTIVE: Understanding that behavior which is disruptive to organized society or culture is contributive to social disorganization.

CLINICAL AREA: Medical Surgical Nursing

Second-Level Learning Experience

In class, the students and the instructor discuss the etiology, treatment, and prevention of alcoholism as it is related to the diseases of the central nervous system. The instructor points out that, although drinking, per se, is usually acceptable in our society, compulsive drinking, or alcoholism, is considered to be undesirable. The instructor further states that any behavior which is disruptive or abnormal, provided that it is sufficiently so, is condemned by society and often has a stigma or sense of shame connected with it. Guided by the instructor, the class discusses societal attitudes toward drinking and how they are modified and affected by social, cultural, religious, and ethnic conditioning factors. The students are asked to recall the various attitudes toward drinking with which they are familiar. The ensuing discussion is observed by the instructor for the perceptions of the students of the factors which may influence drinking behavior, and also for manifestations of various attitudes toward drinking. Particular emphasis is placed upon primary-group influences, religious factors, and the variables of age, sex, race, school, and the laws of the particular area. The class discussion is then directed toward the admission of the alcoholic to the medical surgical wards. The instructor explains that the alcoholic is not usually admitted to the general hospital because of his disruptive behavior and because of the attitudes of the hospital personnel toward the alcoholic. The instructor elaborates that the alcoholic, when admitted to a general hospital, is usually admitted under a different diagnosis or for a different treatment than alcoholism, but that a flare-up of alcoholic symptoms often occur during his hospital stay. The students are requested to review the observations which may be made by the nurse which are indicative of the effects of alcohol upon the central nervous system. The review is evaluated for the students' knowledge of such typical behavior as elation, euphoria, depression, disorientation, slurred speech, verbosity, lack of motor control, and unconsciousness. The instructor then explains that these behaviors are all disruptive to ward procedure and that often the alcoholic is considered to be more acceptable on the psychiatric ward. The nurse's role in caring for the alcoholic is then discussed in class, and the students are asked why the nurse should recognize her own attitudes toward the alcoholic before she can plan his care. The instructor observes the replies of
Three outstanding factors in the nature of alcoholism are the inner tensions from needs for adjustment, the attitudes toward drinking, and the provision of substitutes for release of inner tension.
TEACHING MATERIALS:


Differences in social class levels influence perceptions of needs for health care and sick-role among elderly people.


Strong emphasis is placed upon one's occupation as the variable to which assigned status, power, and prestige as related to the social class structure. The lack of ability to function or to work is often related to loss of status in one's social class in our society.


The nursing care of the patient who has had a cerebrovascular accident is discussed in the Chapter, "The Patient with Neurologic Disease."
OBJECTIVE: Understanding that social class is a functional component of social and cultural organization.

CLINICAL AREA: Medical Surgical Nursing

Second-Level Learning Experience

In class, the students and instructor discuss the patient who has suffered a cerebrovascular accident. As a review of the previous lectures that the class has had, the students are asked to discuss the etiology and treatment of this neurological disease. Their discussion is evaluated by the instructor for the following aspects: the rupture or occlusion of a brain vessel which causes the symptoms; the signs of an impending cerebrovascular accident, which can include dizziness, nausea, and a slight weakness on one side; immediately after the accident, the symptoms can include hemiplegia, speech disturbance, and hemianesthesia; and treatment is usually based upon skillful nursing care. The instructor emphasizes that rehabilitative nursing includes both physical and emotional considerations, since the patient frequently loses his sense of worth because of his lack of function, and often views himself as non-contributive and useless. The instructor elaborates upon the importance to the individual and to the social structure of the maintenance of one's ego. The instructor emphasizes that this is a two-way process, and that the patient's social class (i.e., his position in the social structure) also influences his ego-maintenance, his motivations, and his self-perception. Thus, cerebrovascular accidents are important in the context of social-class membership.

To emphasize the fact that the nurse must be aware of the social class differences of patients, the instructor assigns an hypothetical patient to the students, who are to make a nursing care plan to meet the patient's needs. The instructor describes the patient as Mr. X, who is sixty years old, a widower, has been actively busy in his occupation, has a married son, and has just suffered a "stroke." The class is asked to prepare a care plan for Mr. X if he were a member of the middle-class. It is then asked to vary the plan to meet his needs if he were of the upper-class and of the lower-class. The students are asked to account for their variations, if any, in nursing care plans in terms of differences in social-class membership.

The instructor evaluates the nursing care plans for the identification of the patient's physical needs and of his social and emotional needs, and for the perception of social class membership in terms of the economic resources of the patient, his future care, his adjustment to inactivity, his acceptance by his social group, his need for help, and his referral to community resources.
OBJECTIVE: Understanding that status, role, and socialization are observable aspects of group behavior.

CLINICAL AREA: Maternal and Child Nursing

Second-Level Learning Experience

In the classroom, the instructor discusses with the class the role of the nurse in preparing the primagravida for her future role as a mother. The instructor aids the students to bring out the importance of instruction in diet, exercise, personal hygiene, care of the breast, and the danger signs of pregnancy (bleeding, loss of amniotic fluid, edema, pain, dizziness, and headache). The instructor helps the students to bring out the fears and anxieties which the primagravida may experience. The instructor notes whether the students recognize that the primagravida is anxious and fearful about her change in role in becoming a mother, her change in familial relationships, her changes in responsibilities, and her fear of labor and delivery. Plans are made to give the students the opportunity to observe counseling and teaching in a pre-natal clinic, and subsequently to do counseling and teaching themselves. The instructor arranges with the clinic for the students to have the opportunity to observe, and then to counsel a primagravida woman. The instructor assigns each student the task of making a process recording of the counseling and teaching sessions.

After the observation and practice in counseling, the student and the instructor have a conference to discuss the student's experiences and the process recording. The instructor and the student observe whether the student has utilized all the principles of good prenatal care in the teaching and counseling exhibited in the process recording. Also observed are the student's skills in communication, observation, and interpersonal relationships. The process recording is analyzed to ascertain whether the student has recognized the fears and anxieties of the patient stemming from her expected change of role, and perhaps from her change of status as well.

The instructor selects two process recordings to be read in class, in order to form a basis of discussion concerning the role of the nurse in teaching the primagravida good health practices by utilizing the principles of prenatal care and through the observation of the patient's anxieties and fears.
TEACHING MATERIALS:


A nursing student describes her experience with a primagravida, in which the student follows the patient from the outpatient clinic, to the examination room, and to a prenatal class. The student observes that the patient was unsure and frightened, and she states how she listened to the patient express her fears. The student instructed the patient in diet and the dangers of pregnancy.


The expectant mother frequently has many fears, such as the fear of death, of dependency upon the husband, or loss of status. The role of the nurse is to listen to the patient and to accept and understand her fears.


During her obstetrical experience, the nursing student is concerned with the total needs of the expectant mother. She follows the patient from the first visit to the clinic to the birth of the baby, including postpartum care.


This section of the book stresses the importance of the understanding by the nurse of the relations between the family members, the fears of pregnancy, the behavior patterns of the pregnant woman indicating her fears, the change in social status of the family, and the emotional changes in family roles.
OBJECTIVE: Understanding that behavior manifested in folkways, mores, and laws is influenced by cultural patternings.

CLINICAL AREA: Maternal and Child Nursing

Second-Level Learning Experience

In the classroom, the instructor discusses with the students the role of the nurse in meeting the emotional needs of the patient who is in labor. The students and the instructor review the physical needs of the patient, and the instructor observes whether the students are aware that the nurse aids the patient in the protection against infection, injury, hemorrhage, and other complications. The students are helped to recognize that the nurse must also assist the mother during labor by showing her how to breathe and by listening to her fears. The instructor also explains that fear and pain experienced in childbirth are frequently related to the various cultural backgrounds of the patients. The students and the instructor discuss how various cultural groups act in certain situations; e.g., some groups act very reserved and quiet, some behave stoically, whereas still others are emotional and demonstrative. The instructor then has the class elaborate upon the behaviors of the woman who is in the process of labor and delivery. The students then participate in a discussion of how certain acceptable behavior patterns within one group are not necessarily acceptable to another group, and of how necessary it is for the nurse to recognize these differences.

The student is assigned to give nursing care to a Spanish-American woman during labor and delivery. The student is under the supervision of the instructor. During the care of the patient, the student is to write a nursing care plan for the patient. During the process of labor and delivery, the instructor observes the student to determine if the student utilizes the nursing principles of watching for signs of any untoward signs during labor and delivery; if the student utilizes good interpersonal relationships and communication skills, and whether the student recognized and attempted to meet the emotional needs of the patient. The next day, the student and the instructor evaluate the nursing care plan to determine whether the student was able to identify the nursing care needs of the patient and was able to plan the approach meeting these needs. The evaluation includes determining if the student recognized the behavior of the patient as it was related to cultural differences.

A comprehensive study of nursing care and practice which occurs on a maternity ward. Emphasis is placed upon the fact that the nurse's point of view regarding good nursing care often does not coincide with the patient's viewpoint.


The fear and the pain in childbirth are not related to cultural differences and civilization, since these two behaviors occur also in primitive cultures.


The role of the nurse in the care of the patient during labor and delivery is emphasized in this section. The mother not only needs protection against infection, hemorrhage, and other complications but also needs support and reassurance from the nurse. Some consideration is given to the reactions of the patient in labor according to her cultural and social background.


An interesting description of the maternity customs among the Spanish-Americans in New Mexico.
OBJECTIVE: Understanding that behavior which is ritualistic, habitual, long-established, and repetitive is observable in social institutions.

CLINICAL AREA: Maternal and Child Nursing

Second-Level Learning Experience

In class, the discussion is centered around the child with rheumatic fever and the role of the nurse in preparing this child to return to his family milieu. In order to form a background for the discussion, the instructor asks the students to review the disease and its effect on the child, which was discussed in a doctor's lecture prior to this class. The following facts are reviewed by the students: rheumatic fever is an infectious disease which has a definite relationship to group A beta hemolytic streptococci, that it is a frequent infection of children, that two per cent of the school children in the United States contract this disease, that its symptoms can include joint-pain, fever, rash, chorea, anorexia, inflammation of the joints, and tachycardia; that the treatment includes bedrest, proper nutrition, antibiotics, salicylates, and the corticosteroids; and that complications can include carditis, heart damage, and joint changes. The instructor then guides the class discussion toward the effects that a long-term illness of this type can have upon the family and its behavior. The family's various roles are discussed in the context of the family as a social institution with expected habit patterns and role behavior. The disruption of familiar family activities, the expectations by the family of the child, the expectations by the child of his family, and the anxieties and fears which may be present in the family, and elaborated upon further by the instructor. She indicates that the child often has to give up many of his established habits within the realm of school and recreational activities with the result that the child often feels rejected, fearful, and guilty due to his illness and limitations. The fact that the family frequently has reactions to the changed activities of the child is also discussed. She then asks the class to discuss the ways in which the nurse can help the family and the child to accept the new behavior patterns and habits which replace the old ones. The class, with the help of the instructor, discusses the role of the nurse as a teacher, in which she can help the mother plan for the return of the child to the home and to limited activity.

To reinforce the class discussion, the film, The Valiant Heart, is shown. The class discusses the film from the point of view of how the child can be helped to adjust to a different pattern of living. As a class assignment, each student is to plan a week's activities for a child with rheumatic fever. The student is allowed to
stipulate the age of the child, the limitations, and the family milieu in her plan. The plans are evaluated for comprehensiveness, inventiveness, resourcefulness, knowledge of the amount of activities the child is allowed, and the age level of various activities. The instructor notes whether the students provide for the maintenance of as many former habits and activities as possible, so that the child is able to establish a feeling of security and worth as a functioning member of the family unit.

TEACHING MATERIALS:


Describes family rituals and their influence in developing primary group values.


Discusses the statistical findings, the clinical aspects, symptomatology, prognosis, treatment, and nursing care of the child with rheumatic fever. Included is a description of the family's reactions to the sick-role of the child.

Counterpane Course, Calvert School, 105 Tuscany Road, Baltimore 19, Maryland.

A series of activities designed with the bedridden child in mind. Handiwork for children from the ages of 7-12 includes painting, weaving, and so forth.


An elaborate discussion of a "family theory," which explores the function and structure of the family as a social institution.

An informative booklet designed for the use of the mother in caring for the child with rheumatic fever.

The Valiant Heart, Colorado Heart Association.

A film which depicts the care and treatment of a boy with rheumatic fever.
setting. The instructor examines the papers for communications skills, clarity of presentation, and knowledge of the rationale for institutionalization.

TEACHING MATERIALS:


An article of a series in which the team approach to meeting the needs of the family who has a child with a handicap. Excellent discussion of the emotional attitudes of the family and how the health worker can help the family understand their attitudes.


Mental retardation is a complex community-family problem. The adult in caring for the child should show love and respect to the child.


An excellent handbook for parents and for those who are interested in the role of the family in caring for the retarded child.


A description of the various techniques utilized to help the retarded child to adjust to his status in society.
OBJECTIVE: Understanding that behavior which is disruptive to organized society or culture is contributive to social disorganization.

CLINICAL AREA: Maternal and Child Nursing

Second-Level Learning Experience

A planned field trip to the State Home for Mentally Retarded Children is discussed by the class and the instructor. The purposes of the visit are brought out in the discussion, which are the observation of: the types of mental retardation, the schooling and training of retarded children, the facilities of the school, the activities of the school, the staff personnel, and the behavior of the children. The instructor points out that institutionalization is frequently necessary because of the disruptive nature of the child's behavior within the family group. Also emphasized in the discussion is the fact that, although a number of persons to observed during the visit are classified as children, they are chronological adults.

During the field trip, the instructor evaluates the students for their observational skills, their interest, and their interpersonal relations with the staff and the children.

Following the trip, the student's observations and reactions to the experience are discussed in class. The students are encouraged by the instructor to bring out all their feelings, both negative and positive, in order that they might gain insight into their reactions to the trip. The fact that persons who visit the mentally retarded often experience feelings of rejection, fear, anxiety, and even hostility is brought out by the instructor. The instructor discusses with the students the reasons for such feelings such a feeling of guilt or responsibility, a sense of lack of communication, a fear of something different or unknown, a resentment of a deviation from the "norm." The feelings of the students are then equated by the instructor, to those felt by the family of the retarded child. In order to reinforce the understanding of the students of the deviant factor of the retarded child, she equates the retarded child to any deviant group such as the criminals, mentally ill, or other handicapped groups. The retarded child exhibits behavior which is not normal and therefore not acceptable to the society in which he exists, describes the instructor, who continues to emphasize that the family often feels responsible for the deviant behavior of the child and thus experience many varying attitudes toward the child. The final topic of discussion is that institutionalization is often one of the main solutions in our society for deviant groups.

After class, the students are assigned a paper in which they analyze the retarded child in relation to the home and to the institutional
this to the attention of the doctor and/or the social worker for planning with the family. She also indicates that the nurse should be cognizant of the available resources for the family which cannot meet the economic demands of such medical care.

The instructor invites a representative of the State Health Department Crippled Children's Section to discuss the procedures of referral with the students. The representative explains that a physician's referral is necessary for consideration of the case. The family is usually evaluated by a public-health nurse, and the application for registration as a crippled child is then submitted. After acceptance, the family receives notice of office appointments with a plastic surgeon, who examines the child and plans for surgery with the parents. During the rehabilitation of the child, the family is visited by a public health nurse from the staff of the Crippled Children's Section, the surgeon, and the hospital for continuity care. The family is eligible for a speech therapist and for orthodonture. The child is often kept on the registers until he attends school successfully.

In the test on the unit, the instructor includes a problem in which the student is requested to make a brief nursing care plan for a baby born with a congenital defect and whose family is in the lower socioeconomic bracket. The instructor observes the nursing care plans for recognition of physical needs, planning for teaching and rehabilitation, and cognizance of considerations related to socioeconomic status.

TEACHING MATERIALS:


Middle class persons tend to discipline themselves through the use of self-blame, self-distaste, and self-hatred. Lower class persons tend to be insecure in their relationships with others and direct their aggressiveness not toward themselves but toward others. The middle class child is trained to control his behavior through a sense of guilt while the lower class child tends to lack the sense of guilt and as a result is more aggressive in his behavior.
OBJECTIVE: Understanding that social class is a functional component of social and cultural organization.

CLINICAL AREA: Maternal and Child Nursing

Second-Level Learning Experience

In class the instructor and the students discuss the problems of caring for the child with the cleft palate. Under the guidance of the instructor, the class discusses the cleft palate as a congenital anomaly which occurs in various forms and is frequently accompanied by a cleft lip. The instructor emphasizes that the main problem in the nursery is one of adequate and safe feeding. The instructor points out that the absence of the soft palate creates difficulty in the usual method of sucking, and that methods have been devised to supplement the soft palate with special nipples. The instructor also indicates that these children are frequently fed from the cup in preference to sucking. She explains that, because of the lack of a palate, feedings are frequently too rapid, and the baby regurgitates. The instructor continues the discussion by introducing the topic of the mother's reactions to the baby. She emphasizes that mothers of different social classes will frequently have different reactions to their babies with cleft-palate because of different values and attitudes existing within the social structure. For example, the middle-class mother may tend to indulge in self-blame, whereas the lower-class mother may feel as though it was her "fate" and that "the world is against me." The students are encouraged to discuss their feelings toward a baby with a cleft palate. The instructor listens to the students' descriptions of fear, repugnance, guilt, dislike, and anxiety as typical reactions to the cleft palate. The instructor then states that one of the nurse's topics in the instruction of the mother prior to taking the baby home will be that of surgical repair of the cleft palate and cleft lip. The instructor indicates that surgical repair is usually done by a skilled plastic surgeon via a series of operations as determined by the nature and extent of the defect. She describes the nurse's responsibility to interpret to the mother the extent and types of repairs which the physician has indicated that were available to her child. She also indicates that the child may require speech therapy and special orthodonture and that the nurse may have to help the parents understand the need.

The instructor emphasizes the fact that the medical expenses resulting from the repair and rehabilitation of the cleft palate cannot be absorbed by the average middle-or lower-class family. She indicates that the nurse should be cognizant of family anxieties resulting from anticipated medical expenses, and that the nurse should bring

Family security is usually based upon economic stability. The less the economic stability the less is the family security; therefore, the lower class family tends to be less stable than the upper class family because it lives closer to its economic resources and frequently depends upon the mother and father as bread-winners.


There are observable differences in the type and manner of values utilized by parents in rearing their child as related to social class.


Discussion of nursing care for the child with a cleft palate.
OBJECTIVE: Understanding that status, role, and socialization are observable aspects of group behavior.

CLINICAL AREA: Psychiatric Nursing

Third-Level Learning Experience

During a ward conference, the instructor introduces the topic of the role of the nurse in planning with the mental patient for his return to his family and society. The class discusses the problems encountered by the returning mental patient, with emphasis upon his resumption of status upon his return. The instructor helps the class to bring out the role of the nurse as the teacher, interpreter, and the counselor of the family during the preparation of the return of the patient to society. One member of the class is assigned the task of visiting with a public health nurse the family of a patient who is soon to be discharged. The student is to discuss with the patient, doctor, and his social worker the problems and the methods used in preparing the patient for his return. The student is to present the patient and his family as a case study at a future ward conference.

In the ward conference the student presents her observations and analysis to the class. The class and student discuss the methods of helping a family and the community to prepare for the return of the patient. The instructor listens to the discussion the various class members for their knowledge of, and interest in, the subject. She evaluates the content and the analytical skill of the student making the presentation, as well as her skill at interpersonal relations both with the patient and with his family. Finally, the instructor notes the extent to which the reporting student recognizes the importance attached by the community to the occupational and social status of the returning mental patient.
TEACHING MATERIALS:


An excellent pamphlet which describes to the family of the mental patient what to expect in the way of behavior from the recently hospitalized family member.


An informative pamphlet concerning various statistical aspects of the returning mental patient. Emphasis is placed upon community effort and understanding as one means of augmenting his emotional adjustment.


The role of the nurse in helping the family and the patient to resume life in the community. The nurse is viewed as a counselor, interpreter, communicator, and an educator in her interactional role with the family and the patient.


A study of the success of returning mental patients. It has been found that the community equates social status and occupational achievement, and tends to reject those of low occupational achievement. Recommendations of the study include the fact that the community needs to be educated to accept the returning mental patient as having lower performance levels and capabilities.
Families need assistance in preparing for the return of the mental patient. The family needs to understand and to accept its own feelings before it can adequately adjust to its returning member.
OBJECTIVE: Understanding that behavior manifested in folkways, mores, and laws is influenced by cultural patternings.

CLINICAL AREA: Psychiatric Nursing

Third-Level Learning Experience

During the class period, the reading assignment, "A Case of a 'Psychotic' Navaho Indian Male" is discussed. The instructor and the students discuss the factors which led up to the diagnosis and hospitalization of Bill, the Navaho who was diagnosed as schizophrenic. The students first review the facts that Bill was raised on the reservation in the traditional manner, that he had tuberculosis as a young adult, and that he often earned money by participating in work-crews which traveled about repairing railroads. The students then explore the behavior of Bill when he found himself without funds or friends in a community far from home. The class is guided to recognize Bill's behavior as "normal" when he decided that one way to get home was to be hospitalized and then transferred to the reservation hospital, from which he could return home. The next area of Bill's case which is explored by the class, is the event of Bill's arrest. The instructor describes that Bill's approach to the woman in white was considered to be abnormal behavior in our culture but would have been normal in Bill's own cultural milieu. The attitudes of the medical people who diagnosed Bill as a schizophrenic and sent him to the state mental hospital are also reviewed. The instructor asks the students to indicate the behaviors which were culturally influenced, yet were used as behaviors to diagnose Bill's case. As a means of evaluation, the instructor listens to the students' answers to determine their recognition of Bill's withdrawal as "normal," and whether they observed that Bill's insistence that he was sick might be interpreted as delusional or schizophrenic behavior.

The instructor poses the question: What behavior do we regard as normal in our society which might be considered psychotic in other cultures? The class members are encouraged to reflect upon their own behavior in the light of cultural patternings. To reinforce the class perception of cultural differences in behavior patterns, the instructor shows the film, American Indians of Today. Prior to the showing, the instructor discusses the film with the class. She requests that the students look for any behavior in the film which might not coincide with majority-group "norms." The students are then shown the film, which is concerned with the American Indian of today and the variety of situations and environments in which he may be observed. Following the showing of the film, the instructor has the class break up into small groups and discuss situations in which
the behavior of the American Indian, viewed in the context of his culture, is "normal," whereas in the context of the dominant Anglo culture, it is "abnormal." The background of the discussion is provided by the divergent and varying cultural behavior observed in the film.

The instructor evaluates the extent to which the students have been successful in actually perceiving of differences in behavior, and their understanding of human beings as individual entities who are largely "culture-bound." In the next written test, the instructor includes a question in which she tests the student's knowledge of the importance of the variable of culture as a determinant of human behavior, of societal norms, and of individual self-perception.

TEACHING MATERIALS:


A now "classic" study of a case of misdiagnosis of a Navaho Indian who was only acting in a manner entirely acceptable to his culture but not to the "anglo" culture in which he treated as a schizophrenic. Only through the perceptions of an alert psychologist was this case discovered as one which the culture of the patient created a behavior pattern which was interpreted as psychotic in the anglo culture.

American Indians of Today, Film Division Office of Group Services, Denver Public Library, Denver 3, Colorado. 16 minutes, color, sound, 1957.

A documentary suitable for college and adult level viewers. Illustrates the present day achievements and problems of the American Indian by describing the variety of situations and environments in which the Indian can be found today.

An interesting study concerning the relationship between culture and mental health and the treatment of mental illness. Emphasis is placed upon the variations on the amounts and kinds of pathology which is found in various cultures.


By comparing three cultural groups, the author has found that behavior patterns in various cultures are normal only to the culture in which they occur. The last chapter is especially provocative in examining the "maladjustments" which occur in these cultures and how the culture accepts or rejects persons within the group who do not behave according to certain norms.
OBJECTIVE: Understanding that behavior which is ritualistic, habitual, long-established, and repetitive is observable in social institutions.

CLINICAL AREA: Psychiatric Nursing

Third-Level Learning Experience

In class, the students discuss the assigned readings, "Visit to Ghell" and "A Therapeutic Milieu for Borderline Patients," in terms of the nurse-patient relationship. The instructor describes the "typical" mental hospital in terms of a social institution which has established formal and informal controls, rules, regulations, and roles and functions for its members. With the help of the instructor, the students discuss the many typical rules and regulations which are utilized in the mental hospital and which may be regarded as forms of ritualistic and repetitive behavior. The instructor brings out that such practices as the counting of silver, counting of patients, restrictions of privileges, locked doors, the use of keys, and special uniforms are all established forms of behavior which operate as instruments of social control. The instructor emphasizes that even such practices as seclusion, electric shock therapy, and cold packs can be viewed as instruments of social control. Utilizing the assigned articles as a framework, the students then discuss the nurse-patient relationship in the open hospital and in the community of Ghell as it differs from the "typical" mental hospital. The loss of control by the personnel, the change from established patterns of behavior, and the loss of authority on the part of the nurse, are examined and discussed by the students. The change in the nurse-patient relationship is viewed by the students to be one in which both the patient and the nurse have equal worth and responsibility. To reinforce the students' understandings of the differences in controls utilized by various types of social institutions, the instructor has the class break up into small groups to discuss the probable feelings, reactions, and behavior of the psychiatric nurse moved from a "typical" mental hospital to an open hospital. The group discussions are evaluated for the students' recognition and understanding of the effect of change in long-established behavior patterns, for their perception of the differences in the types of controls which are effected by the nurse, and their understanding of the changes that the nurse would have to effect in her relationship with the patient.
TEACHING MATERIALS:


The description of an institutional situation which varies from the usual setting of the mental hospital. An excellent description of the feelings of the professional staff when "typical" behavior or rituals are not observed.


A description of one of the unique communities in the world. This small town in Belgium is devoted to the care of mentally ill patients who live with the townspeople and share their activities. The nurses visit the patients in the homes and are available for informal visits by the patients.


A comprehensive study of the organization, control, roles, communications, and function of the mental hospital. This book has become one of the main sources of information concerning the social aspect of institutions and the people who function within the institution.


An excellent discussion of the formal and informal controls of the hospital.
OBJECTIVE: Understanding that behavior which is disruptive to organized society or culture is contributive to social disorganization.

CLINICAL AREA: Psychiatric Nursing

Third-Level Learning Experience

In a seminar, the students have prepared for a discussion of the aged as one of the areas of health problems which must be met by the psychiatric health team. They discuss the problem of increasing numbers of admissions of the aged into mental institutions, the reasons for the increase, and the role of the psychiatric nurse in the area of mental health for the aged. The discussion is centered upon the fact that the social roles of the aged are poorly defined in our society, and that the aged person often has no place to "fit in." The instructor points out that physiological changes, psychological changes, and changes in social role and status, together with physical, emotional, and mental deterioration, have created an aged population in our society which may be regarded as a deviant group. The class then elaborates upon the fact that the aged person has feelings of uselessness, unworth, depression, and as a result fear of the social role into which he has been thrust. The various overt behaviors of the aged are then discussed by the class and the instructor, including hostility, depression, withdrawal, fear, suspicion, hypochondria, egocentricity, and self-absorption. The instructor then divides the class into buzz groups of three-to-four students each to discuss the area of prevention as one manner of meeting the problems of the aged. After a short time, the instructor asks the groups to report their discussions. The reports are observed for the following: the function of the aged in planning to meet their own problems, community programs for the prevention of the problems of the aged, federal and local government planning for the aged population, and the role of the family in planning with the aged person for better mental health. In a paper-and-pencil test on the unit, the instructor asks the students to describe typical behavior patterns of the aged and how these patterns contribute to the acceptance or rejection of the aged person by society.
A discussion of the social roles of the older people in our society as being undefined. The physical and psychological changes along with changes in social role and status have created the aged group as deviant in our society. There is a marked increase in mental hospital admissions among the older group. These statistics do not indicate that the mental disorders among the aging are increasing but that there is an increasing tendency to hospitalize the aged.

A report on how one community approached the problem of the aging citizen. An excellent description of how the aged can be stimulated to help themselves to be creative and happy in the later years of life.

Chapter 18 describes the psychological aspects of nursing the aged patient. Discusses the physical, mental, and emotional deterioration experienced by the aged and the role of the nurse in helping this patient.

The problem-solving approach is described as a method of teaching nurses skills in approach to nursing care problems.
OBJECTIVE: Understanding that social class in a functional component of social and cultural organization.

CLINICAL AREA: Psychiatric Nursing

Third-Level Learning Experience

In class, the instructor presents the following situation for analysis and discussion by the class: A Negro patient age twenty is admitted to the ward with a diagnosis of paranoid schizophrenia. His history includes the following: He was born in Alabama, and when he was ten, his family moved to the North. The father deserted the family when the patient was fourteen, leaving a wife and eight children. Since then, the family has been living on state aid. The patient did fairly well in school, although the teachers indicated that he was a quiet and withdrawn child. His progress in high school was normal, but his teachers again noticed that he tended to be by himself a great deal. The patient quit high school during his senior year and has lived at home since that time. He has held several odd jobs, such as that of service station attendant, but quit because he felt that people were against him. His mother brought him to the clinic for examination when he discussed with her a plot being organized by several of their neighbors to kill him. The patient is quiet on the ward, helps with ward duties, but avoids the other patients whenever possible. In a discussion with the nurse, the patient told her that he felt that the entire ward was "prejudiced" against him, and he reinforced this statement by pointing out that many of the patients avoided him because he was a Negro.

During the discussion, the instructor observes the students' expressions of their own attitudes and feelings toward prejudice and discrimination. The instructor and the students discuss the probable etiology of the patient's behavior and his relationships with his family and peer groups. The instructor elaborates upon the relationship between ethnic groupings and social class structure in the United States. She also describes the relationship between prejudicial attitudes and social class membership, and she indicates that intolerance and bigotry are inversely correlated with social class membership. Finally, she points out that emotional maladjustments are more indigenous to the lower than to the higher segments of the social structure in the United States. The students discuss with the instructor the reactions of the other patients to the Negro patient and the nurse's role in these interpersonal relationships. The instructor emphasizes the fact that the nurse may find it difficult not to be judgmental or unbiased in such relationships.
The students are assigned a paper which details their reactions and perceptions of the case study. The papers are observed for clarity of expression, knowledge of the etiology of paranoid schizophrenia, and for perceptions of the interrelationships between social class, prejudice, race, and the dynamics of mental illness.

TEACHING MATERIALS:


Ingroup relationships are frequently based upon prejudice and other factors and the social stratification within groups is often based upon a majority-minority relationship which is based upon race or ethnic grouping.


An outstanding study of social class as it applies to the incidence, dynamics, and treatment of mental illness. Chapter 4 places emphasis upon class and cultural differences in mental illness as they are influenced by the variables of race, religion, and ethnic groups.


This study is concerned with the position of the person in the class structure as related to the development of mental illness. Mobility within the class structure is considered to be a significant factor in the etiology of mental illness.

An extensive report upon the nature of prejudice, the psychosocial factors related to its etiology, and the magnitude of the problem. The viewpoints expressed in this book differ to some degree with that of Hollingshead and Redlich in that the author expresses the opinion that although prejudice can cause neurosis it cannot cause psychosis. This book will serve as an excellent source for further study of the subject of prejudice.
OBJECTIVE: Understanding that status, role, and socialization are observable aspects of human behavior.

CLINICAL AREA: Public Health Nursing

Third-Level Learning Experience

In class, the nursing instructor reviews with the class the important aspects of public health follow-up of tuberculosis cases. The class reviews the various aspects of the disease: its communicability, methods of diagnosis, the importance of treatment, and the importance of teaching the patient and his family. The instructor emphasizes the role of the public health nurse as the interpreter, teacher, and supervisor of health practices. The social aspects of the disease are reviewed, and the class discusses the facts that the incidence of tuberculosis is more frequent among lower-income groups and that it is a long and chronic disease usually affecting the economic status of the family.

The instructor arranges with the health department to have the student accompany a public health nurse on a visit to a newly diagnosed patient, or upon a follow-up visit for health teaching purposes. With the guidance of the public health nurse, the student has the opportunity to do health teaching with the family and/or patient concerning protection of the family against infection and proper health practices. The student is required to write a process recording of the visit made to the patient. The process recording is evaluated by the instructor for the student's communication skills, her interpersonal relationships, her recognition and acceptance of the patient's anxieties and fears, her knowledge of the aspects of prevention of infection, her cognizance of the health measures needed to be observed by the family, and her recognition of the role of the nurse as a health teacher. The student's analysis of her discussions with the patient is evaluated for her recognition of the change in status of the patient from being well to being ill, and of the behaviors of the patient as they are related to this change.
TEACHING MATERIALS:


The patient's status as a family member, as a member of society, and his individual rights are threatened when he has a disease which causes his lack of function in society. The persons who deal with tuberculosis patients must keep in mind that the patient is facing not only physical disability but also social, economic, and emotional disability.


The care of the patient with communicable disease is emphasized in this section of the book. It serves as a good review of the etiology, treatment, and follow-up of patients with infectious diseases.


The role of the nurse as the teacher is pointed out in this article. Not only does the nurse emphasize the importance of treatment but also teaches the preventative aspects of the disease. Emphasis is placed upon good health habits, proper follow-up, and diet as routes of regaining health and maintaining status as a functioning member of society.
OBJECTIVE: Understanding that behavior manifested in folkways, mores, and laws is influenced by cultural patternings.

CLINICAL AREA: Public Health Nursing

Third-Level Learning Experience

Prior to this class the students are assigned the article, "Water Boiling in a Peruvian Town," by Wellin, which is concerned with the efforts of a health worker to change the established health habits of a cultural group for reasons of disease prevention. In class the role of the health worker and the reasons for the health worker's failure to have the people of this cultural group boil their water is discussed. The instructor reviews with the students the reasons for boiling water as a health measure. She cites that boiling water for fifteen minutes destroys most of the bacteria and spores which can cause infections and disease. She also emphasizes that the concepts of "hot" and "cold" are important to the daily lives of the Spanish-speaking peoples. For example, boiling the water changed its quality from "cold" to "hot," which is culturally undesirable. The instructor and the class then make a parallel observation of their own community in which cultural beliefs have interfered with good health practice. The class is assigned the task of studying community resistance to flouridation.

In a subsequent class, the students report their findings concerning the resistance of various groups to water flouridation. The local health officer joins the class as a resource person. The students report that resistance to water flouridation is often based upon the idea that it is "bad" or "not normal." Documentary examples of these attitudes are provided by letters to the editor of the newspapers, in which the resistant citizens explain their stand. The rationale for flouridation presented by the health department is frequently dismissed by resistant citizens as unimportant or erroneous. The health officer describes the benefits that are derived from water flouridation and presents statistics from previous studies. The class is encouraged to ask questions which are pertinent to the subject of flouridation.

The instructor evaluates the class for interest and amount of information gathered from the discussion, and for their organization and communication skills. The class is also evaluated for their recognition of the resistance to flouridation measures as a cultural manifestation, rather than a matter of sheer ignorance or blind resistance.
TEACHING MATERIALS:


An excellent book on the health practices of a sub-cultural group and the effects that cultural beliefs and more have upon both the person and upon the health worker. Chapters 1 and 7 are especially significant in the area of health practices.


The health worker tries to teach the members of the community to boil their drinking water as a health measure. The failure of the health worker to take into consideration the cultural beliefs of the people results in failure of her efforts.


A concise report concerning the problems encountered by a cultural sub-group which exists in a different culture. Different beliefs and more affect the health practices of the group and the attitudes of the people who come into contact with them.


An excellent source book for the health worker who is interested in the varying cultural practices that affect the health of the Spanish-American. Often the beliefs of the culture affect the behavior of the members of the cultural group during their medical care.
OBJECTIVE: Understanding that behavior which is ritualistic, habitual, long-established, and repetitive is observable in social institutions.

CLINICAL AREA: Public Health Nursing

Third-Level Learning Experience

In class the discussion is centered around the role of the public health nurse in the instruction of the school child in sex education. The instructor explains that this function has usually been assumed to be the responsibility of the family as a social institution which teaches the child the required habits and established patterns of living. The students are asked why the school as a secondary social institution must assume one of the traditional functions of the family. The students' replies are observed for understanding that: the parents are frequently embarrassed or ignorant when it comes to the matter of sex instruction, the child should receive accurate and complete information as a means of emotional security, and if the subject is not comprehensively taught, the child will be exposed to sex education in places other than the home. The instructor then describes the frequent resistance of families to sex education in the school. She states that some families believe that the child should learn about these matters initially and exclusively in the home. She further indicates that many families believe that the school should assume a very secondary role in the socialization process. The instructor then assigns the students the task of formulating a teaching plan built around the film, The Story of Menstruation, in which they plan a one-hour class for a group of junior-high girls. As a preliminary to the assignment, the film is shown to the nursing class.

The instructor evaluates the individual teaching plans submitted by the students for comprehensiveness, accuracy of information, background knowledge of anatomy and physiology, provisions for the level of student comprehension, communication skills, and understanding of the possible psychological reactions of the students to the topic. In a test on the unit, a question is included which poses the analysis of the relationship of the school as an institution which assumes some of the functions of the family and the need for the nurse to be aware of this role of the school as a social institution.
TEACHING MATERIALS:


The nurse who teaches sex education should have a sound knowledge of the reproductive system and its function. Parents often need guidance in planning their children's sex education.


An excellent pamphlet for girls which explains menstruation.


A handbook written in simple terms and could serve as a reference book, a resource book, text, or study guide for parents and teachers.

The Story of Menstruation, Associated Films, Inc.

Animated cartoon by Walt Disney, very popular with teachers and children. Suitable for girls in the 5th or 6th grade, gives advice and discusses the physiology of menstruation.


A discussion of the family as a social institution in which the father and mother serve to socialize the child and teach them the expectations of the society in which they live.
OBJECTIVE: Understanding that behavior which is disruptive to organized society or culture is contributive to social disorganization.

CLINICAL AREA: Public Health Nursing

Third-Level Learning Experience

The class has been assigned the task of preparing a display for, and presenting a symposium at, a monthly county teachers' meeting. The teachers have requested that the public health department provide them with information concerning the epileptic child and the role of the teacher in helping him adjust to school life. The class meets with the instructor to plan and organize the symposium. With the aid of the instructor, the following goals are identified by the class: (1) to provide factual information to dispel fears and doubts about the behavior of the child, (2) to provide resource materials for the teacher and the parents, and (3) to discuss the role of the teacher in helping the child adjust to the "norms" of the classroom. The class gathers information, to be displayed on charts and graphs, indicating the incidence, severity, types, and mental retardation of epilepsy. A display of the drugs used in the treatment of epilepsy is also prepared by the class. The display includes phenobarbital, Dilantin, Mesantoin, Tridione, and the sodium bromides. A caption is included under each drug indicating its action, effects upon the epileptic, frequency of dose, and cost. The symposium discussion is planned to emphasize the following topics: (1) the nature of epilepsy, the types, and the symptoms; (2) the diagnosis and treatment; (3) the aura; (4) the relationships of excitement and stress to seizures; (5) the importance of regular medication; (6) the importance of prevention of injury during the seizure; (7) the deviant nature of the behavior of the epileptic child and the importance of understanding as one route to the behavior of the epileptic child in the "normal" classroom. The class also obtains copies of the Public Affairs pamphlet, Epilepsy--The Ghost is Out of the Closet, which it will distribute to the teachers. The class also lists the American Epilepsy League, the National Association to Control Epilepsy, the Federal Office of Vocational Rehabilitation, the State Medical Society, and the State Crippled Children's Section of the Public Health Department as sources of information and assistance for and about epileptics.

The symposium and the accompanying exhibits and displays are presented at the teachers meeting. The students are observed and evaluated by the instructor for their preparation, organization, and presentation. They are evaluated for their ability to use simple and effective description, rather than long medical terms; for their
communication skills; for their knowledge of the physiological, psychological, and emotional aspects of epilepsy; and for their use of clarity, attractiveness, informativeness, and stimulation of interest in the displays.

As a final evaluation of the symposium, the instructor asks the students to analyze the importance of the symposium as one means of informing the public about the behavior of the various handicapped persons existing in society. The students are asked to include other methods which can aid the public and society in understanding and accepting the deviant groups which exist in society.

TEACHING MATERIALS:


An article which still is pertinent to the role of the nurse in caring for the epileptic patient in the institution, in the clinic, and in the home. A comprehensive description of the types of epilepsy, the drugs used in treatment, and the social adjustment of the person with epilepsy.


A discussion of epilepsy, the types of seizures, and the medical and nursing care of the epileptic patient. The role of the nurse is emphasized to be one of teaching the patient, his family, and the community the care and needs of the person with epilepsy.


A discussion of public health nursing in schools. There is emphasis placed upon the child with specific health needs.


Discusses the use of the panel discussion by student nurses.
In class, the role of the public health nurse in the prevention and detection of venereal disease is discussed by the students and the instructor. As preparation for the discussion, the students are previously assigned to review the etiology, symptoms, treatment, diagnosis, and complications of syphilis and gonorrhea. The instructor asks the students to discuss the importance of detection and treatment of both diseases. The replies are observed by the instructor for knowledge of: (1) the danger of infection to others, (2) prevention of the complications of both diseases which can include blindness, heart disease, central nervous system involvement in syphilis; and urethritis, cystitis, pelvic infections, arthritis, endocarditis, and iritis which can result from gonorrhea; and (3) social complications which may include family disruption and societal rejection. The instructor emphasizes the fact that syphilis and gonorrhea were once referred to as "social diseases" and that they have been traditionally associated with the lower segments of the social structure. The instructor cites the findings of Kinsey, in which the lower-class male in America tended to indulge in extra-marital intercourse more frequently than those above him in the social structure. In general, continues the instructor, the morality of the lower social classes in America has been shown to be at variance from the morality of the middle and upper classes, in that the former group exhibits significantly higher rates of criminality, delinquency, and many other forms of social disorganization. The instructor asks the students to discuss what factors might contribute to the fact that venereal diseases are often considered "social diseases." Under the guidance of the instructor, the students discuss the importance of religious attitudes toward venereal disease, which might carry the connotation of "sinning" and "being punished." Also discussed by the students are the attitudes of the various classes toward medical treatment or self-treatment. The instructor then describes the role of the public health nurse in interviewing contacts as a means of prevention of further infection, in informing the public of the true nature of the disease and the importance of treatment, and in educating the public in an effort to eliminate the stigma of venereal disease in order that the infectious nature of the disease rather than the moral implications be understood and emphasized.

The students are assigned a brief paper in which they are to look up the incidence of venereal disease according to all the social
variables such as age, sex, race, and occupational status. On the basis of their findings they are to describe their perceptions of the role of the public health nurse in the prevention of venereal disease. The papers are evaluated for the student’s communication skills, the problem solving ability, perception of social-class differences in the epidemiology of disease, and the thought behind the perceptions of the role of the nurse.

TEACHING MATERIALS:


Emphasis is placed upon the increasing amounts of diagnosed cases of syphilis since 1955. The role of the private practitioner, the clinic, and the public health agency are emphasized as the prime routes of detection and prevention of venereal disease.


Lower class males indulge in more extramarital and pre-marital intercourse than do middle class males.


The author discussed lower class morality which is exhibited in behavior which indicates a lack of responsibility, criminal acts, and anti-social acts.


A good basic description of etiology, diagnosis, treatment and follow-up of venereal disease. Mention is made of the fact that
these diseases are more prevalent among those who are more poor, more crowded, and less educated. There are observable sex, race, and age differences in prevalence.


The socio-economic factors to veneral disease are related. The nurse's feelings and attitudes are discussed.
OBJECTIVE: Understanding that status, role, and socialization are observable aspects of group behavior.

CLINICAL AREA: Senior Experience in Nursing

Third-Level Learning Experience

In a seminar, the students discuss their feelings and anxieties concerning their planned assignment for practice in team leadership. Prior to the class, the students are assigned to read Chapter 2, "Team Members are People, Too," and Chapter 4, "Leadership in Team Nursing," in Kron's Nursing Team Leadership. The instructors help the class to recognize that the people on a hospital ward form social groups with various group functions, such as those of leadership, status, and role. The instructor guides the students in exploring their professional roles as leaders of a group process in which the group works toward a common goal: improved patient care.

The student is assigned to participate on a nursing team for two days. Upon the third day, she is assigned the task of team leader. The instructor observes the student during her experience for her skill and ability to plan and organize patient care, communication skills, interpersonal relations, and technical ability. The instructor observes whether the student initiates the group process in planning her work. During a nursing care conference, the student is observed for her appreciation of the roles of the various team members and their function within the group.

The instructor employs anecdotal notes during her observation of the student. After the experience, the student and her instructor evaluate the student's performance in a conference. Together they evaluate her leadership skills, her ability to organize the team into a functioning whole, and the resultant patient care. The student is encouraged to evaluate her performance and her utilization of the knowledge of group process by recognition of the importance of the role and corresponding status of each member of her team.
TEACHING MATERIALS:


An excellent and comprehensive book concerning the nurse as a team leader. Emphasized are the team function as a group process, the leadership functions of the nurse, and the supervisory functions of the leader.


Emphasis is placed upon the hospital as complex of work-roles, in which each person has a unique function or role to perform in the care of the patient. The nurse's role as the planner of patient care is elaborated upon.


The process of patient care is described in terms of a "healing-milieu" which is regarded as a surrounding environment which is beneficial to the patient. The nurse is regarded as the agent which effects the milieu through careful planning of patient care.


Although this article was written in the framework of a mental hospital, the findings of the study can be applied to any hospital situation. Patient care can be improved if both formal and informal controls are utilized in the planning of the care. Often strengths are found in the informal tasks, communications, and goals of the personnel who care for patients.
The role of the team leader in planning care for the patient who is in pain by utilizing the nursing care conference is discussed in the classroom by the students and the instructor. The students tell that in order that the team leader can effectively teach the team members about the role of each team member in caring for the patient in pain, the leader must know the physiological basis of pain and the patient’s response to the pain. The students review the physiology of pain which occurs when pain fibers are stimulated. The students recall that when the stimulus occurs, some impulses pass to the thalamus which in turn transmits these impulses to the cerebral cortex, where the pain perception takes place. The class discusses the concept of tolerance level of pain, and then reviews the fact that this level varies considerably according to the individual patient. The instructor elaborates that the nurse’s perceptions of the patient’s pain are often much different from that of the patient. The class members discuss their own experiences with patients who have been in pain and contrast these experiences to each other. They discuss the nurse’s feelings about pain as related to her cultural background. They elaborate upon the cultural belief that the person who can "stand" pain is stronger than the person who cannot. The instructor helps the class understand that the patient’s behavior in pain is related to his cultural beliefs, such as the fact that in our culture the female is permitted to express her pain more than the male. The class then discusses the nursing care conference as the nucleus of team nursing and how the patient benefits from it. The leader can utilize the conference to plan with the team individual patient care. The conference can also be employed to increase the understanding of the team.

The student is assigned to the role of team leader. She is assigned a Jewish patient with terminal carcinoma. The student utilizes the nursing care conference as the tool by which she can plan and effect better patient care. The instructor notices whether the student has gathered all the information on the patient before starting the conference and whether she allowed the team members to contribute their own information. The student is observed in order to determine if she utilized the nursing care conference to teach her team members about the physiology of pain, the patient’s reaction to pain, and the cultural basis and determinants of her
reactions. The instructor observes whether the student emphasized that usually the person brought up in the Jewish culture was more verbal and reactive to pain than were members of the "typical" American culture.

TEACHING MATERIALS:


Chapter Seven gives a comprehensive description of the manner of conducting the team conference which is the nucleus of team nursing.


The team conference serves an important function in the effective planning of team nursing.


Chapter Seven gives a comprehensive view of the role of the nurse in caring for the patient who has pain. Although pain has never been fully understood, it has been observed that pain is varying in type and in tolerance according to different patients.


A study which revealed that the attitudes of the professional staff concerning the patient's behavior as a manifestation of pain did not coincide with the patient's viewpoint and perceptions of his pain. The Jewish, Italian, and "Old American" cultures are describing in relation to their member's reactions to pain.
Virginia Barckley, "What Can I Say to the Cancer Patient?"
Nursing Outlook, 6:316-318, June, 1958.

The role of the nurse in caring for the cancer patient is explored. The terminal pain often proves to be a trying experience for the nurse and her perceptions of pain.
OBJECTIVE: Understanding that behavior which is ritualistic, habitual, long-established, and repetitive is observable in social institutions.

CLINICAL AREA: Senior Experience in Nursing

Third-Level Learning Experience

The discussion in class is centered around the previous assignment: to investigate the role of the nurse in both the prevention and the meeting of problems which occur in natural disasters. As the students begin their discussion, the instructor lists on the blackboard the problems which are recognized by the students. The instructor then determines whether the students are able to identify, through their reading, such problems as: (1) death and injury, (2) disruption of normal and habitual patterns of living, (3) disruption of communication and transportation systems, (4) shortage of food, supplies, and personnel, (5) disruption of families, (6) sanitation problems, (7) panic, hysteria, and other emotional reactions, and (8) loss of social control and social organization. The role of the nurse as the leader, an authority figure, an organizer, and as a helper is explored by the instructor, who emphasizes that the principles of team leadership and the techniques of problem-solving are often useful to the nurse in time of disaster. The instructor then states that when a small community undergoes disaster, the disruption of the ordinary pattern of living is one of the primary sources of problems. The instructor explains that the community, itself, is often regarded as a social institution, with its own set of rules, laws, and habitual patterns of living, and any disruption of this normal mode of existence creates anxiety and fear within the community.

To reinforce the emphasis upon problem-solving and the nurse's role in leadership, the instructor divides the class into small groups. To each group she presents a situation of a natural disaster. For example, one group is confronted with the following disaster: A small mountain community is snow-bound because of a heavy blizzard. The roads are blocked, and the telephone and electric lines are down. Not only are the townspeople stranded, but several carloads and one busload of people are also stranded in the community. Several persons are suffering from frostbite and frozen extremities. A number of women on the bus are quite upset and are loudly complaining because "no one is doing anything." The only professional person in town is the nurse. You are the nurse.

The instructor evaluates each group for the following: (1) problem-solving technique, (2) delegation of authority, (3) use of resources, (4) planning, (5) care of the injured and sick, (6) interest
in proper nutrition, (7) establishing communication, and (8) recognition of emotional stress due to the loss of established habits and institutional controls.

TEACHER MATERIALS:


A comprehensive discussion of the need for education of the student nurse in preparation for disaster nursing, the concepts of disaster nursing, the areas, and curriculum in disaster nursing.


The community is described in terms of a "small town," a community is one which is stable and resistant to change, and has values and can be considered a social institution.


A chapter on the actions of men in critical situations indicates that people exhibit collective behavior of short duration during extraordinary situations such as disaster.
OBJECTIVE: Understanding that behavior which is disruptive to organized society or culture is contributive to social disorganization.

CLINICAL AREA: Senior Experience in Nursing

Third-Level Learning Experience

In class, the students and the instructor discuss the responsibility of the team leader in teaching and guiding her team members in understanding patients who manifest behavior which is not acceptable to societal norms. The instructor introduces the topic: the behavior of the patient who has attempted suicide or who has exhibited suicidal tendencies. Under the guidance of the instructor, the students discuss the patient's behavior, the depression and withdrawal that are often observable, and the social, cultural, and religious factors which are often relevant to the patient's feelings about suicide. The instructor indicates that physiological factors frequently enter into the perspective of the patient, such as an incurable disease, great pain, or major impairment of function. The instructor states that there are two main reasons for suicide: the desire to cease to live, and the desire to gain sympathy, attention, or revenge. The instructor further relates that the act of suicide, although quite acceptable in some societies, is looked upon in our society as an act which is quite disruptive.

The instructor then poses the question: What attitudes might be expected of one's team members toward the patient who has attempted suicide or who is a potential suicide? She observes whether the students recognize that the team members will reflect the societal attitudes in which they exist, that suicide is a wrongful or a sinful act. The students, with the aid of the instructor, discern that persons who care for suicidal patients may experience feelings of fear, repugnance, dislike, and rejection. The students then discuss the role of the team leader in terms of first understanding her own feelings and then helping the team members to understand their own. They reiterate that the team leader's goal is to effect better patient care through the planning of nursing care with the team. In order to understand fully the role of the team leader in planning nursing care for the patient with suicidal tendencies, role-playing of a situation is assigned by the instructor. The situation is to plan nursing care for a Mrs. X, who is a white female of twenty-five who has attempted suicide by an overdose of barbiturates. The attempt failed, and she is hospitalized for observation. She is to have a psychiatric consultation today. One member of the class assumes the role of team leader and three other students assume the roles of the team members.
The instructor observes the role-playing for leadership skills, group process, ability to interact by means of a thought or principle, and the planning process of the team. She also notes whether the students depict "typical" feelings and attitudes toward suicide, such as dislike, rejection, and fear. She evaluates the leader for whether she utilizes understanding and acceptance as a means of helping the team members to accept the patient and also whether she initiates ordinary precautions against further suicide attempts.

TEACHING MATERIALS:


In caring for the patient who has attempted suicide, the nurse should avoid a judgmental attitude. The patient usually has feelings of guilt, hostility, and unworth and the nurse by her understanding and acceptance should help him gain a sense of worthiness again.


Good discussion of the nurse's role in the prevention of suicide and the feelings of the nurse who works with the depressed patient.


Depression has physical as well as psychological manifestations. The nurse should use her observations of both the physical and emotional behavior of the depressed patient in planning his care.
Western society strongly condemns suicide although other societies condone it. Suicide can be observed as a social process and is related to depression, a desire to stop living, and a desire for attention, sympathy, and revenge. Suicide can be studies in relation to the variables of sex, age, race, religion, and marital status.


Originally written in French in 1897 and is still considered to be the classic study of the social phenomenon of suicide. Suitable for reference and more sophisticated study.
OBJECTIVE: Understanding that social class is a functional component of social and cultural organization.

CLINICAL AREA: Senior Experience in Nursing

Third-Level Learning Experience

In a class devoted to the subject of the principles and teaching methods which can be utilized by the nurse as a health educator, the students and instructor discuss the various methods that can be implemented in teaching ward staff personnel. The instructor helps the students to bring out the methods of lecture, discussion, seminar, panel, demonstration, role-playing, case study, laboratory experience, and field trips. The instructor and the class discuss the advantages and disadvantages of each method as they are applicable to the teacher's abilities and experiences, the level of the student, the purpose of the class, the available resources, the physical environment, and the available funds. The instructor then gives as an example the value of a field trip as a learning experience, but that often a film or discussion must suffice because of time and expense. The instructor then elaborates on the various audio-visual aids which can supplement the teacher's pedagogical purposes. She cites as visual aids a poster, a flannel board, a magnetic board, and a syringe with a vial. She also lists on the blackboard as visual aids the film, tape recorder, film strip, and the record player. Before the class assignment, the instructor reviews with the class the importance of using objectives as a means of formulating a lesson plan, as guides for the selection of material, and as evaluation tools. The class members are then assigned the task of devising a lesson plan which they as nurses could utilize as teaching tools. The students are requested to include a list of resources and audio-visual aids used as a part of the class instruction.

The instructor evaluates the lesson plan of a student who selected the topic, Nutrition and Special Diets, which was intended for the instruction of non-professional persons. The instructor examines the objectives of the lesson plan, which should have been: (1) to understand the basic food requirements, (2) to appreciate the limitations of the special diet, and (3) to appreciate the individual differences of patients. The instructor also evaluates the student's utilization of the discussion method, the use of such hand-outs as *A Guide to Good Eating* and *How Your Body Uses Food*, the use of the "food mobile," the implementation flannel board as a demonstration method of the foods allowed on various special diets, and the use of role-playing as a teaching tool. She also evaluates the lesson plan for the student's emphasis upon the need for understanding of the effects of social class,
cultural variability, and ethnic differences upon the patient's food preferences and habits. Also noted by the instructor is the student's provision for the evaluation of her objectives.

TEACHING MATERIALS:


A case-study approach to the problem of providing a basic diet for a family on a low-income. The role of the nurse as the teacher and counselor who helps the family plan for its needs is emphasized.


This section of a nursing text emphasizes the importance of food to the patient during hospitalization and the patient's impressions of food as related to his social milieu.


Although this text is for the purpose of teaching the principles of public health nursing, the discussion of the nurse as a teacher of groups is especially applicable to the principle of teaching in any situation.


The contemporary guide to the "basic four" which places emphasis upon the dairy foods, meat group, vegetables and fruits, and breads and cereals. This guide comes in large poster, notebook, and 5 by 7 sizes for the purposes of teaching.

A free kit which can be utilized as an effective visual aid. The mobile will not balance unless the adequate diet is included.


Discusses the essential nutrients of the body, the digestive system, and the food requirements. A teachers guide is included.
Suggested Methods of Evaluation

The steps in evaluation were defined by Tyler as including:

1. definition of objectives,
2. identification of the situations in which the student will practice the behavior implied by the objective, and
3. selection of the method and tool which is the most applicable to evaluate the behavior desired. Any technique of evaluation was acceptable if it was valid, reliable, and objective. ¹

Techniques of evaluation used in this guide were:
1. paper and pencil tests,
2. observation of performance,
3. class reports,
4. role-playing,
5. written papers,
6. class performance,
7. nursing care plans,
8. teaching plans,
9. patient care studies,
10. library research papers,
11. panel reports,
12. group reports,
13. group teaching,
14. process recording,
15. activity planning,
16. field trip reports,
17. observations of students during trips to community resources.

Other techniques which were applicable to this guide but which were not utilized were:
1. standardized tests,
2. dramatic presentations,
3. evaluation of tape-recorded interviews,
4. observations of others than the instructor of actual performance,
5. class evaluation of student performance.

¹Tyler, op. cit., pp. 71-77.
RESOURCE UNIT BIBLIOGRAPHY

Books


Essays and Articles in Collections


Periodicals


**Pamphlets**


Calvert School. *Counterpane Course*. 105 Tuscany Road, Baltimore 19, Maryland.


Mental Health Education Unit. *Help the Returning Mental Patient Stay Well*. Smith, Kline, and French Laboratories, n. d.


Films

American Indians of Today. Film Division, Office of Group Services, Denver Public Library, Denver 3, Colorado.


The Valiant Heart. Colorado Heart Association, 1636 Logan Street, Denver 3, Colorado.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

Summary

The purposes of this study were: (1) to identify the concepts of the behavioral sciences which were applicable to nursing care, (2) to develop a guide which contained a list of materials from which the nursing instructor could select those learning experiences which would enable the student to develop an understanding of the concepts of the behavioral sciences, so that these concepts could be utilized in the promotion of health and the prevention of disease, and (3) to illustrate how these learning experiences could be organized to meet the criteria of continuity, sequence, and integration.

A basic assumption was that the concepts of the behavioral sciences could be applied to the nursing care of all patients. The need for the study was established by exploring the desirability of increased understanding of human behavior on the part of the nurse, by investigating the contributions of the behavioral sciences to this understanding, and by demonstrating that the behavioral
science concepts must be integrated throughout the total basic
preservice nursing curriculum, so that the student learns to
utilize behavioral science theory in nursing practice.

A resource unit or a guide was developed through a com-
prehensive review of literature from the fields of education,
nursing, and the behavioral sciences. The purpose of the guide
was to present a group of suggested learning experiences and
teaching materials. The steps in the development of the resource
unit were: (1) the identification of five broad categories of con-
cepts of the behavioral sciences as they were applicable to
nursing, (2) the formulation of objectives, (3) the screening of
objectives, (4) the selection of clinical areas, (5) the selection
of learning experiences, (6) the organization of learning experi-
ences, (7) the selection of teaching materials, (8) the presentation
of suggestions for evaluating learning experiences, and (9) the
compilation of a bibliography.

The objectives of the guide developed in the study were de-
derived from the concepts of the behavioral sciences, and were stated
in terms of student behavior. Each objective had two dimensions,
the behavioral and the content dimension. The concepts of the be-
havioral sciences constituted the content dimension, and understanding formed the behavioral dimension.
Clinical content areas representative of a basic preservice nursing curriculum were presented in the guide to illustrate that the concepts of the behavioral sciences were applicable to the nursing care of all patients. These clinical areas were divided into three experience levels, and learning experiences were developed for each area. Not all of the possible learning experiences were developed in the guide, inasmuch as the purpose of the guide was to suggest an experience for each objective in each clinical area.

The learning experiences were organized for continuity, sequence, and integration, illustrating both horizontal and vertical relationships. The learning experiences were planned to effect the stated objectives and to reflect the objectives of the clinical content areas.

Recommendations

As a result of this study the following recommendations are made:

(1) That the effectiveness of the guide be evaluated by nursing instructors in an actual teaching milieu.

(2) That further investigation, in the form of a follow-up study based upon the research design utilized in this study, be accomplished in order to analyze and act upon the effectiveness of the guide.
(3) That other areas in addition to the behavioral sciences (e.g., fine arts) be investigated as sources of developing increased understanding of human behavior by the basic preservice nursing student.
SELECTED BIBLIOGRAPHY
Books


Parsons, Sara E. *Nursing Problems and Obligations*. Boston: Whitcomb and Barrows, 1916.


Periodicals


Publications of the Government, Learned Societies, and Other Organizations.


Essays and Articles in Collections


Unpublished Materials


APPENDICES
APPENDIX A

BASIC CONCEPTS OF THE BEHAVIORAL SCIENCES

status | culture
role | cultural milieu
family groups | social class
cultural personality | social organizations
race | cultural norms
subgroup | belief systems
outgroup | values
ingroup | attitudes
subculture | society and culture
individual differences | cultural expression
leadership | sick role
social structure | cultural practices
social situation | rituals
group behavior | norms
group influenced personality | practices
group interaction | social systems

APPENDIX B

Philosophy of Nursing

The faculty of the University of Colorado School of Nursing recognizes the University's responsibility to collect, organize, interpret, and disseminate knowledge of nursing theory and practice for the benefit of society. Through cooperating hospitals and health agencies, the School of Nursing expects to recognize nursing problems and needs of the State of Colorado and to place its faculty and resources at the service of hospitals, schools of nursing, and communities throughout the state.

The students in the School of Nursing are its primary responsibility. The students need education to be good citizens and leaders, in addition to attaining the knowledge and skill to practice nursing at the professional level, in order to achieve maximum usefulness, self-expression, and spiritual realization.

The philosophy and beliefs which underlie the aims of each nursing program have been stated by the faculty as follows:

Education through the democratic process should stimulate social and personal growth, encourage self-direction, and be a process through which constructive social integration and adjustment take place. It should prepare the individual to function creatively as a citizen in a democratic society, and as a professional nurse, and to attain personal satisfaction.

We believe: That the existence of the profession of nursing is justified by the health needs of the people;
That changes in emphasis and direction of the profession arise from changes in the health needs in the culture;
That this school of nursing educates professional persons who function to constantly improve the caliber of nursing services available to the public;
That the primary responsibility of this school is to promote personal growth of the students so that they may bring greater potentialities to the development of professional competencies and are equipped to continually grow and mature in their life experience;
That learning experiences are provided which help the student develop professional nursing skills to function in any branch of nursing at the level which she elects to study;
| social control | competition          |
| cohesiveness  | social disorganization|
| expectations  | socialization        |
| group process | acculturation        |
| social interaction | reference group |
| folkways      | conflict             |
| mores         | crowd                |
| primary groups| custom               |
| institutions  | feral man            |
| personality   | marginal man         |
| ethnocentrism | kinship              |
| material culture | population     |
| ethos         | propaganda           |
| class         | social distance      |
| caste         | social stratification|
| law           | state                |
| accodmodation | stereotype           |
| cultural lag  | symbiosis            |
That this school has responsibility in promoting democratic ideals and helping students understand the privileges and responsibilities of participation in this school and society;

That this school's programs evolve and develop through participation of all the faculty, administrators, and students of this school;

That this school interprets its program to and cooperates with professional groups and health agencies in the community and the region.²

APPENDIX C

Psychology of Learning

1. Learning is a dynamic process by which new and past experiences are organized in attempting to solve current problems.

2. Education involves active participation of the learner.

3. Meaningful practice can reinforce learning.

4. Learning takes place when the learner perceives general principles which he can use to approach new situations.

5. Learnings which are consistent and integrated reinforce and enhance each other.

6. To learn efficiently the learner should receive expert guidance and assistance.

7. Learning takes place in relation to the degree to which the student's goals and the learning opportunities approximate and support each other.

8. Achievement of goals results in satisfaction and serves as a basis for readiness for future learning.

9. Individual differences condition the rate and extent of learning.

10. Evaluation, in terms of specific goals and standards, must be continuous to determine whether desirable changes in behavior are taking place.

11. Evaluation by teacher and student is essential. ³