DEVELOPMENT OF A HEALTH-EDUCATION PROGRAM IN THE SCHOOLS OF NURSING IN OREGON

by

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A THESIS

submitted to the

OREGON STATE COLLEGE

in partial fulfillment of
the requirements for the
degree of

MASTER OF EDUCATION

June 1949

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ACKNOWLEDGMENT

To Doctor Henrietta Morris, Associate Professor of Hygiene, the writer wishes to express grateful acknowledgment and sincere appreciation for her helpful criticisms, suggestions, guidance, enthusiasm, and encouragement and for the uncounted hours she has devoted to assisting in the preparation of this thesis and for the friendship of our association.

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DEVELOPMENT OF A HEALTH-EDUCATION PROGRAM IN THE SCHOOLS OF NURSING IN OREGON

CHAPTER I

INTRODUCTION AND CONSIDERATIONS

STATEMENT OF THE PROBLEM

The nursing profession is dedicated to the conservation of human resources and health, to the prevention of disease and disabling conditions, and to the promotion of health.

Nursing in Oregon is responding to the swiftly changing social order that is creating a need for more extensive health and medical-care programs for all citizens.

As in the nation, so also in Oregon, there is a need for nurses with more highly developed technical and teaching skills based on a broader scientific background than has generally been provided. There is a need for many more nurses who are sensitive to the implications of education needs to offer to its students in schools of nursing an educational program that will provide opportunities for participation in acquiring the technical skills, technics of teaching, social vision, a health point of view, and administrative adaptability so necessary to the competent professional nurse.

PURPOSE OF THE STUDY

This study is concerned with: (a) an investigation of the extent of instruction in hygiene, of the present practice in health education programs, and of instruction in methods of teaching health in the school-of-nursing curricula in Oregon; (b) an investigation of the correlation of instruction in hygiene with the student health services in schools of nursing in Oregon; (c) an evaluation of the existing practices in this field in these schools; and (d) a suggestion of a health-education program for schools of nursing in Oregon.

INTEREST IN THE STUDY

Interest in the study arises from a realization of the increasing function of the nurse as a teacher of health; a desire to learn what changes to meet this need have been made in the health-education programs in schools of nursing in Oregon; and a conviction that the nurse's function as a teacher of health can become increasingly effective if curricula in schools of nursing are planned with health-education objectives in view.

PLAN FOR COLLECTION OF DATA

The plan for the collection of data included the use

of the facilities of the Oregon State College Library and the University of Oregon Medical School Library; the use of questionnaires, interviews, and observations; and the making of a study of the catalogues of schools of nursing in Oregon to discover areas about which to organize the health-education program. A survey of the literature dealing with the subject of health education was made to gather material for the historical background of the study.

LIMITATIONS OF THE STUDY

It is recognized at the outset that any proposed plan, in order to be most useful, would require a detailed study of the actual operation of each school. In the present study, this is not possible. The proposed plan, therefore, will be largely a composite of various programs plus the addition of certain features the success of which seems plausible to the writer in the light of the study in connection with the problem.

It is hoped that this study will stimulate continued health-education-program revision and eventually result in other and richer projects of a similar nature.

CHAPTER II

HEALTH EDUCATION

HEALTH EDUCATION IN GENERAL

Health education, like health, is still everybody's business. It is as old as medicine and as old as education itself. Even in primitive societies, parents warned their children of the dangers of poisonous snakes and inedible plants and of the ways in which disease may be prevented by placating the wrath of gods and demons. (1, p.116) Today dogma rather than evidence still prevails. Superstition, hunches, and the rabbit's foot all play their parts in the lives of many people. Very few take the trouble to differentiate between facts, superstition, and propaganda. Many still consign their fortunes to gamblers and dream-interpreters, intrust their bodies to quacks and charlatans, delegate their security to politicians, assign their education to faddists and extremists, and confide their souls to eccentrics and cultists. Mental healing, telepathy, and relics of saints have more devotees today than the facts of a century. (1, p.117)

Health education, like all education, has undergone changes. The forms and ways of health education of earlier times were different in many respects from those of the twentieth century. The very concept of the earlier health

education was sometimes contrary to that of today.

Health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, or economic or social condition. It is a state of physical, mental, and social well-being. It is something all mankind desires. The language of health is one of the few universal languages through which health educators may speak to all peoples. (65, p.650) The advance of knowledge, the growth of social ideas, and the widening field of democracy with its emphasis on the rights of men--these and similar forces will continue to make change inevitable. Throughout the entire range of human knowledge and experience, everything has been and continues to be in a state of perpetual flux.

Mere possession of knowledge as to prevention and control of a given disease is, however, not enough. The application of this knowledge is necessary. This application, however, may be obstructed for many reasons, such as excessive costs, diffuseness of the problem to be met, and the fact that control measures would require restrictions of daily living or a self-discipline in personal conduct that human beings will not observe. Although no one person, groups of persons, or organized voluntary body has the power to order a sudden and drastic change in a democracy, changes in a democracy are effected and do

result from long and careful planning at the conference tables of national, state, and local groups interested in solving the problems--be they economic, political, religious, educational, or health problems.

The individual is important in the formation of any organization or movement at any time. Ruth E. Grout pays tribute to the teacher of 1835 in an article on the preparation of the public school teacher. She makes reference to an essay on "The Profession of a Woman," by Catharine Beecher of the Hartford Female Seminary, in which Catharine Beecher asks the question, "What is the profession of a woman?" and answers it with a series of questions:

> Is it not to form immortal minds, and to watch, to nurse, and to rear the bodily system so fearfully and wonderfully made, and upon the order and regulation of which, the health and well-being of the mind so greatly depends? Have you been taught anything of the structure, the nature and the laws of the body, which you inhabit? Were you ever taught to understand the operation of diet, air, exercise and modes of dress upon the human frame? Have the causes which are continually operating to prevent good health, and the modes by which it might be perfected and preserved, ever been made the subject of any instruction? (51, p.446)

A forward-looking person was Catharine Beecher. Today, as then, the indispensable role of the teacher in laying the foundations of good health is an essential part of the primary function of teachers of children. Their potential value as lay leaders in health education is

recognized. Ruth E. Grout and others have made it apparent that sound preparation is imperative if teachers are to perform these important responsibilities effectively. (51, p.446-50)

Organized health education in the United States began in voluntary associations, both lay and professional, whose aim was health education. It was the informed and interested individuals, physicians, priests, and teachers who in the latter part of the nineteenth century organized the many official and non-official health agencies that are in existence today. (100, p.1094)

Among these organizations, the Sanitary Commission of the Commonwealth of Massachusetts is recognized as one of the important health agencies. The report of 1850 by Lemuel Shattuck, the commissioner of the General Court of Massachusetts, is considered one of the most remarkable documents in the history of public health. The report contained a plan for a sanitary survey of the state, including registration, sanitation, control of epidemic disease, control of tuberculosis, school health, tenement regulation, factory sanitation, institutional care of the mentally diseased, control of smoke nuisances, education of nurses, and supervision of food and drugs. The importance of town planning and public housing was stressed. The commissioner and his co-workers anticipated the very modern

specialty of health education. They understood the value of what we call today a local health council. They were clearly aware of the fact that the community as well as the individual had health problems that must receive consideration. It was this remarkable report which led, in 1869, to the establishment of the Massachusetts State Board of Health. Lemuel Shattuck, the commissioner, and his associates were aware of public health problems which have been actually visualized by only a few of the most progressive health officers of today, almost a hundred years later. It may, therefore, be said that the public health movement was verified and given direction at that time. (109, p.191-98)

Public health work has contributed much to the present health status of the nation. It is to be recognized that as members of one family, fighting the same enemies of disease and suffering, national vitality is possible only by united effort. Health education, in cooperation with public health organizations, can be a practical demonstration of a new kind of cooperative endeavor. All workers in health have overlapping interests. Their recognition of the need of mutual planning is evident. That health education be ideal in outlook and forceful in practice is a requisite in an everchanging democratic culture. Care needs to be exercised to recognize the inevitability of

change, to guard against a too narrow concept of educational activity, and to avoid the acceptance of concepts of social stratification and cultural rigidity growing out of individual or professional narrowness and inflexibility. Government officials, organized medicine, nurses, public health workers, welfare workers, educators, and many others are now engaged in a task to which the progress of modern medicine gives definite direction. Most health workers have been allied with other professions or organized groups. Because public health work is a combination of medical science and education, and because so many of the health workers have come from other professions, there is a need for a common concept of the philosophy of public health and a widespread understanding of the principles of human learning in a changing social order. The major health problem today is one of working out together a new program of public health education which is based upon service rendered in an educative way by every health worker. (54, p.938-43)

A well-co-ordinated and smoothly functioning health-education program, whether official or non-official, should utilize factors that require co-operative action and which contribute to effectiveness. Trained leadership should be provided and used for in-service and pre-service training. Under this competent leadership, joint

committees should function at all levels. Periodic reviews of the results obtained should serve as a basis for planning the next stage of contemplated action within the long-range program. The formulation and revision of objectives for the health program is a task requiring frequent co-operative action, if it is to be useful and efficient. (10, p.1124-125)

Each individual in the health movement performs a function that should be closely interlocked with that of others. Among health workers, this function cannot be well performed if co-operation is lacking. Human interdependence has increased. It extends among different occupations, regions, and nations. The field of health education in co-operation with that of public health has a plan which may turn out to be a practical demonstration of a new kind of teamwork. (109, p.196)

The objectives of health, worthy use of leisure, and the development of ethical character are serving as guides in the development of school programs of health, physical education, and recreation. Great forward strides have been made in school health, physical education, and recreation programs since 1918. The changes indicate that there has been a great official effort to improve the programs to meet the health-and-fitness needs of students. Interest in the improvement of school health services creates

problems that concern the responsibility for the administration of the type and extent of health instruction, school health services, and a healthful school environment. These problems are being studied by specialists in education, medical science, and public health. The need for integration of all health activities that make up a health program--be it in the school or in the community--has not, as yet, been met. (109, p.191-98) Co-operative effort, to be effective, requires that the program in its entirety be in every school system and in each individual school in all communities. When a health program is under the direction of a single responsible individual, qualified by training both in health knowledge and in educational procedure and technic, health work does not become a foreign element forced into the school system or upon the community but becomes an integral and living part of the system and of the community. Co-ordinated health programs call for very special effort of all interested members in order that the field of interest may be integrated and school and community health programs may be effective in meeting the needs of members. Leaders in school health education look to the medical profession for good counsel and for participation in school health programs. Educators and medical men have set up arrangements for the administration of the dual responsibility in the

field of health education. (89, 454-63)

There are evidences that the border lines between curative and preventive medicine are slowly fading out. Today, fixed boundaries establishing a rigid distinction between prevention and cure are less distinct than they have been. Medicine and public health are slowly extending into social sciences in the service of society and are becoming integral parts of the social process. The place of preventive medicine in the medical curriculum as an essential part of the earlier preparation of the medical student is generally agreed upon, but the basic problem of preventive medicine has been the arousal in the medical undergraduates of a really keen interest in the prevention of disease. The struggle of preventive medicine is apparent. There are resistant forces that are delaying the fulfillment of the health-education program. As opposed to this resistance, there is evidence of thoughtful and determined emphasis in medicine upon both sickness and health, therapy and prevention. Hospitals and public health agencies are taking on wider significance as they combine the curative and the preventive health services so necessary to maintain a high level of health throughout the nation. (44, p.47) Many medical schools are giving greater emphasis to preventive medicine.

The health education of today is an expanding rather

than a contracting phase of modern education. The ascendant center of interest is health rather than disease. Health education provides knowledge, incentive, and experience in performing health habits. Its principles attempt to help the individual to understand the basic facts concerning physical and mental health and disease, to protect the health of the individual and that of his dependents, and to work to improve the health of the individual. (11, p.641-52)

Instruction in hygiene is only one phase of the student-health program. It involves an understanding that knowledge is important chiefly as it is reflected in the lives of individuals for their personal and social betterment; that direct teaching of health in the school program and the utilization of this knowledge in this direct program also offers numerous and valuable opportunities for incidental or correlated instruction; that the use of appropriate textbooks and other forms of printed and visual aids enriches the instruction; that there is an appreciation of the need for home and community cooperation; that teachers who are prepared to teach health effectively are necessary; and that a course of study containing an organized body of material and suggestive methods based upon normal life experiences of students in the school and the community may serve as a helpful guide to the teacher.

(61, p.52-60)

Health teaching specialists are aware that health is influenced by many factors and elements. Health is the result of inheritance, economic resources, care received in early life, climate, geographical location, occupation, availability of medical advice, availability of corrective facilities such as hospitals and clinics, knowledge of what promotes and conserves health, judgment and self-direction on the part of the individual, and community resources and facilities for protecting health which are in many instances beyond the power of the individual alone to control. Health specialists agree that health is, to a large degree, controllable. (84, p.160-63)

Teachers of health and all other health workers know that health advancement for a nation as a whole is dependent upon an informed public opinion. Schools do assist in shaping attitudes with respect to health as well as in establishing good health conduct. They can teach that health is conducive to and enhances personal efficiency, that it aids in the attainment of personal ambitions, that it permits the conservation of earnings, and that it increases the opportunities for cultural advancement and for living longer lives more cheerfully and usefully. As a means of enriching life they can show that good health contributes to happiness, comfort, enjoyment, and to the

maintenance of friendly social relationships; that it contributes to the accomplishment of the fundamental aim of life; and is a means toward the achievement of such fundamental objectives as character, citizenship, and service. (95, p.60-90) Attitudes toward health practices are related to the growth of the individual and to his immediate accomplishment and the attainment of his objectives. Attitudes help the individual to recognize the value of health habits and to create a desire to practice them. (93, p.20-22)

When desirable health behavior fails, it fails for any of many reasons. Health behavior may be too difficult in performance because of difficulties and inadequacies in the environment. Competing interests may interfere with health habits. The natural organic drives may not lead to correct health practices, since special likes and dislikes developed through the years do not yield readily to changes. Many practices are unthinkingly or unknowingly forced upon the individual by other persons, such as poor social standards of home or community. In addition, the products of health education are achieved slowly and require self-restraint and effort.

Another reason for failure to establish desirable health behavior may be that there is little evidence that clear and reflective thinking is a by-product of health

teaching. This desirable outcome may not have been realized because many science teachers have thought that, because their pupils were exposed to science, they have learned the scientific method. Science teaching should produce reflective thinking. All science teachers should direct their teaching to this end. This is possible when unity of educational motive, purpose, attitude, and drive is based upon the acceptance of common values. When values of life have been agreed upon, the goals of education are better established and methods of education are formulated. In life, work, and study a unified community is confronted by common problems. Problems of intellectual, moral, and spiritual issues, problems of physical and mental health, problems of government, of economics, science, and art are acknowledged to be common to all (99, p.22).

Good science teaching requires that concepts be developed in a science course; that they be carefully defined by the teacher; that learning experiences and exercises be provided which will stimulate and make for the permanency of the desired outcomes; and that the pupil be able to solve the common problems. (57, p.19-30) Health courses fit into this category, and its implications apply to the teaching of health. Instructors of hygiene may help to develop understanding through science experiences. Science experiences, in turn, provide a partial means

whereby growth in desirable health practices may be made effective. Health instruction that is reinforced by educational objectives which strive to make it possible for every person to attain the maximum health of which he is physiologically capable helps to develop healthy, mature individuals who possess the knowledge and the philosophy to build healthier communities and a healthier world. Good teaching utilizes principles of learning as well as principles of mental hygiene. (95, p.150-63)

The one complete test of the value of an educational experience lies in the conduct of the pupil in real life. The student who receives a fundamental education in health is the one more likely to make wiser choices. (12, p.298)

HEALTH EDUCATION AND THE NURSING PROFESSION

Sister M. Olivia, of the Catholic University of America, states that:

> Nursing in its broadest sense may be defined as an art and a science which involves the whole patient--body, mind, and spirit; promotes his spiritual, mental, and physical health by teaching and by example; stresses health education and health preservation, as well as ministration to the sick; involves the care of the patient's environment--social and spiritual as well as physical; and gives health service to the family and community as well as to the individual. (79, p.iii)

The present unsatisfactory condition of both the physical and mental health of the general population

warrants an evaluation of the nursing curricula by nursing educators to learn whether or not the student nurses are prepared to function in accordance with the above or a similar definition. Health concepts may need to be redefined and school health programs may need to be improved so that better understanding and practice in the field of health may become a reality. As a future member of the health team, the student nurse needs to be equipped with skills and understandings of democratic group living. Social interdependence justifies the high priority for the development of these basic skills and understandings through all educational programs. (19, p.250-60) In a democracy, the common man must assume responsibility for protecting and securing his own rights and those of his fellows. It follows that nursing must assume responsibility for promoting and evaluating attempts to solve health problems. Student nurses need to be encouraged to become sensitive to the effects of their own actions as citizens, as producers, and as consumers upon the health and welfare of others, to see that wholesome attitudes do come forth, and to see that these attitudes are consistent with what the students believe to be a right, good, and well considered action. (72, p.150-51) Nursing educators are aware that intellectual skills which education is calculated to develop will not grow when they are uprooted from

the background of feeling from which they spring. Health education can never operate in isolation. It must be thoroughly integrated into every aspect of everyday life. (110, p.633)

The mixture of feeling, attitudes, and understandings which create the background of appreciations are somewhat peculiar to science and are the desired outcomes of education in particular. That student nurses need to build up a fund of these appreciations is apparent. Influences, exerted by health educators, to be wholesome must be created by men and women who are health conscious and health informed. (110, p.631-36) The nursing profession has sharpened its awareness and is moving faster. It realizes that, in this fast-moving world, the profession which cannot fulfill its assignments soon finds that some other profession is doing them. (13, p.139)

Many educators (28, 68, 75) have made suggestions and recommendations on ways to bring about changes in the present curricula of the schools of nursing so that every aspect of school life can assume its full share of responsibility toward promoting healthful living for the student nurses and on means of developing ways of working out the solutions of existing health problems that will enlist the interest and participation of all those directly concerned. There is, however, much that remains to

be explored and studied.

Professional nursing is a young profession, not yet a hundred years old. Isabel Stewart, in her book, "The Education of Nurses," warns that the development of the philosophy of nursing education must remain consistent within itself. It must bring the elements of nursing education into harmony with accepted democratic principles and with modern methods of education. It must insure the preparation of the professional nurse without sacrificing the nurse as an individual and as a citizen. It must safeguard the personality of each nurse yet provide the necessary discipline and efficiency required in meeting crises of life and death. (92, p.50-103) During the transition from the quasi-professional to professional status in nursing, every effort should be exerted to preserve the best in the nursing heritage and to combine this with the elements that are needed in adjusting it to modern life. (7, p.3)

As a profession, nursing subscribes to a democratic philosophy, but, in practice, nursing education fails to apply the democratic principles in the education of the student nurse. The traditional narrow and restricted heritage has come from the earlier ecclesiastic, military, and medical influences. In hospital schools, the physicians often assume the authorititarian approach in the

patients' interests. While it is true that matters of life and death are in the hands of the hospital personnel and that strict discipline in certain matters should be observed, much of this "discipline" is obsolete.

Nursing educators are faced with a demand for broader concepts of a healthful living which will meet the needs of the developing student nurse as a wholesome and capable individual. In order to meet these needs, the schools of nursing must ascertain and understand the specific health needs and problems of the student nurse and must have insight in planning with the students, their parents, the citizens, and the community agencies for the solution of their problems. Health must be considered as a living entity influencing the behavior and habits of those who participate in its attainments if maximum freedom from disease and accident is to be enjoyed. (30, p.322)

In spite of the diversity of professional background of nurses as it is reflected in their opinions, attitudes, and patterns of approach to health matters, there is a common bond which binds together their interests in the field of public health. This bond is health education. Health education is the cord which binds the members of the school of nursing together and which influences them, their administrators, and their co-workers, both professional and lay. (25, p.133-39) The success of a student

health program is largely dependent upon the effective co-operation of all the members of the health team and may be developed only by those who participate in the promotion of personal health and the integration of many individuals' well-being into the collective entity which is called public health. (74, p.167-77)

In accepting the newer philosophy of nursing education physicians should discard their earlier "hospital attitudes" toward nurses as subordinates. The medical profession is beginning to accept the idea that public health is a co-operative adventure that must be co-operatively planned by every member of the health team. (22, p.120) Public welfare demands that more and better-trained personnel in the health field be available. The obligations of the nation demand that skills and knowledge be shared with the health personnel of other nations for the good health and welfare of the human race. (81, p.992)

Student nurses need help in understanding and applying the laws of human learning and in acquiring the newer educational technics which are changing to meet the new findings of educational research. In the light of these developments methods of teaching the individual student nurses in ways of better living must of necessity be different from the traditional methods in schools of nursing. (52, p.450)

Without nurses who are prepared to teach, progress in nursing will be definitely limited. If nursing is to be an art, then it must have master-nurses. (25, p.138) The personal qualities of such instructors should include creative ability, leadership, good personal health, good judgment, pleasing personal appearance, common sense, and adaptability; such teachers should possess ability to work with people, to size up and meet trying situations successfully, to present pertinent facts simply and effectively, and to demonstrate acceptable and recommended personal health practices. (9, p.998)

The adequate preparation in health knowledge and practice of every student nurse and particularly of the instructor in hygiene should bring rich dividends to the school and the community. Direct health teaching is essential as a basis for correlated and interrelated health instruction with all school activities and subject-matter fields. Health education in the school of nursing must be identified closely with other phases of community health programs if it is to be effective. (50, p.446-51) The happiness and prosperity of any group are in direct proportion to the state of health that they enjoy. (109, p.273)

Before co-ordination and integration of the health-education program can be accomplished, sound basic data

and factual information must serve as a foundation. (2, p.436) Use of the positive approach and dwelling on the advantages of health rather than on the disadvantages of disease have been suggested. (110, p.633)

The real science of hygiene is concerned with the mind and the spirit as well as with the body. Ignorance of the laws of health, of the processes of nutrition, of reproduction, of the influence of mind on body and the body on mind is the largest cause of poor health. (109, p.272) Modern health educators agree that health teaching must be based upon the fundamental wants of the individual in order that these desires may act as stimuli to entrance into health practice. Both Ruth Strang (94) and Marguerite Hussey (61) have pointed out that directed group discussion often leads to the crystallization of social approval of health knowledge and practices as all-important factors in building interests which may readily serve as drives to action. The acquisition of information about health should result in the most effective learning and should serve as a guide to conduct when that information is gained in order to solve some health problems of the individual. In the teaching of health improvement competition with the individual's past practices or past physical condition is the finest type of rivalry. (62, p.25) Evaluation of health education should be valid and

conform to scientific criteria. Reba Harris states that in her close association with nurses she found that as soon as nurses learned how to think, how to question, and how to evaluate their own services, they found for themselves new ways for old methods. This observation indicates to the health educators, directors, and supervisors of nursing service that their function is to guide nurses to learn how to think, rather than to suggest plans, devices, and recipes for what to do. Learning experiences enable the students to gain confidence in their ability to teach when they participate in teaching under guidance. (54, p.938-43)

William W. Bauer (12, p.296-98) states that students must be taught about health before being taught about disease, given knowledge of hygiene before concepts of medicine, grounded in facts as well as in attitudes, and instructed by example as well as by precept. The limited time available in the school curricula for health instruction, necessitates the giving of facts that contribute to instruction about healthful living. He emphasizes that it is essential that the course in hygiene teach enough about the student nurses' bodies so that they will

> ".....feed them intelligently, protect them against strains and stresses, guard them against communicable diseases, shield them from environmental hazards, use them effectively, and be prepared intelligently to pass the torch of life to the next generation." (12, p.296)

They also need a practical working knowledge of the possibilities of preventive medicine both personal and community. They must learn the differences which exist between them. They should know that health service is an educational force and that it is to be used in the development of health education. Health education has much to do with attitudes. The teaching of health to student nurses must avoid making the individual superconscious of health, leading the students to think of health as the chief aim of life rather than a means to an end and to consider mere physical illness an insuperable handicap. Instruction in health should create in the student nurses a sanely critical attitude toward health matters so that they will not become victims of faddists, charlatans, promoters, and quacks. (12, p.298)

Mabel E. Rugen (87) has formulated principles and suggestions for the development of a curriculum in physical and health education as an outgrowth of general evidence as expressed in representative studies of the best practice. She recommends that the program in health protection activities be considered as having two aspects, the recreational and personal aspects, and the professional. The recreational and personal health aspects of the program are concerned primarily with the development of proper personal habits, skills, knowledges, and attitudes

that will enable the students to attain the degree of physical efficiency which is necessary in performing nursing duties. Health education should be based on the results of a physical and medical examination supplemented by results of the psychological tests as selective agencies for admission. It should take into consideration the health practices and habits of the students on their entrance to the school. It should develop the desired health practices by relating them to the interests of the student nurses in becoming competent professional nurses and efficient citizens. The physical education activities should have a carry-over value to after-school life. They should be based on the results of classification tests according to the capacities and needs of the students; should consist primarily of sports, games, athletics, swimming, social dancing, and other activities that girls voluntarily engage in; should be based on the idea of "sports for all;" and should include hiking and camp craft.

The professional aspect of the physical and health education curriculum as suggested by Dr. Rugen should be concerned primarily with the preparation of the student in helping the patients to maintain health once it has been regained and to prevent illness. This implies that certain knowledges, skills, and attitudes be developed in leadership in counseling and guidance of patients, and in

organization and management of patients. It implies that student nurses be aware of the personal relationship involved as well as of the adaptation of these knowledges and skills to available facilities. Dr. Rugen, like other investigators, recommends that the professional aspect of the health education activities take into consideration patient interests in health which are centered around the understanding of human resources and the needs and desires and problems of individuals in everyday living. The time to be allotted to this phase of the course should be equal to the time that is allotted to the subject requiring the most class hours in the total curriculum. Supervised practice periods in health teaching should continue until the student nurse graduates.

Dr. Rugen feels that an efficiently administered school plant provides educational experiences in a healthful environment, a well-balanced patient load, progressive health teaching, an understanding of infants, children, adolescents, adults, and older people. Leadership is developed through opportunities of supervised practice in health teaching and the counseling of patients in the hospital, the clinic, the home, and in adult health education classes. These learning opportunities become the keystones in the nurse-patient health education situation.

The time to be allotted to the physical education

program should be at least one hour per day, including organized recreational activities. The physical facilities are to include one gymnasium properly equipped and if possible should include a swimming pool; adequate outdoor play space and play equipment; a classroom equipped with the most modern facilities and teaching aids to demonstrate good health education principles, methods, and technics; and the most modern student health service facilities. (87, p.1-28)

The organization of an adequate curriculum in physical and health education for a particular school of nursing involves many things. Dr. Rugen (87) and others (50, 28, 34, 46, 68) recommend that the administrative staff, led by the director of nursing education, should:

A. Evaluate the content of the various courses in the total curriculum to determine the amount of overlapping of course content (topics or areas) both within the various clinical entities and within the total curriculum.

B. Survey the health resources of the school and the community so as to establish a hygienic school plant.

C. Become familiar with the national, state, and local requirements in physical and health education.

D. Find out if there are syllabi and other printed suggestions pertinent to the development of the professional aspect of the curriculum.

E. Learn something about the problems of recent graduates in meeting their responsibilities to ensure the physical welfare of their patients.

F. Find out what are the health needs of the communities into which their graduates go.

Methods of evaluating health teaching require understanding of the philosophy of nursing education, of public health, and principles of human learning. The educational content of the school of nursing curriculum may be utilized in health examinations as a teaching and learning experience. Educational values that are utilized in evaluating a school health program are worthwhile when they are used as guides to procedure. (52, p.453)

Various investigators (2, 3, 6, 28, 61, 77, 88) have emphasized the utilization of health services as a favorable opportunity for contributing to the health education of the nurse. They have pointed out that all health services are fundamentally educational in purpose and character. Many nursing teachers and administrators have had little training in school health services. Some

effort has been made to make the school health service a learning experience for the student nurse. There is a tendency in the better schools of nursing, in addition to making the school health service a learning situation, to include more clinical facilities in public health in the undergraduate school. The administrative set-up in these better schools of nursing provides for an intimate relationship that results in an integration of all health activities.

Schools of nursing, not unlike other institutions of higher learning, are attempting to help the student nurses develop certain of their abilities and potentialities to optimum capacity. In schools of nursing, this development is guided by the student nurses' ultimate participation in society. Some student nurses are being provided with the necessary satisfactions which are in keeping with the contributions they make to the well-being of society. Nurses cannot know too much about health if they are to function as competent members of the health team and as teachers of health. (101, p.iii-ix)

NURSES AS HEALTH TEACHERS

The constantly changing health needs of our society are refocusing attention on nursing education. Society is more cognizant than ever before of the value of health and

is demanding an increasing amount of health education. Nursing education has been attempting to adjust to these demands. Society is insisting upon competence in the graduates of our nursing schools. Health education is recognized as one of the increasingly important fields of nursing service in the modern public health movement. (9, p.998)

The role of the nurses as health teachers demands that they be alert and self-directing, that they be able to evaluate behavior and situations readily, and that they function intelligently and quickly in response to variations.

Nurses, in their longer and more frequent contacts with individuals, have more opportunities to observe behavior and to listen to expressions of thought under varying conditions than do physicians whose contacts are brief and intermittent. (13, p.74) Nurses hold a unique place in the minds of patients. They are neither doctors, teachers, parents, employees, nor employers. They are nurses. The nurses' observations of health problems are sooner or later channeled to some doctor, teacher, parent, or employer. Patients seem to know nurses and to have confidence in them. They will often come to nurses concerning illnesses or injury or when they need help, sympathy, and comfort.

Very often patients minimize their difficulties, thinking them not important enough to take to the doctor, the teacher, the parent, or the employer but will discuss them with the nurse at length and with ease and assurance that right counsel will be received. (51, p.450)

Leonard W. Mayo (65) in a recent article warned the nurses emphatically that they be mindful as they work that what they do, what they say, and what they think is of utmost importance and of profound significance. In a real and almost frightening sense, vast numbers of people are depending upon nurses, their skill, their knowledge, and their vision. (65, p.650)

Donald Faulkner (31) is of the opinion that the major concern of the nurses is health. Nurses are judged by their ability to help the patients in maintenance of positive health and the prevention of the recurrence of ill health. They are in a position to awaken in patients an awareness to the health problems which confront the nation today. If they have the gift and the grace to contribute to understanding and hope, they can motivate personal fulfillment and deepen the concern for the kind of society that ought to be developing. (31, p.26) To render even the slightest nursing service is impossible without health education as an integral part of nursing care. Many tiny seeds are sown by a word here and a word there. It is

important that nurses sow healthy, scientific, factual seeds, and not prejudices, blind belief, old-wives tales, or superstitions. The ways in which health education creeps into nursing care are unending. The opportunity for the nurses to do valuable health teaching in connection with their everyday routine is ever present.

Nurses must be sensitive to opportunities for teaching and must be able to utilize these opportunities to their fullest extent and without offending the people with whom they associate. Skill, tact, patience, acute powers of observation, and an understanding and an appreciation of people's limitations is necessary. Not all nurses possess these skills, nor do all of them always appreciate the opportunities that are theirs. How to improve the teaching of each nurse is the problem confronting the nursing profession today. (105, p.278)

There will be a democracy only when the individual members are informed, alert, and active. The nurses' task when they are in contact with groups of laymen is the development of a desirable type of health-consciousness. Personal health is an individual responsibility as well as a community responsibility. It requires an articulate leadership for the co-operative attack on all local situations that are inimical to health of all people especially to those living under sub-marginal living

conditions. (31, p.27) Various studies by nurses and others have demonstrated that not all nurses are good teachers and that they teach less easily and skillfully than they perform any other of their various duties. (105, p.279)

A committee, (108) under the direction of Josephine Goldmark, made a study of the personal relationship of the visiting nurse and the individual visited. The intensive study of the individual public health nurse included observing her daily contacts, her success or failure in making personal contacts, in health teaching, or in cooperating with other social agencies. An effort was made to guage the influence of the nurse's previous education or lack of education on the quality of her service. The ascribed failures in teaching which were observed had two main causes. One was a lack of appreciation on the part of the nurse of her role as a health teacher and of the preventive measures to be taught. The other was a lack of knowledge of the methods of teaching or a lack of sufficiently definite information as to what should be taught. The recommendations in the report suggested that a radical change in basic nursing curricula be made to provide all student nurses with methods of health teaching and prevention; that a social interpretation of disease which is considered indispensable in the modern health movement be

included; that better selection of student nurses be made; and that better teaching and an endowment of nursing education be provided. The investigators pointed out that the nurse who comes from her hospital preparation unawakened to the medico-social problems which underlie physical disability and sickness cannot, however well trained in bedside care, do effective health teaching; and however good the clinical training, however accurate the knowledge of disease and even of prevention, the nurse is at a grave disadvantage without a thorough grounding in the principles of teaching and principles of social case work methods. (53, p.149) Bertha Harmer recognized the difficult problem of determining how to teach the health point of view to students in hospital schools of nursing. She was aware of the danger that the nature and demands of hospital experience may eclipse the essential health aspects and made repeated appeals that health aspects be stressed, emphasized, and taught in theory and practice. (53, p.20)

Annie Goodrich (49) in 1932 reiterated the teachings of Bertha Harmer and stressed the importance of the inclusion in the basic professional course of every student nurse a content that would prepare the student nurse to carry the message of health to every patient with whom she came in contact. Miss Goodrich was aware that some

nurses would function as sturdy soldiers--always obedient to command, that other nurses would be teaching and interpreting in simple terms the message of health. These latter nurses are the health teachers. In them is embodied the better health of man. (49, p.6)

Dorothy Rood (85) in 1935 studied the place of the nurse in parent education. She found that nurses needed preparation in technics in dealing with children; in understanding fundamental facts, principles, points of view, and best practices in child development; in understanding and having an appreciation of parents' needs; and in technics of working with parents. Miss Rood felt that the function of the nurse as a parent educator has apparently been lost sight of or crowded out of early nursing curricula because of the conditions under which schools of nursing were founded and carried on. (85, p.17) The most outstanding limitation in the preparation of nurses at the time of the investigation was found to be the lack of knowledge of well children. Nurses were found to deal less satisfactorily with older babies and younger children. They were better prepared to deal with questions about physical conditions than those concerning mental, emotional, and social problems. Miss Rood felt that if all nurses are to use their opportunities to contribute to parent education, there is need of postgraduate training

of pediatric ward instructors, head nurses, clinical instructors, and supervisors in child development in addition to postgraduate work with sick children and preparation for the duties of ward management and the teaching and supervision of student nurses. (85, p.10-67)

A report (13) prepared for the National Nursing Council by Esther Lucille Brown reveals that large numbers of graduate nurses have received narrow and insufficient preparation. Dr. Brown found that frequently the competence of the graduate nurses is no greater than that which should be possessed by the well-prepared practical nurse. This is a serious accusation indeed. Apparently an opportunity for growth and development in the broader aspects of professionalism has been denied this large number of nurses. (13, p.56) Dr. Brown's report of 1948 reveals unmet needs that were recognized more than thirty years ago. Good health instruction is an integral part of good nursing as well as the keystone of the health-education program. The two are inseparable. When the nurse fails in her teachings, the educational program loses its effectiveness. (105, p.279) Higher standards in the selection of those who are to teach hygiene, especially those who are to teach it to prospective nurses, are needed.

The master's degree is the modal degree for the health

education instructor. The prevailing background and training of the health instructor has been that of the physical educator, with preparation in nursing ranking second, and training in science third. The degree held is not necessarily an indication of the professional equipment possessed by the individual for the work of health education.

A successful health teacher should have certain personal attributes, among them being the possession of:

A. A real interest in the learner accompanied by a sympathetic understanding of the learner's problems.

B. A real interest in the present and future opportunities of health education.

C. Good physical and emotional health, both apparent and real.

D. A philosophy of health that accepts facts squarely without undue optimism on the one hand or abnormal caution on the other.

E. A personality sufficiently dynamic to motivate individuals effectively.

F. An ability for clear and forceful expression; and

G. An ability to get along with people. (105, p.51)

For many years nursing has been the best half-educated profession in the world. The vast majority of nursing schools in the United States do not provide a professional education. Not until nursing education has been based on modern educational principles will nurses be prepared to meet nursing and health needs of society. (44, p.47-50) Each school of nursing has its own curriculum. There are probably more than 1,500 schools of nursing in the United States. It is obviously impossible to make general statements that apply to all of them. (75, p.30)

Today only about one-fourth of those graduate nurses who hold administrative and instructional positions in our schools of nursing have as much as a baccalaureate degree. Persistent teacher shortage results in a deterioration in the quality of nursing education. Agnes Gelinas (44) and other nursing educators are of the opinion that nursing must look ahead and plan to strengthen school faculties to avoid seriously diminishing the value of education for the student and thereby weakening the health service of the nation. (44, p.47-50) Nursing is not only in transition from a wartime to a peacetime basis, but is also in transition from a quasi-professional to a professional status. (7, p.3) Society and the profession are challenged to substitute an effective system of professional nursing education for an apprentice system. The present supply of

nurses trained under the apprentice system will last many years. The environment of the nurse affects her teaching ability as much as her natural endowment. (44, p.47-50) Ruth Gilbert (47) suggests that the environment should be conducive to a feeling of security. She feels that this is possible when the school of nursing and hospital administration believes in the student nurses and are ready to stand back of them. Working and learning conditions under which student nurses can work must be without undue strain. The student nurse's work and patient load should be based on a teaching plan, be a learning experience, and should allow time for thinking. (47, p.529-32)

The hospital teaching staff must be aware of the emotional needs of the student nurses, their potentialities and individual differences, their maturation, manner, bearing, voice, facial expressions, and abilities to partake of intellectual nourishment; their opportunities for conscious growth, tact, sympathy, good nature, understanding, diplomacy, objectivity, range, and leadership; their developing philosophy, sense of values and precision. There is much to know about the individual students before the school of nursing staff can expect to apply the principles and methods of teaching. The student nurses' ability to teach health must be knitted into the structure of their being through their observations and experiences in

practice teaching.

Supervision of a high quality is essential in the study of the conditions under which the students' work, in the study of the students' records, in the observation of the students' work, and in helping them improve. (47, p. 530) Supervision calls for evaluation and job analysis whereby both the supervisor and the student evaluate the work done, what has been accomplished, as well as the growth achieved. (36, p.215) There is nothing static about the process of interpretation by the supervisor. Conference time is necessary. Frequent contact of the supervisor with the student is essential and possible when planned for. (47, p.530)

The nurses of today are the teachers of health for the next generation of nurses and patients. Creative and co-operative supervision is of utmost value to all persons connected with the schools of nursing. Improvement of teachers while in service is an evident need. In addition to this in-service training, there is a need for intelligent direction and evaluation of all student nurses' practice, as well as for interpretation and evaluation of educational thinking and philosophy of the teaching body as a whole. Validity of traditional practices and the merits of innovations warrants constant and continuous testing through as accurate experimentation and research

as possible. That this has been attempted and that the fruits of research workers' efforts have been meager has been recounted in the pages of nursing education literature. (47, p.529-32)

To improve the basic preparation of the student nurse Dorothy Rusby (88) suggests that those experiences which are essential for all students to have be provided under all costs. Students are to learn to nurse the whole patient. In order to do this they must understand the patient's home, his family life, and the social factors that influence it. Miss Rusby points out one realistic way to help students to be better health teachers. She suggests that larger experiences which are essential for all students to have be provided and that they should include learning experiences in the community which will give the student nurses a community point of view in all nursing practice and teaching. The shift from the hospital to the home should be made readily and easily, and from illness to the health point of view just as smoothly. (88, p.458-61)

Professional nursing schools of the future will be located in medical and teaching centers which will provide nursing in the health services. Students will carry a selected case load and be relieved of non-educative duties. Much time will be devoted in teaching student

nurses how to keep people well. There is a great need for concern for relationships existing between nursing education and the development of plans for national health services. (44, p.50) The nurses of the future must be prepared for work in a field with unlimited possibilities for new developments. Their nursing services will be rendered to the citizens of a world community. (90, p.681)

It is obvious that no four walls of any one hospital can provide all the necessary experience. Affiliation for experience outside the hospital must be resorted to. In providing the necessary affiliation the need for adequate supervision of the students' learning experience by well-prepared faculty in all clinical experiences must be assumed. (37, p.85)

Avis Tompkins (102) has pointed out that the ward instructors, the head nurses, and the clinical instructors are in key positions to meet the challenge of well-prepared nurses. When these key nurses possess an understanding of the aims of nursing education and of the means of achieving these aims in the classroom, on the ward, in the out-patient department, in the homes, in the doctor's office, and with the aid of contributing health agencies they will then help materially in the education of their students. The personnel of the school staff--doctors, dentists, nurses, technicians, instructors, dietitions--

all must work together on a co-ordinated teaching program to prevent the omission of an opportunity to stimulate understanding and participation. (102, p.396)

As student nurses pass from one clinical service to another dealing with individuals of every age group, race, color, and creed, of every degree of prosperity and poverty, of every grade of intelligence and ignorance, of every degree of happiness and misery, they learn to accept these as life and themselves as a part of this life. Novelty, utility, and charity are ever present. This experience is the substance of which the foundation is made and upon which student nurses as graduate nurses will build.

In many schools of nursing of today, student nurses spend more time in caring for patients than in class discussions, practice and observation, and independent study. (102, p.396) Experience when well directed and supervised is the greatest vehicle for learning. Those who control the experiences of the student nurses have the greatest control over the type of persons and health teachers the student nurses will become. (55, p.10)

The students' participation in giving this care under very close supervision involves; (a) the use of case conferences where the student observes and learns how and why needs are analyzed; (b) the observation and participation in the program and services of other community health

agencies; (c) the observation of the numerous opportunities the nurse has in reducing illness as observed through participation in specific situations in the home, on the hospital wards, in the out-patient clinic, in the doctor's office, and other agencies on the health team. (102, p. 397)

Dorothy Rusby (88) feels that such experience will enhance the student nurses' learning, for then they will have learned: (a) that patients are human beings who are vitally concerned with the small world of which they are the center; (b) that it is important to inquire about the health of each member of the family in order that other needs may be discovered and prevention of further sickness may be possible; (c) that seen and experienced facts that are true to life create unforgettable experiences; (d) how really little student nurses know, and that there is so much more for them to learn; (e) that it necessitates amazingly little encouragement to help people to help themselves; (f) that various agencies do exist and actually function and do a great amount of good as members of the health team; and (g) that factors in the home do add to or hamper healthful living. (88, p.460)

Miss Rusby, (88) suggests that it would be unwise to assume that this basic experience alone enables the student to make independent, fruitful application in the busy

hospital situation. She feels that as student nurses they need the constant and continuous help of able instructors in recognizing the health teaching opportunities that are inherent in the nursing care they give to patients.

Some of the objectives of methods of health teaching that Dorothy Rusby suggests include: (a) that the students be helped in learning their own jobs better; (b) that they be helped in relating the new knowledge they have gained in applying it to their own specific situation; (c) that they be helped to develop in detail some of the practical methods to enrich their teaching plans; (d) that they recognize that an intimate knowledge of the community, its many resources, and its family life is essential equipment in helping them to see the patients as individuals coming from their communities; and (e) that they assist in the integration of the social and health aspects of nursing throughout the nursing curriculum to make for more intimate acquaintance between the hospital and the community served. Objectives of this nature will make for more realistic and more closely co-ordinated nursing care, including health teaching of the patients. (88, p.461)

The health-education specialist sees clearly the relation between nursing education and the other divisions of education. She can readily understand the elements of unity and continuity. This individual, broadly trained in

order that she may see the vital relationships existing between all departments, affiliating schools, and co-operating health agencies, will likely possess the ability to comprehend the entire educational system without undue prejudice toward any one department or clinical entity. She is the individual who is essential to the program of health education in schools of nursing. (89, p.461-63)

Important changes in nursing education are producing efforts that will lead to readjustment of educational methods and curricula in schools of nursing. Basic foundations of personal and community health may be laid in less than three years. An attempt at integration of personal hygiene, mental hygiene, community hygiene, health-education programs, and methods of teaching health into the curriculum is more meaningful when based upon a foundation course. If a course in personal and community health were taught the first three or six months in the school of nursing, it would help the student nurses to maintain positive health; they could build upon it as they see the principles applied; integration would take place during the rest of the three years of school. (104, p. 331-34) How well the student nurses perform their health teaching tasks depends upon the early preparation and on the native ability of the student nurses. Experience and training without the desire to improve is of little value.

(105, p.206)

A staff of especially trained nurse educators may do the job of integration well but literature indicates that nurses as health teachers are found wanting in this respect.

Formal instruction in personal and community health given early enough in the school of nursing course may contribute to the student nurses' personal health throughout the entire program. (28, p.1-22)

HEALTH-EDUCATION PROGRAMS IN SCHOOLS OF NURSING

Nursing-education and other literature indicates the recognition of the need for sound school health-education programs. A number of scholars have contributed suggestions and recommendations, many of which are based on observation, for the improvement and enhancement of school health education. The research in this field has been neither prolific nor exhaustive.

Many procedures have been submitted to nursing educators which when employed may help achieve the objective of school-health-education programs. Some efforts that may enhance the achievement of the goal of the school health-education program have been suggested and include:

A. That scientific information relating to structure and function of bodily

organs with major emphasis always upon function, be furnished.

B. That a program of health habits based on a knowledge of scientific truths be established.

C. That students be guided in the development of a health consciousness and a realization of the responsibility to self, family, community, and to the human race for personal health.

D. That incentives to create new attitudes or change old ones to insure a healthy mental life that will result in normal adjustments be supplied.

E. That questions and personal health problems of individual students be answered and adjusted through available student health counseling.

F. That interest be stimulated in scientific developments in the field of health knowledge as recorded in current publications.

The authority which admits the student to its school assumes the responsibility to provide a complete program as enhancing as possible to growth, learning, and health.

A complete health program includes health education, physical education, health service, environmental sanitation, guidance, nutrition, and recreation.

Teamwork in the dissemination of health knowledge by all members of the school staff is the key to good health service and to adequacy in the health program. It is important that there be developed a sound appreciation of the objectives of the student health program. Confidence must be built around the school health program and upon all the employees and their services. In the student health program there should be no conflict between interests of the health education specialist or co-ordinator and the school administration. The former deals in broad educational relationships and serves as a staff adviser to the latter. Failure on the part of the health director to report appreciable service and results invariably means a shrinkage in interest and co-operation and ultimately in the evaporation of the student health program itself.

Some of the major determinants of the scope and success of the health program are:

A. The extent of understanding of student health needs.

B. The will on the part of governing boards, administrative officers, and faculty members to achieve the

objectives of the student health program.

C. The need for continuous appraisal of the health program in an effort to meet the specific individual and group health needs in the particular school situation. (8, p.913)

Personnel of the school staff must work together on a co-ordinated program to stimulate understanding and participation. The specialist, basically trained in biological sciences, education, and counseling and guidance:

A. Is a member of the health team and works with the staff.

B. Plans health education programs for all members and departments of the school.

C. Shares her skills and technics.

D. Employs in her program such tools as group meetings, individual interviews and conferences, radio, visual-aids, newspapers, bulletins, periodicals, books, and charts.

E. Diffuses and unites health education into a whole program of the school and the community agencies.

F. Co-operates with other schools.

G. Co-operates with outside physicians, dentists, veterinarians, sanitarians, and all other professional groups and health agencies.

H. Helps nurses help people in the community to assume their responsibilities in health matters. (9, p.998-1602)

In 1944 the Surgeon General of the United States Public Health Service appointed a committee to study and formulate a health program for schools of nursing. (28, p. 1-22) The investigators conducted a study to obtain some data on the scope and quality of existing student nurse health programs. They found that health programs for student nurses were far from being standardized. They had not anticipated that one thousand schools of nursing, varying in size, type of hospital, medical staff, organization, historical backgrounds, and geographic location would have identical programs. They did expect schools of nursing which are preparing young women to serve in a vital health profession to have a uniformly high level of consciousness of the need for an organized student health program. The findings of the survey suggest that if such a consciousness does exist, in many cases it is not being implemented adequately by effective measures to promote positive health and to prevent and cure illness among

student nurses.

Some recommendations made by the investigators are:

A. That formal instruction in personal and community health be given early enough so that students' personal health may benefit throughout the entire program.

B. That a complete medical and dental examination be made of selected candidates before admission to the school.

C. That an annual physical and dental examination be made of every student at a specified time of the year. Positive tuberculin reactors should be x-rayed at six-month intervals; negative reactors, annually and when they become tuberculin positive, every six months. In addition to the annual examinations, a terminal examination should be given before graduation.

D. Defects found at the time of any examination should be corrected and the findings should serve as a basis for health education determining the work and the guidance program for the individual student.

E. That all hospital personnel be given an annual medical and dental examination, including chest x-ray at a specified time of year.

F. That routine chest x-rays of all hospital admissions be made because of the hazard to student nurses of undiagnosed cases of tuberculosis among the patients.

G. That the selection of menus and preparation of meals be under the direction of a qualified dietition.

H. That work and study conditions be properly regulated. Hours of duty, including classroom instruction, should not exceed forty-four hours per week.

I. That a minimum of one week but preferably two weeks per year and cumulative throughout the course be allowed for sick leave which need not be made up, in order to avoid the danger to themselves and others resulting from students attempting to conceal illness and to remain on duty while ill.

J. That one month vacation be given to all students in each academic year.

K. That a mental health program for students which incorporates group as well as individual guidance under the direction of a psychiatrist be provided.

L. That residences for student nurses be clean and attractive, adequate in size and provided with sufficient bath and toilet facilities, ventilation, and heat. Proper lighting is essential especially in the study rooms.

M. That organized programs for social, recreational, and physical activity be provided. Students should participate in the planning of such a program. Community facilities should be utilized to supplement those which the school provides. The ultimate aim of the program should be the maximum development of positive physical, mental, and emotional health.

N. That arrangements be made with local health agencies to enable the students to supplement their classroom instruction by attending community health education activities. (28, p.1-22)

Another study conducted by Leonhard F. Fuld (38, p. 205-8) revealed that most student nurse illness occurred during the winter months; that most illnesses among them were caused by respiratory diseases; that cases of illness requiring only one day of hospitalization constituted the largest group; that most student nurse illness was attributable to causative factors lying in the field of hospital and nursing school administration; that there is no significant difference in the incidence of illness in the various classes of the school; and that twenty per cent of the student body in classrooms had eight per cent of the total days disability and that eleven per cent of the student body on surgical assignment had twenty-one per cent of the total days' disability.

The students who were studied, when they were applicants for admission to the school of nursing, were given a pre-admission health audit three months before entrance by fifteen senior members of the attending staff of the hospital, each physician confining himself to the field of specialty.

The results of the audit were explained to each applicant and her mother by the health auditor at an individual pre-admission health council. The conferences lasted at least thirty minutes. Correction of every remediable health defect was a condition precedent to

acceptance in the school. On admission and thereafter each student was protected against tuberculosis by means of a semi-annual tuberculin test until the reaction was positive and then by means of a quarterly chest roentgenograms.

During the preclinical period each student was given active immunization against smallpox, diphtheria, typhoid fever, and scarlet fever by means of an increased number of attenuated doses which obviated the reactions formerly considered a serious objection to the immunization of student nurses.

Throughout the three-year course, seminar instruction in immunization, personal health, community health, industrial health, and emergencies was given the students by the health director. Painstaking and sympathetic convalescent health counsel was given to every student who had been hospitalized.

The administrators were fully aware that the student nurses need normal wholesome recreation; that recreation is essential to the student nurses health, morale, and work; that they participate in recreational activities either of personal or organized programs; and that active participation in recreation does much to offset the fatigue and other effects of professional training. A total school health program under the direction of a health director

was provided.

As an incentive to the students in the field of personal health a gold award was offered at graduation, and health honor certificates were bestowed at regular intervals during the three-year course.

Credit for the success of the program attained was attributed by the investigator to the farsighted administrative vision and tactful executive ability of the medical director. (38, p.205-208)

Helen Nahm (70) conducted a study in which she evaluated selected schools of nursing with respect to: knowledge and ability of senior student nurses in these schools to apply the principles of mental hygiene; their attitudes, beliefs, and behavior which may be described as being democratic rather than autocratic; and their understanding of and interest in the social, political, and economic issues of the day.

Miss Nahm found that only twenty-one per cent of the entire group of four hundred and twenty-six students felt that the social and recreational facilities of the school of nursing were adequate; that the incidence of chronic fatigue, backache, painful feet, and irritability seemed too high to be ignored; that satisfied students were less likely to complain of chronic fatigue and to feel that they had little freedom to do as they liked; that there were

differences from one school to another; that in some schools the high satisfaction groups were better satisfied with relationships established with head nurses, teachers, and supervisors and with provisions which were made for student welfare. In some schools she found that where many unsatisfactory conditions seemed to exist the students were satisfied because they tended to accept and to make the best of the conditions as they were. Miss Nahm felt that low satisfaction scores may have been the result of either an active but unintelligent rebellion against frustrating situations in the school of nursing or a straightforward and honest appraisal of the many present-day conditions which are recognized by nursing leaders as being far from desirable.

When low satisfaction scores were accompanied by low emotionality scores, the investigator found that the students were dissatisfied and unhappy about many situations in the school but were given no opportunity to freely express their opinions about them to faculty members of the school or to make recommendations for change.

When low satisfaction scores were accompanied by high emotionality scores, it seemed to the investigator that though there were numerous environmental conditions that were unsatisfactory, the students had opportunities to freely discuss such conditions with individuals who were

responsible for the conduct of the school.

From information obtained about the social, cultural, and recreational activities of the senior student nurses, it seemed evident that reading, motion pictures, and radio program interests were chiefly of the type which provided relaxation and enjoyment; that movies, picnics, and swimming were the activities in which almost all students participated; that only forty-two per cent frequently went to parties and teas sponsored by the school of nursing and eighteen per cent never attended such functions. Very few attended concerts and plays although a high proportion stated that they enjoyed such activities. Except for swimming, the students participated in few sports and games. Interest in hobbies and creative individual activities seemed decidedly limited.

The evidence indicated that students who had the opportunity of attending college for three or more semesters before entering nursing had developed a somewhat wider range of social, cultural, and recreational activities but somehow found the school of nursing environment not conducive to continued participation in such activities.

In the area of interest in and understanding of social, political, and economic issues, the study seemed to indicate that there is a relationship between scholastic aptitude and general social understanding and that the

extent to which the senior students in nursing understood social, political, and economic issues was less than would seem desirable.

Miss Nahm felt that the institution at which pre-nursing college work was taken is associated with the greater ability to understand and apply principles of democracy and mental hygiene. The environment of a school associated with a liberal-arts state university is more conducive to the development of an understanding of democracy and of mental hygiene than that of the smaller colleges from which students in schools of nursing are more likely to come. The total environment of a school of nursing was found to be a powerful contributing factor in determining the extent to which student nurses will develop an understanding of the principles of democracy and of mental hygiene.

The responses to the Autocratic-Democratic test items indicated that a high proportion of the students had an authoritarian concept of administration; believed that the function of education is to teach individuals to accept and conform to predetermined beliefs and values; were moralistic in their judgments of others; and accepted the idea of the personal and professional superiority of doctors to nurses. Senior student nurses had a concept of loyalty which precluded criticism of a school or its practice and

believed in the "freedom of will" of an individual to choose between right and wrong. A fairly high proportion seemed not to have a well-developed sense of social responsibility or to recognize its importance. As a group, student nurses probably lacked a unifying philosophy upon which to base beliefs. It seemed evident that the students were seriously deficient in important mental hygiene areas. They failed to recognize the importance of home and family background in the production of personality maladjustment. The senior student nurses seemed to have a naive faith in the value of so-called "good advice."

A large proportion of the group had sound views concerning mental health. They believed that individuals should be helped, but they lacked skills which are likely to be therapeutically effective. About one-fourth of the group seemed to lack skills which are needed in helping others with their problems as well as a basic understanding of human behavior and an objective or scientific attitude toward personality maladjustments.

In measuring the personality adjustment of the senior student nurses, Miss Nahm found that about one-third of the students said they usually felt inferior to others and that they lacked skills needed to make them feel at ease in social situations.

Some of the suggestions which Miss Nahm made are:

A. Hours of work should be shortened.

B. Health care of students should be increased.

C. Social and recreational facilities should be improved.

D. Preparation of faculty members in schools of nursing should receive more attention than any other item.

E. Preparation should be designed to help prospective teachers, supervisors, and administrators to develop an understanding of the principles of democracy and mental hygiene as well as skills in applying these principles of democracy and mental hygiene in their day-by-day relationships with others. Better preparation of faculty members in these areas would do much to improve the human relationships in hospitals and schools of nursing.

F. It seems essential that faculty members have a broader preparation in social, political, and economic issues so that they will be prepared to help the students to integrate material learned in these areas with all of their school of nursing

experiences.

G. The students should be satisfied with nursing. The problem is one of attaining a reasonable degree of satisfaction under existing conditions, with an intelligent acceptance of situations which cannot immediately be changed, a clear perception of what a desirable state of affairs might be, and an acceptance of responsibility for helping to bring about needed changes.

H. The future of schools of nursing and of the profession as a whole seems to depend upon the ability of teachers in every nursing field to critically analyze long-accepted practices and beliefs, to be able to reject those which seem out-moded, and to test others through research which are related to the needs and problems of a rapidly changing society. (70, p.1-89)

Summary of Chapter II

Positive health is a state that is sought by every human being without distinction as to race, color, creed, political, economic, or social status. Health education is as old as education itself. Organized public health work began as voluntary agencies, official and non-official. These agencies have increased in number. Non-official agencies are identified by some one phase of health teaching. The official public health programs include all phases of health education to which the progress of medicine gives direction. Health problems are numerous. Their solution calls for co-operative planning. The newer programs of health education are based upon service rendered in an educative way by every health worker. Trained leadership is recognized as essential to the well co-ordinated and smoothly functioning health-education program be it in the schools, urban or rural community, state, national, or world health organizations.

The development of school programs of health, physical education, and recreation has made forward strides since 1918. Interest in the improvement of school health service creates problems that involve the responsibility for admistration, for the type and extent of health instruction, for the school health services, as well as for a healthful school environment which includes guidance,

nutrition, and recreation. The complexity of these problems taxes the ingenuity of administrators and teachers.

The need for a total school health program has been recognized. Methods for meeting this need have been suggested. Co-operative planning connotes the discussion of the problems by representative members interested in the health problems and the arrival at a common decision as to ways and means of resolving the health problems. To be effective co-operative effort requires trained leadership which will direct the formulation of policies, objectives, methods, procedures, content, and evaluation of the health program.

The school health council is but one group in the community that studies the problems of health. School health problems are not limited to the school environment. The school is a part of the community. The students are members of the community. The health problems in and of the school are closely related and intermeshed with those of the community, the state, the nation, and the world.

Instruction in health is only one phase of the school health program. The one complete test of the value of an educational experience lies in the conduct of the student in real life. In a total school health program the student experiences and applies the principles of health in real life situations. The student who receives a

fundamental education in health is the one likely to make wiser choices.

Nursing is one of the many professions whose members are teachers of health. Newer definitions of nursing indicate that it is an art and a science which provides care of the whole patient including the body, mind, and spirit; promotes his spiritual, mental, and physical health by teaching him and setting an example for him to emulate; stresses health education to the sick; involves the care of the patient's social, spiritual, and physical environment; and gives health service to the family, the community, and the individual. This newer definition calls for a restructuring of nursing education. An evaluation of the nursing curriculum is necessary to find out whether or not the student nurses are prepared to function in accordance to the above definitions. Health concepts may need to be redefined and school of nursing health programs may need to be improved so that better understanding and practice in the field may become a reality for the members of the nursing profession.

Nursing education must provide the student nurse with a preparation which will encourage her to become sensitive to the effects of her own actions as a citizen, producer, and consumer upon the health and welfare of others; to see that wholesome attitudes do come forth; and to see that

these attitudes are consistent with what is believed to be right, good, and well-considered action.

The health problems of student nurses in schools of nursing may be met and solved by the process of co-operative planning. A total school-health program may help provoke and encourage personal and public participation. The success of the integrated school-health program is dependent upon effective co-operation of all the members of the health team. The development depends upon the co-operation and participation by every member in the promotion of personal health and the integration of the individual's well-being into the collective entity which is called public health.

Sound basic data and factual information must serve as a foundation for health teaching. Instruction in personal and community health may help the student nurse to acquire a fund of knowledge, attitudes, beliefs, and skills which are vital in nursing care and which will assist her in health teaching and is becoming increasingly essential to the well-being of the individuals concerned.

If nursing education is to achieve its objective and become an art and science it must have master nurses who have been prepared to teach. With qualified nursing instructors, the progress in nursing may be expedited. Direct health teaching seems essential as a basis for

correlation and integration of personnel and community health with all school activities and subject matter fields. Health education that is closely identified with other phases of community health programs is usually effective.

Principles and suggestions for the development of a curriculum in physical and health education have been suggested as having two aspects, the personal and recreational aspects and the professional. The personal and recreational aspects of the program should provide and enhance the development of proper personal habits, skills, knowledge, and attitudes that will enable the student to attain such physical efficiency as is necessary to maintain positive health. The professional aspect is primarily concerned with the preparation of the student nurse in helping the patients to maintain health once it has been regained and to prevent illness.

Various investigators have emphasized the educational value of the total school health program. In schools of nursing, an attempt is being made to make the school health service a learning experience. The school of nursing environment varies in the degree of healthful living that it provides. In some schools of nursing, guidance, nutrition, recreation, and environmental sanitation seem to be unrelated to instruction in health and

school health services.

The role of the nurse as a teacher of health requires that the nurse be alert and self-directing, that she be able to function intelligently and quickly in response to variations. Nursing service without health education as an integral part of nursing care is difficult to conceive.

Various studies by nurses and others have demonstrated that not all nurses are good teachers and that they teach less easily and skillfully than they perform any other of their various duties.

The pages of nursing literature do not lack reports of observations, recommendations, and suggestions for remedying the weaknesses and shortcomings of nursing education in preparing the nurse for her role of a teacher of health.

Nursing has been the best half-educated profession in the world. The vast majority of nursing schools in the United States do not provide a professional education. Many nursing educators believe that not until nursing education has been based on modern educational principles will nurses be prepared to meet nursing and health needs of society. Only about one-fourth of those graduate nurses who hold administrative and instructional positions in schools of nursing have as much as a baccalaureate degree. Nursing is looking ahead and planning to

strengthen school faculties to avoid seriously diminishing the value of education for the student nurses and weakening the health service of the nation. Society and the profession are challenged to substitute an effective system of professional nursing education for an apprentice system.

Suggestions and recommendations of the past three years particularly stress the need for: better preparation of the teaching staff; improvement in the philosophy of nursing education; adjustment of nursing education to modern educational methods; appreciation of the importance of individual worth and individual differences; and respect for individual personality and for methods and technics of how to preserve and enhance the development of the whole individual.

Investigators have suggested that a total school of nursing health program should include health education, school health services, healthful school living, student counseling, nutrition, physical education, and recreation. It is important that there be developed a sound appreciation of the objectives of the student health program. There should be no conflict between the interests of the health educator and the school administration. The former deals in broad educational relationships and serves as a staff adviser to the latter. A complete school health program connotes co-ordinated planning of the program by

personnel of the school staff and the administration under qualified leadership.

The health educator is usually basically trained in the biological sciences, education, and counseling and guidance. She is a member of the health team and works with the staff; plans health education programs; shares her skills and technics; plans and employs in her program such tools as group meetings, individual interviews and conferences, radio and visual-aids, newspapers, bulletins, periodicals, books, and charts; diffuses and unites health education into a whole program; co-operates with outside physicians, dentists, veterinarians, sanitarians, and all other professional groups and health agencies; co-operates with other schools; and helps nurses help people in the community to assume responsibilities in health matters.

Good health for the student nurses cannot be provided alone by lectures on health or even by several health service programs separately. Good health of student nurses requires the combination of all health services, programs, and activities under the direction of a health educator who will establish an efficient working relationship of all contributing individuals, departments, and agencies. Integration of services requires skilled supervision. While the medical profession has taken and will continue to take an active part in school of nursing

health programs, the task of bringing together all the forces can be accomplished successfully by the health educator taking a more active part. Providing wise and constructive leadership in the school health program for the preventive, diagnostic, and curative services based on the actual requirement of the individual is but one great task ahead for the health educator in a school of nursing.

Research workers and health specialists have indicated that it is essential that co-ordination of health activities into a total health program become emboddied in the philosophy and action of the school health service team extending from the board of directors to every department and service reaching out to draw into the program the potential individuals and resources of the other groups and agencies which can be utilized in attaining the goal of better health for student nurses. If a school of nursing is to make the greatest possible contribution to the continuing health and welfare of its students throughout their whole life time, it should formulate and apply health policies consonant with the best thought and practice in this field.

Health policies that recognize the total health of the whole student in her total life situation as the objective of the school health program will evolve from increasingly accurate and certain understanding of student

needs. Such health policies will be free from fad and prejudice, sub-servient to neither unproved speculations nor heavyhanded traditions. They will grow out of successful experiences, be guided by expert judgment, and will conform with as well as help give direction to health policies of the school, the community, the county, the state, the nation, and the world.

CHAPTER III

SURVEY OF HEALTH-EDUCATION PROGRAMS IN SCHOOLS OF NURSING

The present study is concerned with the health-education programs in schools of nursing in Oregon as they provide educational experiences for the student nurses and as they are related to:

A. Instruction in general hygiene.

B. Student health services.

C. Instruction in methods of teaching health.

A number of evaluation instruments were utilized in order to ascertain the current practices of the health-education programs that contribute to the preparation of the student nurses for their role as health teachers and healthy individuals. These instruments included the Oregon school of nursing bulletins and catalogues, questionnaires, and interviews.

The following characteristics of schools of nursing in Oregon provide a background for understanding the possible differences in the extent to which their health-education programs have been organized:

A. All schools of nursing in Oregon are accredited by the Oregon State Board of Nurse Examiners.

B. They are associated with general hospitals.

C. The schools are rated by nursing leaders in the state as providing an educational program which is average for the nation or better.

D. Some schools are associated with publicly controlled, others with privately controlled, institutions.

E. Some schools have a definite religious affiliation, others are non-sectarian.

F. Schools having a religious affiliation are representative of both Catholic and Protestant denominations.

G. Schools of nursing in Oregon offer three types of preparation--only three-year programs in nursing, only degree programs, and both three-year and degree programs.

There are ten schools of nursing in Oregon. Six are connected with Catholic hospitals, three with Protestant hospitals, and two are non-sectarian institutions. Only one school limits the admission of students to the school of nursing to members of the religious group which conducts it. Four schools offer both degree and three-year programs in nursing; one school, only a degree program; and five, only a three-year program.

The schools of nursing in Oregon are located at

Baker, Pendleton, The Dalles, Portland, and Eugene. Six of them are in Portland.

STUDY OF THE OREGON SCHOOL OF NURSING BULLETINS AND CATALOGUES

Bulletins and catalogues from eight Oregon schools of nursing were received and studied. Apparently two schools issue no such publications or neglected to forward them for study.

Six schools devoted some space to the description of the religious phase of the school of nursing and its importance in the life of the student nurse.

Seven schools made statements in reference to the student residences. Those having modern and newer residences devoted much space to the description of the building and the facilities and used many illustrations.

All schools included some comment about the student health service. Those that had more to offer extended the comments. One school stated that there was a health director in charge of the health-education program. Two institutions listed fees of five dollars and twenty-five dollars for student health services. It is presumed that the other schools collect no fees for the service. One school stated that no student health service is provided for the freshman students. Each student provides and

finances her own health services during that first year.

Three schools stated that fourteen days sick leave in the three years of school were allowed without requiring make-up. One school allowed sick leave on an individual basis. Another school stated that absence because of illness that extended beyond three months would be sufficient cause for the student to withdraw and return to resume studies the next time that that phase of the course was repeated.

Six schools allow vacation time. Two schools allow eight weeks vacation in the three years of training; one allows sixteen weeks, four weeks each year of the four years of school; and three allow three weeks each year. Some schools qualified their statements by saying that the time for vacations would depend upon the need for nursing service, while another stated that student requests for definite periods would be considered in special cases.

Opportunities for social life, recreation, play, and physical exercise were mentioned. Those schools having much to offer listed the activities and included illustrations. Others mentioned the importance of these opportunities and stated that efforts were made to provide the student nurses with them. Two schools included comments that the city offered many cultural opportunities such as the symphony, the theatre, and the art museum,

which the students might take advantage of and participate in if they so desired. The following activities were indicated:

A. Dancing, picnics, hiking, skiing, and relaxation were mentioned by two schools.

B. Three schools had organized clubs, sororities, and activities for the student body.

C. Five schools mentioned that student government was organized and active.

D. Activities mentioned once, but not all by the same school include rallies, teas, socials, choral work, archery, horseback riding, basketball, music (radio and victrola), tennis, badminton, volley ball, school paper, and swimming.

Some catalogues contained a description of courses. No course in general hygiene was listed by any school. Physical education was listed by two. One school was not giving it because the position of physical education instructor was not filled. The other school listed physical education as a requirement for the degree program. The college and university with which this school of nursing is affiliated require physical-education participation by all students so these students do get it during their prenursing training.

The recommended electives that were listed by various schools include history, American government, education, speech, biology, and economics. Emergency nursing, health and social aspects of nursing, biological and social science courses were listed as some of the courses given by seven schools.

The bulletins and catalogues voice the traditional agreement as to the importance of health.

The catalogue description of courses, health services, school environment, and health policies is an inadequate measure of appraising school health-education programs. A successful program of health education is not easily organized nor measured in terms of clock hours of instruction nor in terms of semester hours of credit.

DESCRIPTION OF THE QUESTIONNAIRES

The questionnaire was used to obtain detailed information about the facilities and resources, instruction in hygiene, school health services, healthful school living, and instruction in methods of teaching health.

The items on the questionnaire were of the check-list type, making it possible for the director of nursing education simply to check the "Yes-No" space.

A short questionnaire was first sent to the director of nursing education in every school of nursing in Oregon,

accompanied by a letter stating that information about student health-education programs would be of value in ascertaining the current practices and in making recommendations about needed changes and improvements in nursing and nursing education. (Appendix A)

In general, all directors of nursing education were co-operative and returned the answered questionnaires promptly. Only one school failed to respond to the first questionnaire.

Specially prepared questionnaires were sent to the two affiliating schools, one a tuberculosis hospital and the other a psychiatric institution. Interviews were not conducted in these institutions.

A second comprehensive and detailed questionnaire was filled in during an interview with the co-operating directors of nursing education or their representatives at the Oregon schools of nursing during December 1948 and January 1949. A number of the directors and representatives expressed an interest in the study and requested copies of the report saying that they enjoyed the interview and answering the questionnaire. Few evidences of annoyance and lack of interest were observed. Several did not know the answers, left them blank, or placed question marks beside many of the items. The time required for completion of the interviews and checking of the questionnaires

varied from one to four hours, with an average of two hours. The time also varied with the interviewee's interest in the study and her acquaintance with the program.

The comprehensive and detailed questionnaires were also sent to fourteen schools of nursing outside of Oregon, accompanied by a letter similar to that described above. (Appendix C) Questionnaires were sent to fourteen schools of nursing outside of Oregon in the hope that at least one-half of them would be answered and returned for purposes of comparison. The fourteen schools of nursing outside of Oregon to which the questionnaires were sent were chosen because they showed characteristics similar to the Oregon schools.

SURVEY OF SELECTED SCHOOLS OF NURSING OUTSIDE OF OREGON

Eight of the fourteen questionnaires sent to schools of nursing outside of Oregon were answered and returned. The responding schools are located in New Jersey, Connecticut, Massachusetts, Washington, D.C., Indiana, Idaho, Montana, and California.

One school returned a partially filled-in questionnaire with the comment that it was too complicated, repeated itself, was too lengthy, and that the time necessary for thoughtful consideration was not available.

Another school returned the questionnaire with no

answers, accompanied by a letter stating that inasmuch as the school is requested constantly to co-operate in such time-consuming studies, it has been forced to make a policy of returning the questionnaires unanswered.

Another school sent a long letter accompanying the filled-in questionnaire commenting that the questionnaire was interesting, apologized for the incompleteness with which it was answered and requested a copy of it for further study. This director also stated that she wished she could feel that many schools of nursing were prepared to give a good accounting of their health program, but that her experience had led her to think that schools of nursing have only scratched the surface of the possibilities for improving the health of students and their teaching of health to patients. She felt that the institution with which she is connected is somewhat better than average inasmuch as considerable time and thought is devoted to the health-education program and she expects progress to continue. She stated that she would be interested in reading the report.

The findings of the survey of the health-education programs in schools of nursing outside of Oregon have been entered on one master questionnaire and are here presented.

Question marks used by the respondents in lieu of "Yes" or "No" are placed following the "Yes" or "No" space,

and though only one such symbol appears in each of many answers, they were placed there by different respondents. Instances where the total replies recorded are fewer than eight indicate that the remainder did not reply.

The comments made by the respondents follow the questions and are enclosed in quotation marks.

SURVEY OF HEALTH EDUCATION PROGRAMS
IN SCHOOLS OF NURSING OUTSIDE OF OREGON
MASTER QUESTIONNAIRE

INSTRUCTION IN HYGIENE

1. Does the curriculum include a course in hygiene? Yes 5 No 1

2. Does the title of the course give definite knowledge of the course content? Yes 3 No ?-2

3. How many periods are devoted to the subject? Number 5-1, 15-2, 20-1, 24-1

4. How long are the periods of instruction? Number 50-4, Minutes 60-2

5. Are the students pretested in hygiene? Yes 2 No 5

6. If so, when:
   a. On entrance to the school? Yes ___ No 1
   b. At the beginning of the hygiene course? Yes 2 No ___
   c. Other times (please specify) "Following hygiene course year later."

7. Does the pretest determine:
   a. What they already know about health practices? Yes 2 No ___
   b. Their performance of health practices? Yes 2 No ___

c. Their weakness in health practices? Yes 2 No___

d. The extent of knowledge of:
   (1) health facts? Yes 2 No___
   (2) health standards? Yes 2 No___

e. Their understanding of health facts? Yes 2 No___

f. Their health problems? Yes 1 No 1

g. Their health attitudes? Yes 2 No___

8. Is the instruction of hygiene interrelated and co-ordinated with other courses of study? Yes 6 No___

9. If the answer to #8 is "Yes," in which courses is the subject of hygiene included:
   a. Incidental by checking in column "Inc."
   b. In planned units by checking "P."
   c. And give the number of such planned units.

	Yes	No	Inc.	P	# Units	Year of Course 1	2	3	4
(1) Biological and Physical Science									
(a) Anatomy and Physiology	3		3			2			
(b) Microbiology	3		3			2			
(c) Chemistry	3		3			2			
(2) Social Sciences									
(a) Psychology	3		3			2			
(b) Sociology	1		1						
(c) Social problems in nursing service	2		3			1			
(d) History of nursing	3		4	1		1			
(e) Professional Adjustments	3		3	1	1	1			
(3) Medical Science									
(a) Introduction to medical science	2		2	2	1				
(b) Pharmacology and therapeutics	1	1	2	1	1				
(4) Nursing and Allied Arts									
(a) Nursing Arts	4		4	3	5 2	2			
(b) Nutrition-Foods-Cookery	3		5	1		1			
(c) Diet Therapy	2		4	1					
(d) Medical and surgical nursing	3		5	1		1			
(e) Obstetrical nursing	3		5	1		1			
(f) Nursing children	3		4	2		1			
(g) Psychiatric nursing	2		3	2		1			
(h) Nursing and health service	2		4	1					
(i) Advanced nursing	1		1	1					
(j) Communicable disease nursing	2		4	1					
(k) Tuberculosis nursing	2		4	1					
(l) Operating room	2	1	2	1					
(5) Others (please specify)									

10. Are some elements which are considered most useful pro fessionally not taught, while some elements more useful personally given full consideration? Yes 2 No 2
"In health class."
"Do not understand question."

11. Do the students receive individual health instruction? Yes 5 No 1
"If needed."

12. Who gives this individual health instruction:
    a. Director of nursing education? Yes 2 No ___
    b. Director of nursing service? Yes 1 No ___
    c. Student health service nurse? Yes 4 No ___
    d. Physician? Yes 3 No ___
    e. Instruction of hygiene? Yes 1 No 1
    f. Counselor? Yes ___ No 1
    g. Health Co-ordinator? Yes 1 No 1
    h. Others (please specify) "Instructor in Nursing arts."

13. Is a comparison made of the students' knowledge of health practices before and after instruction in hygiene? Yes 4 No 3

14. Is a comparison made by the school staff of the relationships between the instruction in health practices and the performance of health practices by the student in the school environment? Yes 2 No 4

15. Is health instruction limited to the fields of:
    a. Personal hygiene? Yes 1 No 3
    b. Community Hygiene? Yes ___ No 2
    c. Personal hygiene with some community hygiene? Yes 4 No 1

16. What areas are included in the course in hygiene:

a. Major health problems of the student age group and occupation?	Yes 6	No___
b. Proper selection of foods?	Yes 6	No___
c. Weight and its control?	Yes 6	No___
d. Hygiene of digestive disturbances and dietary dangers?	Yes 5	No___
e. Stimulants, narcotics, alcohol studies?	Yes 5	No___
f. Exercise, fatigue, rest, and sleep?	Yes 6	No___
g. Sunlight and fresh air?	Yes 6	No___
h. Prevention and control of disease?	Yes 6	No___
i. Care of the nose, throat, and ears?	Yes 5	No___
j. Conservation of vision?	Yes 5	No___
k. Sound teeth?	Yes 3	No___
l. Glands of internal secretion?	Yes 2	No___
m. Normal sex life?	Yes 2	No 1
n. Modern parenthood?	Yes 2	No 1
o. Mental health?	Yes 4	No 1
p. Health problems of advancing years?	Yes 4	No___
q. Choosing a health adviser?	Yes 3	No___
r. Community health?	Yes 4	No___
s. Accident prevention?	Yes 6	No___
t. First Aid?	Yes 6	No___
u. Lighting, heating, and ventilation?	Yes 5	No___

v. Others (please specify)

"Bathing, cosmetics, toiletries used in personal hygiene."
"Hygiene of menstruation."
"Hygiene of recreation."
"Emphasize--Public health in U.S.P.H.S., state, official, and non-official agencies."
c. "Weight and control stressed by health supervisor."
n. "Reproductive organs and functions covered extensively by science instructor."
r. "Not emphasized."

HEALTH-EDUCATION PROGRAM

1. Does the preparation of the health instructor include preparation in education? Yes___ No___
"A former public health nurse."

2. Have the school staff members engaged in student health program had advanced preparation in the field of education? Yes 3 No 2

3. Has the health instructor had advanced courses which prepare her to teach this subject? Yes 4 No 2
"Hygiene taught by Nursing arts instructor. B.S. in Nursing Education, Nursing arts major, courses in Medical and Surgical diseases, ethics, public health principles, guidance, mental hygiene, adolescent psychology, biology, educational psychology, general psychology."
"Part time student at present."
"Certificate P.H.N. eleven years experience in P.H.N."

4. Was she better qualified to teach another subject and then given the health course as an added duty? Yes 3 No 3

5. Has the health instructor had previous classroom teaching experience in the specific work for which she is educating students? Yes 5 No 1

6. Has the preparation of the health instructor given her an appreciation of the value of mental hygiene and its place in the complete school health program? Yes 5 No 1

7. Is one person given the responsibility for:
   a. Co-ordinating all health education activities? Yes 3 No 3
   b. Relating them to other health activities in the community? Yes 1 No 3

8. Is this individual given adequate time for these duties? Yes 4 No ___

9. Is she given supplementary in-service training for these duties? Yes 2 No 3

10. Has a school health committee or council been organized? Yes 2 No 4

11. Does it plan co-operatively the development of the school health program? Yes 2 No 3

12. Does it advise the individual selected to head the program? Yes 1 No 3

13. In addition to this larger school health committee or council are smaller planning committees organized? Yes ___ No 5

14. Has a school guidance committee been organized? Yes 2 No 3

15. Does it plan co-operatively the development of the guidance program? Yes 1 No 2

16. Has the chairman of the guidance committee had special training in guidance and counseling? Yes 1 No 1

17. Is this individual given time equipment, secretarial assistance and space in which to carry on guidance practices? Yes 1 No 2

18. Does this individual give in-service training to other school staff members in counseling and guidance of students? Yes ___ No 3

19. Is the study and observation of the students' health by the staff members used as:

a. Supplementary to the periodic medical examination? Yes 4 No___
b. Substitution for the periodic medical examination? Yes___ No 2
c. Others (please specify)_____

20. Do these staff members:
a. Obtain a health history? Yes 4 No___
b. Observe and record the students' appearance and reactions? Yes 2 No 1
c. Take special measurements of:
(1) vision? Yes 3 No 1
(2) hearing? Yes 2 No 2
"If necessary."
(3) height? Yes 4 No___
(4) weight? Yes 4 No___
d. Give special tests:
(1) Mantoux? Yes 2 No 2
(2) Shick? Yes 3 No 1
(3) Dick? Yes 1 No 2
(4) Wasserman? Yes 3 No 1
"Do not understand this question."
"All done in health service."
"Done through clinics."

21. Are these school staff members given instruction:
a. In methods of observation? Yes 1 No 2
b. For the actual carrying out of observation procedures? Yes 1 No 2
c. For giving the special tests? Yes 2 No 1
d. In counseling and guidance? Yes 1 No 2

22. Does the school maintain a cumulative health record on each student? Yes 6 No___

23. Is this record available to the student upon request? Yes 6 No___

24. Are the contents of the cumulative health record discussed with the student at length? Yes 5 No 1
"If indicated."
"Special consideration--yes."

25. Is the student made aware of the contents of this record so that she is well informed about her own health assets and liabilities? Yes 5 No 1
"Liabilities only."

26. Which staff member interprets the student's health record to her:
    a. Director of nursing service? Yes___ No___
    b. Director of nursing education? Yes___ No___
    c. School health service nurse? Yes 4 No___
    d. School health service physician? Yes 2 No___
    e. Counselor? Yes___ No___
    f. Health co-ordinator? Yes___ No___
    g. Other (please specify) "Clinic doctor and nurse."

27. Does the student have any choice or selection of her health adviser? Yes 1 No ?

28. Does the school provide an opportunity for medical advice at regular scheduled hours as a preventive medicine measure? Yes 4 No 2

29. Are the students encouraged to take advantage of this service? Yes 4 No___

30. Are the health needs of the students ascertained? Yes 6 No___

31. Are the health problems of the students detected? Yes 5 No___

32. Does the school provide health service in the form of annual health examinations? Yes 5 No 1
"Plus."

33. Is consideration of the physical welfare of the student limited to giving her a health examination at some time during her training? Yes___ No 5

34. Does the school provide any further check on health examinations? Yes?-5 No___

35. Are follow-up procedures provided in relation to the determined health needs and health problems of the students? Yes 6 No___

36. Is a medical examination provided for every student? Yes 6 No___

37. Is it used:
    a. To check her fitness for participation in physical education? Yes 1 No 3
    b. To discover defects which need correcting? Yes 6 No___
    c. To discover health problems requiring modification in the student's daily regime of:
        (1) diet? Yes 6 No___
        (2) rest? Yes 6 No___
        (3) sleep? Yes 6 No___
        (4) patient load? Yes 4 No 2
        (5) study? Yes 5 No 2
        (6) mental adjustment? Yes 6 No___
    d. As an entrance requirement? Yes 6 No___
    e. Before the student leaves for affiliation? Yes 5 No 1
    f. On return from affiliation? Yes 4 No 2
    g. Before return to school following an absence because of illness? Yes 4 No___
    h. Before leaving the school upon graduation? Yes 3 No 2

38. Does the school require correction of remediable defects for graduation? Yes 2 No 4

39. Is the student's daily program planned to make for balanced living? Yes 2 No 4
"Do not know how to answer this except to say that we think the students work too hard."

40. Is this program planned:
   a. For the student? Yes 2 No___
   b. By the student? Yes 1 No___
   c. By the school health council? Yes___ No___
   d. Others (please specify)
   "Periodic planned recreational activities for the student are made by the individual student with health co-ordinator as consultant."
   "Superintendent of hospital, director nursing education, instructors, physical therapist, chief of medical staff, all plan and work with medical executive committee as medical advisers."

41. Is the health-education program actively concerned with:
   a. The sight conservation of the student? Yes 3 No?-2
   b. Helping the student learn how to use her eyes with the greatest comfort, efficiency, and safety:
      (1) at work? Yes 3 No 2
      (2) in the classroom? Yes 3 No 2
      (3) for study? Yes 3 No 2
      (4) for recreation? Yes 3 No 2

42. Does the health-education program include a plan for:
   a. Reduction of the common cold? Yes 4 No 2
   b. Prevention and control of tuberculosis among the students? Yes 6 No___
   c. Prevention of:
      (1) diphtheria? Yes 6 No___
      (2) scarlet fever? Yes 5 No___
      (3) gonorrhea? Yes 5 No___
      (4) syphilis? Yes 5 No___

43. Does the school have a dental health program? Yes 4 No 2
"Preentrance and emergency work only."
"Consultation when needed."

44. Does it include plans for:
a. Early and frequent discovery of the student's dental defects? Yes 3 No 1
b. Correction of the student's dental defects? Yes 4 No ___
"Planning for this in near future."

45. Does it provide this supervision and dental care of the student? Yes 3 No 1
"Planning for this in near future."
"Paid by student."

46. Does the school apply scientific knowledge of nutrition to the meals it serves to students? Yes 5 No 1

47. Does the dining room offer educational experience to the student? "What does this mean?" Yes?-3 No 1

48. Is the nutritional status of the student affected by this application?
"What does this mean?" Yes?-3 No 1

49. Does the school provide mid-morning and mid-afternoon nourishment for the students? Yes 4 No 3

50. Are the students on the night shift served a hot meal after the third or fourth hour on duty? Yes 1 No 5
"Lunch with hot drink."

51. In planning for health of the student, does the school provide proportionate time to recreation, eating, study, work, rest, and sleep? Yes 3 No?-2

52. Does the school health service control the patient load of the student in relation to her physical and mental states? Yes 3 No 3

53. Is this adjustment made when necessary? Yes 5 No 2

54. Is the student's daily routine modified to fit her individual needs and capacities? Yes 3 No 3
"We try to."

55. Is the student expected to conform to a standard daily routine without adjustments being made? Yes?-1 No 3
"Mostly 'yes'."

56. Are the students given training which especially prepares them to meet those special health problems associated with nursing care of the patient? Yes 5 No 1
"I believe so."

57. As part of this preparation are the students helped in developing sound health and safety attitudes and practices through instruction:
    a. On hazards connected with nursing care? Yes 6 No___
    b. In general health practices of the students on the hospital wards and clinics? Yes 6 No___

58. Does the student receive instruction in proper lifting, pushing, and pulling? Yes 6 No___

59. Is the need of this instruction emphasized or related to the occupational health and safety hazard of nursing? Yes 6 No___

60. Does the school provide the student an environment conducive to health? Yes 5 No___
"I hope so."
"I think I would answer 'yes'."

61. Does the school maintain health safeguards:
    a. On the wards? Yes?-4 No___
    b. In the residence halls? Yes?-5 No___
    c. In the classroom? Yes?-4 No___
    "I hope so."
    "I think I would answer 'yes'."

62. Does the school provide readily available sanitary toilets, handwashing, and drinking facilities? Yes 5 No___
    "I believe so."

63. Are fifteen minute rest periods every two hours allowed:
    a. Day shift? Yes___ No 6
    b. Evening shift? Yes___ No 6
    c. Night shift? Yes___ No 6
    "Not as such."

64. Are the students encouraged and given opportunity to take responsibility for the sanitary safety conditions in the school other than their own quarters? Yes?-4 No___

65. Is adequate sanitary maintenance in face of depleted janitorial personnel provided? Yes 6 No___

66. Is adequate janitorial service provided:
    a. For living quarters? Yes 6 No___
    b. For classrooms? Yes 6 No___
    c. For school environment? Yes 6 No___

67. Are adequate heating, lighting and ventilating vacilities provided? Yes 6 No___

68. Are the students aware of standards for good heating, lighting, and ventilation? Yes 5 No___
    "Have been taught."

69. Does the school health service concern itself with sanitation largely in terms of examination of living quarters:

a. On campus? Yes?-1 No 1
b. In off-campus residences? Yes ? No 2
"Not our set-up."

70. Does the home school safeguard the health of the student on affiliation by seeing to it that she is working under hygienic conditions? Yes 3 No 1
"No affiliations."
"None."

71. Is the emotional atmosphere of the school a wholesome one? Yes 6 No___

72. Is the student free to plan her own program on her day off duty? Yes 6 No___

73. Must she attend classes if her day off falls on a school day? Yes 6 No___

74. Do students on night duty attend classes in daytime? Yes 6 No___

75. Does the school provide opportunity for formation of wholesome habits of recreation? Yes 6 No___

76. Does it provide a program of recreation:
a. For the students working the day shift? Yes 3 No 1
b. For the students working the evening shift? Yes 3 No 1
c. For the students working the night shift? Yes 3 No 1
"Not desired by students."

77. Are the hours of rest, sleep, and relaxation determined by:
a. School policies? Yes 2 No___
b. The student? Yes 4 No___
c. Student government? Yes 4 No___
d. Others (please specify)
"Both school policies and the student."

78. Does the school deny the existence of mental hygiene problems among the students? Yes___ No 6

79. Does the maladjusted student receive timely assistance? Yes 5 No ?

80. Is the maladjusted student advised to leave school, regain sound health, then return to resume studies a year later? "Sometimes." Yes 3 No 1

81. Does the student receive training in community health services? Yes 5 No 1

82. Does the student participate in the community program on measures for the improvement of the health of all citizens? Yes 1 No?-3

83. Is the hospital experience made the center from which the health education class takes its problems, procedures, and techniques? "Yes and no." Yes 3 No 1

HEALTH TEACHING

1. Do the students understand the term "health teaching" to mean: "guiding and stimulating the growth of health of the individual?" Yes 6 No___

2. Does the student receive instruction in methods of health teaching? "Attempted in moderation." Yes 5 No 1

3. Does instruction of the student in health teaching help her to acquire:
   a. Specific knowledge in observing and measuring health behavior? Yes 4 No?-1
   b. Specific techniques in observing and measuring health behavior? Yes 4 No?-1

4. Are periodic discussions utilized to increase the competency of the student in health teaching? "During preclinical period." Yes 4 No___

5. As part of this instruction in health teaching:
   a. Is the student given an opportunity to observe under supervision and direction:
      (1) The history of behavior as well as the behavior itself? Yes 2 No 3
      (2) The recording of observations of normal behavior? Yes 3 No 2
   b. Does the student learn:
      (1) When signs and symptoms and behavior suggest the need for medical care? Yes 6 No___

(2) How to use cumulative records as an essential accompaniment of health inspection? Yes 5 No 1

6. Is the student's preparation in nutrition, mental hygiene, and conservation of human resources adequately and sufficiently coordinated and correlated with her preparation in health teaching? Yes 3 No 1
"Within reason."
"Preparation in health teaching not as adequately correlated as hoped for."

7. Does the instruction of health teaching deal largely with the application of methods of the subject matter? Yes 3 No 1
"Application of method of what?"

8. Is the hospital experience made the center from which the health teaching class takes its problems, procedures, and techniques? Yes 4 No 3
"To some extent."
"Yes and no."

9. Is the subject matter selected from the nursing professional point of view? Yes 5 No 1
"Both nursing and professional."

10. Does the school staff plan together the instruction of the student in methods of health teaching? Yes___ No 5

11. Does this planning together:
    a. Assure inclusion of significant material readily available to the student for health teaching? Yes___ No___

b. Fill in the gaps often created by special health courses, integrated health courses, and health units in other courses in the curriculum? Yes___ No___

c. Avoid too much repetition and overlapping? Yes___ No___

d. Assure sharing effectively the unique contributions of specialized departments and services? Yes___ No___

12. Is there a need for closer cooperation between this instruction and the student's experience:

a. At the bedside? Yes 5 No___

b. In the clinic? Yes 5 No___

c. In the home? Yes 5 No___

d. In the community? Yes 5 No___

13. Is sufficient time allowed for observation before participation of the student in health teaching? Yes 3 No 3

14. Is health instruction of the patient by the student ever considered a separate element of nursing care? Yes 2 No 2

"Occasionally."

"Seldom."

"We hope to correlate it with every patient and not isolate it but we haven't attained our goal."

15. Is health instruction of the patient by the student definitely planned:

a. For all patients? Yes 3 No 2

b. Special types of patients:

(1) Orthopedic? Yes 1 No 1

(2) Obstetrical? Yes 2 No___

(3) Tuberculous? Yes___ No___

(4) Diabetic? Yes 2 No___

(5) Cardiac? Yes 1 No 1

(6) Psychotic? Yes 1 No___

(7) Handicapped? Yes 1 No 1

(8) Others (please specify)

"No does not indicate never but not done routinely enough to warrant a 'yes'."

16. Is this health instruction of the patient by the student supervised by the:

a. Ward instructor?	Yes 2	No 1
"Have none."		
b. Head nurse?	Yes 1	No 1
c. Clinical instructor?	Yes 3	No ___
d. Instructor in hygiene?	Yes 1	No 2
"During preclinical period."		
e. Health co-ordinator?	Yes ___	No 1
f. Supervisor of nursing service?	Yes ___	No 2
g. Director of nursing service?	Yes ___	No 2
h. Director of nursing education?	Yes ___	No 2
i. Students' health adviser?	Yes ___	No 2
j. Others (please specify) "Nursing arts instructor."		

17. Does instruction of the student in methods of health teaching include:

a. Teaching health rather than disease?	Yes 5	No 1
b. Helping the patients learn how to live rather than a short course in medicine or nursing?	Yes 4	No 1
c. Helping the patients to learn how to protect the body as well as the effective use of the body?	Yes 6	No ___
d. Helping the patients to accept the personal responsibility for personal health?	Yes 6	No ___
e. Helping the patients to recognize their responsibility for community health?	Yes 4	No 2

f. Others (please specify) "Definite attempt during preclinical period to teach student fundamentals of health teaching by instructing student in importance of patients membership in a family and community group and of positive health."

18. Is the subject matter of methods of health teaching distributed over a large range of courses? Yes 5 No ___

19. Is there an indication for the need of correlation and co-ordination of the practice of health teaching with the school health program? Yes 3 No 2

20. Does an interchange of assistance or service between the school and other health agencies exist relative to the student's observation and practices of health teaching:

a. In the out-patient clinic?	Yes 3	No 3
b. American Red Cross?	Yes ___	No 4
c. T.B. Health Association?	Yes 1	No 4
d. American Cancer Society?	Yes 1	No 4
e. American Heart Association?	Yes 1	No 4
f. National Foundation for Infantile Paralysis?	Yes 1	No 4
g. Crippled Children's Division?	Yes 1	No 4
h. Mental Hygiene Society?	Yes 1	No 4
i. Writing radio scripts?	Yes ___	No 4
j. Writing articles for newspapers and publications?	Yes ___	No 4

k. Others (please specify)

"Visiting Nurses Association."	2
"Local Health Department."	1
"Federal Security Agency."	1
"Board of Education."	1
"National Institute of Health."	1

21. Would the better selection of professionally useful material give the student a richer and a more adequate preparation for her health teaching than the present traditional pattern? Yes 3 No 1
"Now using best available."

22. Would reorganization of this material into fewer courses give the student adequate preparation in methods of health teaching? Yes 1 No 5

23. Should the reorganization of the subject matter of methods of health teaching, hygiene, and health education offer the equivalent of the academic college offering in hygiene and the addition of a great deal of professional content, making it a course distinctly a course in health education? Yes?-3 No___
"Health teaching is progressive with learning in the nursing curriculum."

24. If there is a school health council does it evaluate the health teaching of the student and of the alumni:
    a. Every year? Yes___ No___
    b. Every five years? Yes___ No___
    c. Every ten years? Yes___ No___
    d. Other (please specify)
    "No health council."

INTERPRETATION AND CONCLUSION

Student nurses in all of the schools outside of Oregon which were surveyed receive individual instruction. The instruction in hygiene is interrelated and co-ordinated with other courses of study in six of the schools. The integrative process is predominantly of the incidental type. Where instruction in hygiene has been indicated as being planned for, the number of planned units are indicated by only a few schools. It is likely that the number of such planned units were not known nor could they be determined upon investigation. The shortage areas of hygiene instruction include: Glands of Internal Secretion, Sex Hygiene, Modern Parenthood, and Choosing a Health Adviser.

Pretesting in hygiene is not a common practice in these schools of nursing. Only four schools indicate that a comparison is made of the students' knowledge of health practices and the relationship between the instruction in health practices and the performance of health practices by the student in the school environment.

It seems that only about one-fourth of the schools that answered the survey are prepared to give a good accounting of the instruction-in-hygiene phase of the health education program.

A review of the findings pertaining to the

qualifications of nursing instructors in these schools of nursing shows that in three schools the instructors have had advanced courses which prepare them to give health education. It appears that but few school health and guidance committees and programs have been organized. The school health services apparently are not standardized and none of the health-education programs provide in-service training for the staff members in counseling and guidance.

Cumulative health records for the student nurses are maintained by six schools. The interpretation of the contents, the staff member who interprets the contents, and the proportion of the contents interpreted vary widely. In only one school of nursing of those which responded to the questionnaire is the student given a choice in the selection of a health adviser.

Medical examinations for students are provided in six schools. The use to which the findings are put varies. Student health problems and needs are ascertained and detected. Medical examinations before and after leaving and on return from affiliation and upon return to school following an absence because of illness appear to be given in almost one-half of the eight schools.

Correction of remediable defects for graduation is required by one-fourth of the schools.

All six of the schools which give the students

physical examinations provide follow-up procedures, yet only about one-half of them indicate that they modify the daily regime to fit the individual needs and capacities of the student.

Some preventive medicine in the prevention and control of communicable diseases is practiced in all of the eight schools. Prevention of occupational hazards pertaining to lifting, pushing, and pulling receives attention in six schools. The sight conservation program is attempted by three of the schools. About one-half of the schools have a dental health program. The services and facilities of the dental health program are not uniform. One school is planning and organizing a total dental-health program for the near future. One-half of the schools state that they plan for balanced living for the students, however, answers to related questions indicate that fewer actually do this.

In planning for the health of the students, three schools allot proportionate time to recreate, eat, study, work, rest, and sleep. In three schools the patient load is adjusted to the students' mental and physical status. One school expects the student nurses to conform to a standard daily routine. Fifteen-minute rest periods every two hours are not allowed or planned for by any school. Examination of living quarters for sanitary reasons is

seldom done by the health service. Six schools allow the students freedom to plan their own program on their day off duty, but they are expected to attend classes if the day off falls on a school day and the students on night duty are expected to attend classes in the daytime.

The nutrition of the students is planned with scientific knowledge of nutrition being applied in five schools. Four schools provide student nurses with mid-morning or mid-afternoon nourishment. In five of the schools, the student nurses are expected to work eight hours of the night shift without nourishment. In three schools the dining room offers an educational experience. In the light of these findings it is to be expected that the nutritional status of the students is affected, especially when a respondent replies "What does this mean?" to the statement "Does the dining room offer educational experience to the student?"

Six schools claim that they provide an opportunity for the formation of wholesome habits of recreation, yet only three indicate that they provide a program of recreation.

No school denies the existence of mental hygiene problems among the students and the majority provide timely assistance. It appears that organized guidance service exists in but one school. Three of the schools

designate one person for the co-ordination of all health-education activities; in one school the health committee advises this individual; and in but one is she given time, equipment, secretarial assistance, and space in which to carry on guidance practice.

Apparently the health-education programs in the representative schools of nursing that responded to the study are loosely organized and co-ordinated. Instruction in hygiene, healthful school living, and school health services seem to lack well-planned co-ordination.

It appears that an awareness of the need for a total health-education program exists in a few schools of nursing; that some effort is being made to meet the need; and that much remains to be done to achieve a complete health-education program in these schools of nursing.

It seems that the newer definition of nursing with its emphasis on health conservation and health teaching in addition to the care of the sick, attention to mental and emotional as well as to physical disorders, concern about the social as well as the physical environment, and a total health service to families and communities as well as to the particular individual within any group finds little application in the facilities, resources, and services for the individual student nurse in the eight schools of nursing outside of Oregon that responded to the

questionnaire.

The answers to the questions that pertain to methods of health teaching show that five of the schools provide such instruction. The subject matter of methods of health teaching is distributed over a large range of courses in five schools. Four schools state that the instruction includes specific knowledge and technics in observing and measuring health behavior. Apparently students are seldom given an opportunity to observe under supervision and direction the history of behavior, the behavior itself, and to record their observations of normal behavior. In six schools the students are given instruction and opportunities to learn when signs, symptoms, and behavior suggest the need for medical care. Five schools provide instruction in how to use cumulative records as an essential accompaniment of health inspection.

Only three schools feel that the students' preparation in nutrition, mental hygiene, and conservation of human resources is adequately correlated with their preparation in health teaching.

In four instances the hospital experience is the center from which the methods-of-health-teaching class takes its problems, procedures, and technics. In no instance does the school staff plan together the instruction in methods of health teaching. Five of the responding

schools indicate that there is a need for closer co-operation between the instruction in methods of health teaching, in hygiene, and the students' experience at the bedside, in the clinic, in the home, and in the community. Only three indicated that they recognized a need for correlating and co-ordinating the practice of health teaching with the school health program. Health instruction of the patient by the student is not definitely planned for the tuberculous patient and in single instances only is it definitely planned for such special types as the orthopedic, cardiac, psychotic, and handicapped patients. The health instruction of the patient by the student is infrequently supervised by the clinical instructor, ward instructor, or head nurse.

But few schools indicated that there was interchange of assistance or service between the school and other health agencies relative to the students' observation and practices of health teaching, yet in answers to other questions a greater number indicated that the students received experience in community health services, while only one indicated that the students participated in the community program on measures for the improvement of the health of all citizens.

Three of the responding schools indicated that they felt that a better selection of professionally useful

material would give the students a richer and a more adequate preparation for health teaching than the present traditional pattern. Only one was confident that what was being used at present was the best available.

Three felt that the reorganization of instruction of hygiene, methods, of health teaching, and school health services into a total program and making it a course distinctly a course in health education was warranted.

Evaluation of the health teaching of the patient by the student and by the alumni has been attempted by no school.

It seems that the subject matter of methods of health teaching and its application to clinical experience could be more heavily weighted with health-education objectives in view and wider experience provided. Co-ordination of instruction in hygiene, student health services, and community health agencies is attempted by a few schools. It appears that a few of the eight schools recognize the need for the correlation of all these phases of the health-education program into a unifying whole for the improvement of the health of the individual student and for enhancing her competency as a teacher of health.

SURVEY OF HEALTH-EDUCATION PROGRAMS IN SCHOOLS OF NURSING IN OREGON

INTRODUCTORY QUESTIONNAIRE

The initial questionnaire sent to Oregon schools of nursing was answered and returned by all but one of the ten schools. The one which failed to reply gave the answers at the time of the interview on the master questionnaire.

The answers have been summarized and have been tabulated on a copy of the introductory questionnaire. Comments made by the respondents have been placed below the questions and enclosed in quotation marks. When the total number of replies is fewer than ten, it indicates that no replies were given by the remainder.

Some respondents placed question marks on the questionnaires. These question marks are reproduced following the "Yes" and "No" and are separated from the numbers by a dash.

ADVANCE BOND

SURVEY OF HEALTH-EDUCATION PROGRAMS
IN SCHOOLS OF NURSING IN OREGON
INTRODUCTORY QUESTIONNAIRE

Please check (x) the appropriate space in answer to the following questions:

1. Does the curriculum include a course in hygiene? Yes 5 No 5
   "Integrated instruction."
   "Integrated."

2. Does the title of the course give definite knowledge of the course content? Yes 5 No 2

3. Do the students receive individual health instruction? Yes 10 No ___

4. Does the school have a school health program? Yes 9 No ___
   "Will have when the size of our classes increase."

5. Does the school have a health co-ordinator? Yes 5 No 5
   "Will have when the size of our classes increase."

6. Are the students given training to take leadership in health education? Yes 4 No 4
   "Planned for at Present."
   "A basic curriculum in nursing education is not aimed at preparing leaders in any area. Nurses all should be prepared to be experts in their particular profession. Should health education be over-emphasized here?"

7. Does the school have a faculty-student health committee or council? Yes 3 No 6
   "Faculty committee only at present."

8. Does the student receive instruction in methods of health teaching? Yes ?-7 No 2
   "Yes when plans are completed."
   "I believe they do as part of Nursing

Arts, Health Aspect, and Prevention of Illness."

9. Is health instruction of the patient by the student supervised? Yes 5 No 5
"Part."

10. Is health instruction of the patient by the student ever considered a separate element of nursing care? Yes 7 No 3
"Part of the care of the patient as a whole."
"We are trying to emphasize the students' responsibility for health teaching of the patient as an integral part of nursing care."

11. Is the subject matter of methods of health teaching distributed over a large range of courses? Yes 8 No 2
"Should not methods be presented early and the application of them be a part of all courses?"

12. Is the hospital experience made the center from which the health teaching takes its problems, procedures, and techniques? Yes?-6 No 3
"Yes at present."

Your comments and suggestions:

"We have recently started a more complete health program with our first class since the Cadet Corps terminated."

"Our students are under a health program and co-ordinator at college during their first six months."

"Perhaps if I had your definition of 'Health education' at student level and patient level, I could follow your questionnaire. It is difficult for me to evaluate our program for you because of your questions being so very general and ambiguous."

"Work in #12 is weak. I believe we do try to integrate health education in various basic courses, but expect program leaves something to be desired."

SIGNATURE_____

THE MASTER QUESTIONNAIRE AND INTERVIEW

Letters requesting an interview, with a card to be returned indicating the date and hour of the interview, were sent to all the directors of nursing education of the ten schools of nursing in Oregon. (Appendix B) All but one card was returned.

On the date for the requested interview of the one school that did not respond, a telephone request for the interview was made as well as a visit to the hospital. The request was granted. Many of the returned cards granting the request for an interview stated that a representative would substitute for the director of nursing education during the interview.

The reception at the schools of nursing was cordial, gracious, and prompt at some schools. At one it was learned that the director was acutely ill, that there had not been time to send a message, and that the questionnaire would be filled in when the director recovered. A substitute for the director for the interview was not present at this school. The questionnaire was received about six weeks later.

At other schools it was necessary to wait from fifteen to forty-five minutes to be seen. This was a busy season for the hospitals. In all but three instances, numerous telephone and individual interruptions delayed

the interviews. The instructors had to leave the office on several occasions to attend to matters on the wards or in other offices.

At one school it was explained that the interview was expected but that unusual circumstances over which there was no control had come up and that it would be necessary to cut the interview short. The interviewer was invited to lunch and taken to the dining room. This presented an opportunity for observation of the students and talking to the nurse instructors. The few questions that needed interpretations were explained before and at the close of the interview. The nurses' residence in process of remodeling was visited. The salient features were pointed out with great pride. The interviewer observed that the rooms were small for two occupants. The clothes closets were to be lockers in a room remote from the bedrooms. The toilets, showers, and wash bowls were few for so many students. The colors in the rooms were pleasant, pastel shades. The floors were being refinished.

The interviewer was informed that the senior student nurses would be housed on the first floor; that the house mother, a strict disciplinarian, would see to it that rules and regulations would be enforced; that the students came in on time; that study hours were considered very important and students would be found studying at that

time; and that students would retire at the appointed hour.

This was the only school where the relations with the district nurses association were said to be strained. Relations with the members of the community and the medical profession were considered good. The school was educating nurses for nursing service to the community. The local point of view was much in evidence. The struggle to meet the demands for nursing service is apparently acute in this community.

At one school it was explained that the staff member designated for the interview became ill during the morning and that another member had to be found. The substitute stated that every effort would be made to do justice to the interviewer. Many questions were left unanswered as a result of this adjustment. The evaluation of the health-education program in this school is considered inadequate, but the answered questions, though few, are correct statements.

In only a few instances was the individual who answered the first questionnaire the same individual at the interview. Numerous discrepancies occurred when the questions related to those answered previously were answered by another member of the school staff. Some members apologized that inasmuch as they were the health

directors they could not answer the questions pertaining to instruction in hygiene and methods of health teaching. In one school the individuals who could give the answers were in the building but not available. The interviewer was impressed by the charged atmosphere, the feeling of inadequacy, and the embarassed hesitancy of many of the individuals substituting for the director. Invariably, the individual was very well versed in her own program and was equally uncomfortable in admitting that she knew little or nothing about the other phases of the program. Very few schools could give a good accounting of their health-education program. It was observed that in about three-fourths of the schools the programs lacked organization and co-ordination into an integrated whole.

In some schools the interview was planned for. Interruptions were lacking. The emotional atmosphere in the room was calm, peaceful, and unhurried. Rapport was readily established. There was much interest in the subject. Information and explanations were given readily and offered on occasion. Free give and take was experienced. Tours of the residence, the classrooms, and the student health services including the student infirmary were conducted. The interviewer was allowed to observe and inspect, question and comment with ease. The directors and representative staff members seemed eager

to be of help and admitted frankly and kindly that they hoped to learn much.

The interviews revealed that in some schools, students are required to report their illnesses to the nursing office. The student is then granted permission to report to the physician at the out-patient clinic. In other schools an appointment is made for the student by the nursing office. In emergencies, the students may seek medical care as needed. In some schools, where medical advice is available to the student at regular hours, the student waits to be seen by the physician in a busy, crowded, out-patient clinic. A student ready and willing to report a minor illness soon loses all desire to do so when she sees clinic patients waiting to see the doctor and she must wait her turn. She immediately further minimizes her needs and neglects them until they have grown large enough to warrant competition with those of other patients in the clinic or hospital waiting room.

During the discussion of the questions related to nutrition of students, it was indicated that not all schools employed trained dietitians. One school is attempting to improve this situation.

The snack-bars and kitchen facilities in the student nurses residence were visited in some schools. Some, but not all included facilities and equipment that contributed

to the comfort and welfare of the student. The sanitation and maintenance of these rooms pose problems for the administrators of the school. The writer believed that the food concessions observed in and outside the hospital needed better supervision as to sanitation. Although the eating establishments were graded by public health authorities their proximity to the school of nursing suggested the advisability of closer co-operation with the health department in the interest of student health and welfare.

In reporting the answers on the master questionnaire for the survey of health-education programs in schools of nursing in Oregon the same technic was employed as was used in reporting the findings in the out-of-state or sampling survey and the introductory questionnaire.

SURVEY OF HEALTH-EDUCATION PROGRAMS
IN SCHOOLS OF NURSING IN OREGON
MASTER QUESTIONNAIRE

INSTRUCTION IN HYGIENE

1. Does the curriculum include a course in hygiene? Yes 4 No 6

2. Does the title of the course give a definite knowledge of the course content? Yes 4 No 3

3. How many periods are devoted to the subject? Number 24 15 26 20

4. How long are the periods of instruction? Number Minutes 50-4

5. Are the students pretested in hygiene? Yes 1 No?-5

6. If so, when:
   a. On entrance to the school? Yes 1 No___
   b. At the beginning of the hygiene course? Yes___ No___
   c. Other times (please specify)_____

7. Does the pretest determine:
   a. What they already know about health practices? Yes 1 No___
   b. Their performance of health practices? Yes 1 No___
   c. Their weakness in health practices? Yes 1 No___
   d. The extent of knowledge of:
      (1) Health facts? Yes 1 No___
      (2) Health standards? Yes 1 No___
   e. Their understanding of health facts? Yes 1 No___
   f. Their health problems? Yes 1 No___
   g. Their health attitudes? Yes 1 No___

8. Is the instruction in hygiene interrelated and co-ordinated with other courses of study? Yes 10 No___

9. If the answer to #8 is "Yes," in which courses is the subject of hygiene included:
   Please indicate whether the hygiene instruction is:
   a. Incidental by checking in column "Inc."
   b. In planned units by checking "P."
   c. And give the number of such planned units.

	Yes	No	Inc.	P	# Units	Year of Course 1	2	3	4
(1) Biological and Physical Science									
(a) Anatomy and Physiology	5		4	2		6			
(b) Microbiology	7		6	2		7			
(c) Chemistry	3	?	4	1		3			
(2) Social Sciences									
(a) Psychology	6		5	2	10	5		1	
(b) Sociology	6		6	2	4	5	2		
(c) Social problems in nursing service	4		3	1		1	2	3	
(d) History of nursing	1	1		1				1	
(e) Professional adjustments	9		4	5	4	? 5		4	
(3) Medical Science									
(a) Introduction to medical science	5	1	4	1	8	1			
(b) Pharmacology and therapeutics	3	1	3			2			
(4) Nursing and Allied Arts					10 15-15				
(a) Nursing arts	8		3	5	20	8			
(b) Nutrition--Foods-Cookery	6		6	2		5			
(c) Diet therapy	6		4	3	6	3	2		
(d) Medical and surgical nursing	4	1	5	1		3			
(e) Obstetrical nursing	6		5	2	5		4		
(f) Nursing children	4		4	2			1	3	
(g) Psychiatric nursing	4		2	3			1	3	
(h) Nursing and health service	5		3	3		1	2	3	1
(i) Advanced nursing	2		2	1	5	1	1		
(j) Communicable disease nursing	6	1	5	3	4		4		
(k) Tuberculosis nursing	6		2	5	2		3	1	
(l) Operating room	3	2	4				2		

	Yes	No	Inc.	P	# Units	Year of Course 1	2	3	4
(5) Others (please specify)									
"First Aid"	1				1			1	
"Gynecology"	2			2	2	1	2		
"Neuro-surgery"	1		1			1			
"EENT"	1			1			1		
"Urology"	1			1		1	1		

10. Are some elements which are considered most useful professionally not taught, while some less useful professionally but more useful personally given full consideration? Yes 4 No 4

11. Do the students receive individual instructions? Yes 10 No ___
"If she needs it as an individual with particular problems in health or needs in counseling and guidance in her adjustment."

12. Who gives this individual health instruction?
    a. Director of nursing education? Yes 7 No ___
    b. Director of nursing service? Yes 3 No ___
    c. Student health service nurse? Yes 6 No ___
    d. Physician? Yes 8 No ___
    e. Instructor of hygiene? Yes 4 No ___
    f. Counselor? Yes 2 No ___
    g. Health Co-ordinator? Yes 2 No ___
    h. Others (please specify)
    "Head nurse." 1
    "Clinical instructor." 2

13. Is a comparison made of the students' knowledge of health practices before and after instruction in hygiene? Yes 5 No 4

14. Is a comparison made by the school staff of the relationships between the instruction in health practices and the performance of health practices by the student in the school environment? "Where need is apparent." Yes 7 No 2

15. Is health instruction limited to the fields of:
    a. Personal hygiene? Yes ___ No 7
    b. Community hygiene? Yes ___ No 7
    c. Personal hygiene with some community hygiene? Yes 4 No 5

16. What areas are included in the course in hygiene?
    a. Major health problems of the student age group and occupation? Yes 7 No ___
    b. Proper selection of foods? Yes 8 No ___
    c. Weight and its control? Yes 7 No ___
    d. Hygiene of digestive disturbances and dietary dangers? Yes 8 No ___
    e. Stimulants, narcotics, alcohol studies? Yes 8 No ___
    f. Exercise, fatigue, rest, and sleep? Yes 8 No ___
    g. Sunlight and fresh air? Yes 8 No ___
    h. Prevention and control of disease? Yes 8 No ___
    i. Care of the nose, throat, and ears? Yes 8 No ___
    j. Conservation of vision? Yes 8 No ___
    k. Sound teeth? Yes 9 No ___
    l. Glands of internal secretion? Yes 7 No 2
    m. Normal sex life? Yes 8 No 1
    n. Modern parenthood? Yes 7 No 1
    o. Mental health? Yes 9 No ___
    p. Health problems of advancing years? Yes 6 No 2
    q. Choosing a health adviser? Yes 3 No 3
    r. Community health? Yes 8 No ___
    s. Accident prevention? Yes 8 No ___
    t. First Aid? Yes 8 No ___
    u. Lighting, heating, and ventilation? Yes 8 No ___

v. Others (please specify)_____

HEALTH-EDUCATION PROGRAM

1. Does the preparation of the health instructor include preparation in education? Yes 8 No 1

2. Have the school staff members engaged in the student health program had advanced preparation in the field of education? Yes 9 No 1

3. Has the health instructor had advanced courses which prepare her to teach this subject? Yes 4 No 4

4. Was she better qualified to teach another subject and then given the health course as an added duty? "Doubt it." Yes 4 No 3

5. Has the health instructor had previous classroom teaching experience in the specific work for which she is educating students? Yes 7 No 1

6. Has the preparation of the health instructor given her an appreciation of the value of mental hygiene and its place in the complete school health program? Yes 8 No___

7. Is one person given the responsibility for:
   a. Co-ordinating all health education activities? Yes 7 No___
   b. Relating them to other health activities in the community? Yes 3 No 6

8. Is this individual given adequate time for these duties? "Usually she is overworked." Yes 4 No 6

9. Is she given supplementary in-service training for these duties? Yes 4 No 4

10. Has a school health committee or council been organized? Yes 7 No 2

11. Does it plan co-operatively the development of the school health program? Yes 5 No 2

12. Does it advise the individual selected to head the program? Yes 3 No 4

13. In addition to this larger school health committee or council are smaller planning committees organized? Yes ___ No 7

14. Has a school guidance committee been organized? Yes 4 No 5

15. Does it plan co-operatively the development of the guidance program? Yes 3 No 3

16. Has the chairman of the guidance committee had special training in guidance and counseling? Yes?-2 No 2

17. Is this individual given time, equipment, secretarial assistance and space in which to carry on guidance? Yes 2 No 4

18. Does this individual give in-service training to other school staff members in counseling and guidance of students? Yes 2 No 4

19. Is the study and observation of the students' health by the staff members used as:
    a. Supplementary to the periodic medical examination? Yes 10 No ___
    b. Substitution for the periodic medical examination? Yes ___ No 6
    c. Others (please specify) "Compiling statistics for annual reports."

20. Do these staff members:
    a. Obtain a health history? Yes 9 No 1
    b. Observe and record the students' appearance and reactions? Yes 8 No ___
    c. Take special measurements of:
        (1) Vision? Yes 8 No 1
        (2) Hearing? Yes 8 No 1
        (3) Height? Yes 10 No ___
        (4) Weight? Yes 10 No ___
    d. Give special tests:
        (1) Mantoux? Yes 6 No 4
        (2) Shick? Yes 7 No 2
        (3) Dick? Yes 5 No 3
        (4) Wasserman? Yes 8 No 2
        "RH factor."
        "Blood type."

21. Are these school staff members given instruction:
    a. In methods of observation? Yes 5 No 5
    b. For the actual carrying out of observation procedures? Yes 5 No 3
    c. For giving the special tests? Yes 4 No 5
    d. In counseling and guidance? Yes 4 No 4
    "Some."

22. Does the school maintain a cumulative health record on each student? Yes 10 No ___

23. Is this record available to the student upon request? Yes 9 No 1

24. Are the contents of the cumulative health record discussed with the student at length? Yes 8 No 2

25. Is the student made aware of the contents of this record so that she is well informed about her own health assets and liabilities? Yes 8 No 1

26. Which staff member interprets the student's health record to her:
    a. Director of nursing service? Yes 3 No 2
    b. Director of nursing education? Yes 4 No ___
    c. School health service nurse? Yes 3 No 2

d. School health service physician? Yes 5 No 1
e. Counselor? Yes 1 No 2
f. Health co-ordinator? Yes 3 No 2
g. Other (please specify)_____

27. Does the student have any choice in selection of her health adviser? Yes 6 No 3

28. Does the school provide an opportunity for medical advice at regular scheduled hours as a preventive medicine measure? Yes 6 No 4

29. Are the students encouraged to take advantage of this service? Yes 6 No___

30. Are the health needs of the students detected? Yes 10 No___

31. Are the health problems of the students detected? Yes 10 No___

32. Does the school provide health service in the form of annual health examinations? Yes 9 No___

33. Is consideration of the physical welfare of the student limited to giving her a health examination at some time during her training? Yes 2 No 8

34. Does the school provide any further check on health examinations? Yes 10 No___

35. Are follow-up procedures provided in relation to the determined health needs and health problems of the students? Yes 10 No___

36. Is a medical examination provided for every student? Yes 10 No___

37. Is it used:
    a. To check her fitness for participation in physical education? Yes 3 No 5

b. To discover defects that need correcting? Yes 10 No___

c. To find health problems requiring modification in the student's daily regime of:

(1) Diet? Yes 8 No___
(2) Rest? Yes 9 No___
(3) Sleep? Yes 9 No___
(4) Patient load? Yes 7 No 2
(5) Study? Yes 9 No___
(6) Mental adjustment? Yes 8 No___

d. As an entrance requirement? Yes 10 No___

e. Before the student leaves for affiliation? Yes 6 No 3

f. On return from affiliation? Yes 2 No 5

g. Before return to school following an absence because of illness? Yes 7 No 3

h. Before leaving the school upon graduation? Yes 7 No 3

38. Does the school require correction of remediable defects for graduation? Yes 4 No 5

39. Is the student's daily program planned to make for balanced living? Yes 6 No 2

40. Is this program planned:

a. For the student? Yes 7 No___
b. By the student? Yes 2 No 2
c. By the school health council? Yes 2 No 1
d. Others (please specify)
"For those who need it."
"Faculty of SON."
"Faculty student council."

41. Is the health-education program actively concerned with:

a. The sight conservation of the student? Yes 8 No 1
b. Helping the student learn how to use her eyes with the greatest comfort, efficiency, and safety:

(1) At work? Yes 8 No 1
(2) In the classroom? Yes 8 No 1
(3) For study? Yes 8 No 1
(4) For recreation? Yes 6 No 2

42. Does the health-education program include a plan for:
    a. Reduction of the common cold? Yes 7 No 3
    b. Prevention and control of tuberculosis among the students? Yes 8 No 9
    c. Prevention of:
        (1) Diphtheria? Yes 10 No ___
        (2) Scarlet fever? Yes 7 No 2
        (3) Gonorrhea? Yes 8 No 2
        (4) Syphilis? Yes 9 No 1

    "The individualized program at this school felt by administration to be superior to the usual planned program."

43. Does the school have a dental health program? Yes 4 No 6

44. Does it include plans for:
    a. Early and frequent discovery of the student's dental defects? Yes 3 No 2
    b. Correction of the student's dental defects? Yes 4 No 1

45. Does it provide this supervision and dental care of the student? Yes 3 No 1

46. Does the school apply scientific knowledge of nutrition to the meals it serves to students? Yes 10 No ___

47. Does the dining room offer educational experience to the student? Yes 3 No 5

48. Is the nutritional status of the student affected by this application? Yes 5 No ___

49. Does the school provide mid-morning and mid-afternoon nourishment for the students? Yes 7 No 2

50. Are the students on the night shift served a hot meal after the third or fourth hour on duty? Yes 4 No 5

51. In planning for health of the student, does the school provide proportionate time for recreation, eating, study, work, rest, and sleep? Yes 9 No 1

52. Does the school health service control the patient load of the student in relation to her physical and mental states? Yes 7 No 2

53. Is this adjustment made when necessary? Yes 9 No 1

54. Is the student's daily routine modified to fit her individual needs and capacities? Yes 9 No 1

55. Is the student expected to conform to a standard daily routine without adjustments being made? Yes 2 No 8

56. Are the students given training which especially prepares them to meet those special health problems associated with nursing care of the patient? Yes 9 No 1

57. As part of this preparation are the students helped in developing sound health and safety attitudes and practices through instruction:
    a. In hazards connected with nursing care? Yes 10 No ___
    b. In general health practices of the students on the hospital wards and clinics? Yes 10 No ___

58. Does the student receive instruction in proper lifting, pushing, and pulling? Yes 10 No ___
"In nursing arts poster on posture studied and practiced."

59. Is the need of this instruction emphasized or related to the occupational health and safety hazard of nursing? Yes 10 No___

60. Does the school provide the student an environment conductive to health? Yes 10 No___

61. Does the school maintain health safeguards:
    a. On the wards? Yes 10 No___
    b. In the residence halls? Yes 10 No___
    c. In the classroom? Yes 10 No___

62. Does the school provide readily available sanitary toilets, handwashing, and drinking facilities? Yes 9 No 1

63. Are fifteen-minute rest periods every two hours allowed:
    a. Day shift? Yes 4 No 5
    b. Evening shift? Yes 3 No 6
    c. Night shift? Yes 3 No 6

64. Are the students encouraged and given opportunity to take responsibility for the sanitary and safety conditions in the school other than their own quarters? Yes 8 No 1

65. Is adequate sanitary maintenance in face of depleted janitorial personnel provided? Yes 6 No 3

66. Is adequate janitorial service provided:
    a. For living quarters? Yes 10 No___
    b. For classrooms? Yes 10 No___
    c. For school environment? Yes 10 No___

67. Are adequate heating, lighting, and ventilating facilities provided? Yes 9 No___
    "Need improvement."

68. Are the students aware of standards for good heating, lighting, and ventilation? Yes 9 No 1

69. Does the school health service concern itself with sanitation largely in terms of examination of living quarters:
    a. On campus? Yes 7 No 1
    b. In off-campus residences? Yes ___ No 7
    "None live off campus."

70. Does the home school safeguard the health of the student on affiliation by seeing to it that she is working under hygienic conditions? Yes 6 No 5
    "To some extent."

71. Is the emotional atmosphere of the school a wholesome one? Yes 10 No ___

72. Is the student free to plan her own program on her day off duty? Yes 10 No ___
    "Schedules planned to allow one free day. Five classes scheduled on that day, most weeks."

73. Must she attend classes if her day off falls on a school day? Yes 9 No ___
    "Scheduled on non-class days, Sat. and Sun. whenever possible."

74. Do students on night duty attend classes in the daytime? Yes 9 No 1

75. Does the school provide opportunity for formation of wholesome habits of recreation? Yes 9 No ___

76. Does it provide a program of recreation:
    a. For the students working the day shift? Yes 4 No 5
    b. For the students working the evening shift? Yes 2 No 7
    c. For the students working the night shift? Yes 3 No 6

"Senior students have a key to the residence."

77. Are the hours of rest, sleep, and relaxation determined by:
    a. School policies? Yes 8 No___
    b. The student? Yes 1 No 1
    c. Student government? Yes 5 No 1
    d. Others (please specify)_____

78. Does the school deny the existence of mental hygiene problems among the students? Yes 2 No 8

79. Does the maladjusted student receive timely assistance? "Is available." Yes 9 No___

80. Is the maladjusted student advised to leave school, regain sound health, then return to resume studies a year later? "Sometimes yes." Yes 7 No 3

81. Does the student receive training in community health services? Yes 8 No 2

82. Does the student participate in the community program on measures for the improvement of the health of all citizens? Yes 6 No 4

83. Is the hospital experience made the center from which the health education class takes its problems, procedures, and techniques? Yes ?-6 No 3

HEALTH TEACHING

1. Do the students understand the term "health teaching" to mean: "Guiding and stimulating the growth of health of the individual?" Yes 8 No___

2. Does the student receive instruction in methods of health teaching? Yes 8 No 2

3. Does instruction of the student in health teaching help her to acquire:
   a. Specific knowledge in observing and measuring health behavior? Yes 8 No 1
   b. Specific techniques in observing and measuring health behavior? Yes 7 No 2
      "To some extent."
      "Will have when plans are completed."

4. Are periodic discussions utilized to increase the competency of the student in health teaching? Yes 8 No 2

5. As part of this instruction in health teaching:
   a. Is the student given an opportunity to observe under supervision and direction:
      (1) The history of behavior as well as the behavior itself? Yes 7 No 2
      (2) The recording of observations of normal behavior? Yes 6 No 3
   b. Does the student learn:
      (1) When signs and symptoms and behavior suggest the need for medical care? Yes 9 No ___
      (2) How to use cumulative records as an essential accompaniment of health inspection? Yes 8 No 1
      "Don't know."

6. Is the student's preparation in nutrition, mental hygiene, and conservation of human resources adequately and sufficiently coordinated and correlated with her preparation in health teaching? Yes 6 No?-3

7. Does the instruction of health teaching deal largely with the application of methods to the subject matter? Yes 5 No 2
"Don't know."

8. Is the subject matter selected from the nursing professional point of view? Yes 6 No 3
"To some extent."

9. Is the hospital experience made the center from which the health teaching class takes its problems, procedures, and technics? Yes 8 No 2
"To some extent."

10. Does the school staff plan together the instruction of the student in health teaching? Yes 5 No 4

11. Does this planning together:
    a. Assure inclusion of significant material readily available to the student for health teaching? Yes 6 No ___
    b. Fill in the gaps often created by special health courses, integrated health courses, and health units in other courses in the curriculum? Yes 6 No ___
    c. Avoid too much repetition and overlapping? Yes 6 No ___
    d. Assure sharing effectively the unique contributions of specialized departments and services? Yes 6 No ___

12. Is there a need for closer cooperation between this instruction and the student's experience?
    a. At the bedside? Yes 5 No 3
    b. In the clinic? Yes 3 No 3
    c. In the home? Yes 5 No 2
    d. In the community? Yes 5 No 2

13. Is sufficient time allowed for observation before participation of the student in health teaching? Yes 10 No___

14. Is health instruction of the patient by the student ever considered a separate element of nursing care? Yes 5 No 5

15. Is health instruction of the patient by the student definitely planned:
    a. For all patients? Yes 5 No 5
    b. Special types of patients?
        (1) Orthopedic? Yes 8 No___
        (2) Obstetrical? Yes 7 No___
        (3) Tuberculous? Yes 1 No 3
        (4) Diabetic? Yes 6 No___
        (5) Cardiac? Yes 5 No 1
        (6) Psychotic? Yes 5 No 2
        (7) Handicapped? Yes 5 No 1
        (8) Others (please specify)
            "Pediatrics"
            "Dietary."

16. Is this health instruction of the patient by the student supervised by the:
    a. Ward instructor? Yes 2 No 1
    b. Head nurse? Yes 5 No 1
    c. Clinical instructor? Yes 5 No___
    d. Instructor in hygiene? Yes___ No 1
    e. Health co-ordinator? Yes___ No___
    f. Supervisor of nursing service? Yes 3 No___
    g. Director of nursing service? Yes 3 No___
    h. Director of nursing education? Yes 3 No___
    i. Students' health adviser? Yes___ No 1
    j. Others (please specify)_____

17. Does instruction of the student in methods of health teaching include:
    a. Teaching health rather than disease? Yes 9 No___

b. Helping the patients learn how to live rather than a short course in medicine or nursing? Yes 9 No___

c. Helping the patients to accept the personal responsibility for personal health? Yes 9 No___

d. Helping the patients to learn how to protect the body as well as the effective use of the body? Yes 9 No___

e. Helping the patients to recognize their responsibility for personal health? Yes?-7 No___

f. Others (please specify)_____

18. Is the subject matter of methods of health teaching distributed over a large range of courses? Yes 9 No___
"Have recognized need and are correlating."

19. Is there an indication for the need of correlation and co-ordination of the practice of health teaching with the school health service program? Yes 6 No 4
"Already correlated."

20. Does an interchanging of assistance or service between the school and other health agencies exist relative to the student's observation and practices of health teaching:

a. In the out-patient clinic? Yes 3 No 4
b. American Red Cross? Yes 3 No 5
c. T. B. Health Association? Yes 4 No 5
d. American Cancer Society? Yes 2 No 6
e. American Heart Association? Yes 2 No 5
f. National Foundation for Infantile Paralysis? Yes 3 No 5
g. Crippled Children's Division? Yes 4 No 3
h. Mental Hygiene Society? Yes 1 No 5
i. Writing articles for newspapers and publications? Yes 5 No 2
j. Writing radio scripts? Yes 2 No 4

k. Others (please specify)
"Fire Dept."
"Army Recruitment Service (Films)."

21. Would the better selection of professionally useful material give the student a richer and a more adequate preparation for her health teaching than the present traditional pattern? Yes?-6 No 2
"Should constantly strive to enrich program."

22. Would organization of this material into fewer courses give the student adequate preparation in methods of health teaching? Yes?-5 No?-2
"With integration continued."
"Yes, for those who haven't."

23. Should the reorganization of the subject matter in methods of health teaching, hygiene, and health education offer the equivalent of the academic college offering in hygiene and the addition of a great deal of professional content, making it a course distinctly a course in health education? Yes?-7 No 2
"With integration throughout the five years."
"Hygiene course first term might be advisable."

24. If there is a school health council does it evaluate the health teaching of the student and of the alumni:
a. Every year? Yes___ No 3
b. Every five years? Yes___ No 4
c. Every ten years? Yes___ No 4
d. Other (please specify)
"Do not have council."

INTERPRETATION AND CONCLUSION

Although four of the ten schools in Oregon indicated that the curriculum included a course in hygiene, the bulletins and catalogues failed to reveal and substantiate this claim. The conversation, during the interview, revealed that no such course was offered by any school of nursing in Oregon. In one school which is connected with a college, the director regretted that the prenursing students were exempt from the requirement of taking the course in general hygiene on the premise that student nurses would get it in the professional course. The director of nursing education is attempting to correct the discrimination. She expressed the thought that the basic course in hygiene given at the college will provide a solid foundation for the student nurses' personal health concepts, attitudes, and practices and from which the integrative process may emanate more effectively in correlating the application of learned hygiene facts and principles with the students' life in the school of nursing and in giving nursing services.

An interview with a registrar of one of the institutions of higher education in Oregon revealed that although the basic course in hygiene was required of all candidates for a bachelor's degree, be they specializing in pharmacy, engineering, premedical courses, home

economics, or education, the prenursing students were exempt on the assumption that the student nurses would receive instruction in hygiene during their professional course of study. In this school, the prenursing student is required to take five quarters of physical education.

Twenty-one areas were listed as the content of the instruction in hygiene. Two schools state that they do not give instruction about glands of internal secretion or health problems of advancing years; one school does not give instruction in sex life or parenthood; and three do not give instruction in choosing a health adviser as part of the instruction in hygiene.

Only one school pretests the students in hygiene, and this only on entrance to the school. This one school of nursing in Oregon uses the pretest to help determine what the students already know about health practices, their performance of health practices, their weakness in health practices, their extent of knowledge of health facts and standards, their understanding of health facts, and their existing health problems and attitudes. Five schools, however, state that they make a comparison of the students' knowledge of health practices before and after instruction in hygiene, and seven schools indicate that the school staff members make a comparison between the instruction in health practices and the performance of

health practices by the student in the school environment.

Much has been taken for granted in the instruction-in-hygiene program. Integration sounds like a fine process when read and talked about. In actual practice in the schools surveyed the subject to be integrated is for the most part incidental to the subject taught. Student nurses enter schools of nursing with widely differing health attitudes, knowledges, and practices. It seems unlikely that the fifteen periods of fifty minutes each required by the Oregon State Board of Nurse Examiners would be sufficient for the discussion and resolution of the major health problems and interests of the students. Much less reasonable is it to assume that the student will learn the facts and principles of hygiene and how to apply them, simply because she has been exposed to the basic biological, physical, social, and medical sciences, and nursing and allied arts. It takes a well prepared, skillful teacher especially versed in the subject of hygiene to be able to integrate instruction in hygiene as it should be done. Such instructors can and do adequately instruct students in hygiene in addition to teaching the subject for which they have been employed. Such instructors are a rarity rather than a general rule, and it will take many years to produce them in the numbers necessary.

All ten schools in Oregon indicate that the student

nurses receive individual health instruction. One school qualified the answer with "If the student needs it as an individual with a particular health problem or with a need in counseling and guidance in her adjustments." In seven schools, the director of nursing education gives individual health instruction; in eight schools, the physician; in six, the student health service nurse; in four, the instructor in hygiene; in three, the director of nursing service; and in two schools, the counselor, the health co-ordinator, and the clinical instructor; and in one school, the head nurse gives individual health instruction.

The Oregon State Board of Nurse Examiners suggests that instruction in hygiene be given in fifteen periods of instruction in the nursing arts course with integration and correlation with other courses throughout the curriculum. Eight schools state that they do this; three schools do this as incidental teaching, five schools, as planned units. Of the five schools that plan units of teaching in hygiene, one school indicates that it gives it in ten such planned units, one gives it in twenty, and two, in fifteen planned units. It may be that all ten schools provide fifteen periods of instruction in hygiene in the nursing arts course as required by the Oregon State Board of Nurse Examiners. That the individuals who answered

the questionnaires did not know this or failed to indicate it for some reason on the questionnaire or to express it in the course of the interview may well be items for consideration. Every effort was made to determine the point. According to the survey it appears that instruction in hygiene in schools of nursing in Oregon is not what was recommended as desirable by educators in schools of nursing or in institutions of higher learning. Student nurses are not given an examination in hygiene by the Oregon State Board of Nurse Examiners. Usually, they are tested in the subjects of professional importance and not of personally useful elements.

Eight schools of nursing in Oregon indicate that the health instructors have had preparation in the field of education. In four schools, nursing instructors have had advanced courses which prepare them to give health education. Four of them, however, were considered better qualified to teach other subjects and were given the additional duty of teaching the basic facts of hygiene. Apparently, the nursing instructors who teach hygiene to student nurses in Oregon seem to be better prepared than those reported in nursing literature (44, 85) and better than those of the sampling survey reported on the previous pages.

Nine of the schools of nursing in Oregon indicated

in the introductory questionnaire that they have a school health program. Five of the schools in the introductory questionnaire designated one person as a health co-ordinator. In the master questionnaire seven stated that one person is given the responsibility for the co-ordination of all health-education activities within the school and in three she relates the health-education activities to other health activities in the community. In four of the schools which have a health co-ordinator, the health co-ordinator is given adequate time for these duties. One school commented that this individual is overworked. Four schools state that the health co-ordinator is given supplementary in-service training for these duties.

According to the introductory questionnaire, three schools have a faculty-student health committee or council. In the master questionnaire, seven schools indicated that they have a school health committee or council. In five schools the health committee or council plans co-operatively the development of the school health program. Three of these councils or committees advise the health co-ordinator. In no school are smaller planning committees organized in addition to the larger school health committee. One individual, delegated the responsibility for the organization and administration of a health-education program without the aid of an advisory

committee, can at best attempt a co-ordinated program. The effective functioning of a total health-education program is limited under these circumstances.

In four of the schools, a guidance committee has been organized. In only three schools does this guidance committee plan co-operatively the development of the guidance program. In two schools, the chairman of the guidance committee has had special training in guidance and counseling; is given time, equipment, secretarial assistance, and space in which to carry on guidance practices; and gives in-service training to other school staff members in counseling and guidance of students.

It appears that student guidance programs in schools of nursing in Oregon have not been developed in the majority of the schools. A review of the questionnaire indicates that only a minority of the schools have a co-ordinated, total health-education program. This is comparable to the findings of other nursing educators (75, 103) and of the sampling survey reported previously.

All ten schools provide a medical examination for each student, nine annually. Study and observation of the students' health by the staff members in the schools of nursing in Oregon is used by all ten to supplement the periodic medical examination. In some schools these staff members obtain the health history; observe and record the

students' appearance and reactions; take special measurements; and give special tests. Only one-half of the schools of nursing in Oregon provide instruction of the nursing staff members who perform the above functions in methods of observation and for the actual carrying out of observation procedures; and four, for giving the special tests and in counseling and guidance.

A cumulative health record is maintained for each student nurse in all the schools of nursing in Oregon. These findings are more favorable than those of the sampling survey. They coincide with the recommendations made by Davis, Felix, Silverman, and Altenderfer. (23)

The cumulative health record is available to student nurses upon request in all but one school. The interview revealed that this school discusses the contents of the record with the student and makes her aware of her health assets and liabilities only when it is deemed necessary by the physician. In eight of the schools the contents of the cumulative health record are discussed with the student. The interviews revealed that some schools of nursing take it for granted that the student is aware of her own health assets and feel that valuable time would be dissipated in discussing this matter with the student nurse unless she specifically requests the discussion. In only three of the schools does the health co-ordinator

interpret the health record. In one-half of the schools it is the responsibility of the physician; in less than one-half, of the director of nursing education, the director of nursing service, and the school health service nurse. The introductory questionnaire indicates that five schools have an individual designated as the health co-ordinator, and the master questionnaire shows that in seven schools one person is given the responsibility for co-ordinating all health education activities. In only three schools the interpretation of the cumulative health record is the duty of the health co-ordinator and in only one is it the duty of the counselor. In no school of the out-of-state survey does the health co-ordinator or counselor interpret the cumulative health record to the student.

Six of the Oregon schools provide an opportunity for medical advice at regular scheduled hours and the students are encouraged to take advantage of this service. The student nurse who has not received instruction on this point is likely to be less discriminating and less self-directing than one who is well versed in the subject. The available facilities and opportunities are often not utilized when the individuals are poorly or ill-informed, or lack the desire to take advantage of these facilities and resources.

All schools of nursing in Oregon ascertain the health needs and detect the health problems of the students, and the majority of the schools provide annual health examinations and prevention of communicable diseases. This statement would ordinarily be something for the schools to be proud of. But in light of the fact that the cumulative health record is not discussed with all students at length and because all students are not aware of their own health assets it would seem that the value of this service is diminished. It also seems that the time spent in this activity should be put to more valuable use than maintaining statistics for the annual report. It appears logical to expect that all the valuable time and effort spent in organizing and administering a health service in a school of nursing that provides medical examinations for all student nurses that the information derived from such a process would be used in making every student nurse aware of her own health assets as well as liabilities. When modification becomes necessary, the student nurse may accept and adjust to it intelligently. She will have participated in an educational experience. She will have had an opportunity to learn how to think about such matters, perhaps even to change her feelings and attitudes about medical examinations and immunizations and control measures so that she may decide to have annual medical

examinations even after she has left the nursing school. Medical examinations and immunizations taken because they are a requirement of the school, because the school profits by keeping the student well, or because they are a necessary evil is not an educational experience for the student nurse. She may very readily become conditioned against immunizations and medical examinations.

Health specialists (88, 94) have intimated that incentives for establishing or correcting health habits and practices that are of the problem-solving, student-centered type and related to the individual's needs usually result in desired and sustained conduct. The student health service can provide an excellent educational experience for the student nurse when it is properly planned and executed.

The health-education program in three-fifths of the schools of nursing in Oregon is concerned with planning of the students' daily program so that the planned program will make for balanced living. When the planning becomes a co-operative venture of the school administration and the student body as a team working for the good of all participating members then a demonstration of democracy in action is evident. Seven schools that have planned daily programs plan them for the student nurses.

Helen Nahm's study reveals that low satisfaction

scores were accompanied by high emotionality scores when the student had an opportunity to discuss freely the unsatisfactory environmental conditions with individuals who were responsible for the conduct of the school. (75, p.73) The present survey indicates that about one-third of the schools in Oregon allow fifteen-minute rest periods every two hours during the day, evening, and night shift; that nine expect the student to attend classes on her free day; that nine expect the students on night-duty to attend classes in the daytime; that programs of recreation are provided by approximately one-third of the schools; and that nine schools provide timely assistance to the maladjusted student.

The health-education programs in schools of nursing in Oregon show no signs of standardization. The schools that attempt a correlated and unified program are in the minority. Health co-ordinators or individuals who are assigned the duties and functions of a health co-ordinator are given advice, assistance, in-service training, time, and responsibilities commensurate with the position by only a few of the schools. Instruction in hygiene, health examinations, healthful school living, counseling and guidance, nutrition, and recreation phases of the health-education program are organized into a total health-education program by relatively few schools of

nursing in Oregon. It appears that the schools of nursing in Oregon recognize to some extent the need for improved programs and are trying to form total health-education programs in keeping with the recommendations of nursing educators. (27, 72)

Eight of the schools offer instruction in methods of health teaching. The problems, procedures, and technics of health teaching are limited to the hospital experiences in eight of the schools.

It appears that only in one-half of the schools of nursing in Oregon do the school staff members plan together or recognize the need for closer co-operation in the instruction of the student in methods of health teaching and the application of these methods to clinical subjects and experiences. (None of the schools included in the out-of-state survey indicated that they do this.)

Eight schools state that periodic discussions are utilized to increase the competency of the student in health teaching.

Six schools indicate that the students' preparation in nutrition, mental hygiene, and conservation of human resources are correlated with their preparation in health teaching. (Three of the out-of-state schools do this.) All ten Oregon schools of nursing indicate that sufficient time is allowed for observation before the student

participates in health teaching.

Five schools state that health instruction of the patient by the student is sometimes considered a separate element of nursing care. Two of the out-of-state schools consider health instruction of the patient by the student as a separate element of nursing care. One of these two schools commented that it hopes to correlate health instruction of the patient by the student with the nursing care of every patient and not isolate it, but it has not, as yet, attained its goal. Five of the Oregon schools state that health instruction of the patient by the student is definitely planned for all patients. Five or more of these schools plan health instruction for special types of patients such as the orthopedic, obstetrical, and diabetic patients. Six schools indicated that this health instruction of the patient by the student is supervised practice teaching.

In nine schools of nursing in Oregon the subject matter of methods of health teaching is distributed over a large range of courses. Five of the out-of-state schools do this.

Six schools indicated that they either recognize or have met the need for correlation and co-ordination of practice health teaching with the school health program.

Six schools state that their students participate in

the community health program, yet only three or four schools indicate actual exchange of assistance or service with the community health agencies.

Seven schools recognize the need for reorganization of the instruction in hygiene, methods of health teaching and health education into a health-education course, the content of which would be comparable to college courses in hygiene and principles and methods of health education. The Oregon schools of nursing seem to offer better preparation in methods of health teaching than those schools that participated in the out-of-state survey and better than those that have been reported in nursing literature. (25, 36, 46, 85) The findings also indicate that much effort needs to be made by all Oregon schools of nursing to co-ordinate all phases of the school health program.

SURVEY OF THE HEALTH-EDUCATION PROGRAM IN AN AFFILIATING PSYCHIATRIC HOSPITAL

The student nurses of all Oregon schools of nursing affiliate for three months at the Oregon State Hospital in Salem, Oregon. A specially prepared questionnaire was sent to the director of nursing education accompanied by a letter similar to the one accompanying the introductory questionnaire. The answered questionnaire is reproduced in the following pages.

SURVEY OF HEALTH-EDUCATION PROGRAMS
IN SCHOOLS OF NURSING IN OREGON
AFFILIATION COURSE IN PSYCHIATRIC NURSING
QUESTIONNAIRE

Please check (x) the appropriate space in answer to the following questions.

INSTRUCTION IN HYGIENE

1. Is instruction in hygiene interrelated and co-ordinated with the course in psychiatric nursing? Yes___ ? No___

2. Is this instruction in hygiene incidental? Yes_x_ No___

3. Is it given in planned units? Yes_x_ No___

4. If so, please give the number of such planned units? No.___

5. Are some elements considered most useful professionally not taught while some less useful professionally but more useful personally given full consideration? Yes___ No___

6. Do the students receive individual health instruction? Yes___ No___

7. If so, by whom is the individual health instruction given:
   a. Director of nursing service? Yes___ No___
   b. Director of nursing education? Yes___ No___
   c. Student health nurse? Yes___ No___
   d. Student health service physician? Yes___ No___
   e. Health counselor? Yes___ No___
   f. Health co-ordinator? Yes___ No___
   g. Others (please specify)

8. What areas of hygiene are included in the Psychiatric Nursing Course:
   a. Major health problems of the student age group and occupation? Yes___ No___
   b. Stimulants, narcotics, alcohol studies? Yes___ No___
   c. Basic principles of normal diet? Yes___ No___
   d. Hygiene of digestion? Yes___ No___
   e. Exercise, fatigue, rest? Yes___ No___
   f. Sleep? Yes___ No___
   g. Sunlight and fresh air? Yes___ No___
   h. Prevention and control of disease? Yes___ No___
   i. Care of the nose, throat, and ear? Yes___ No___
   j. The conservation of vision? Yes___ No___
   k. Sound teeth? Yes___ No___
   l. Glands of internal secretion? Yes___ No___
   m. Normal sex life? Yes___ No___
   n. Modern parenthood? Yes___ No___
   o. Mental health? Yes___ No___
   p. Health problems of advancing years? Yes___ No___
   q. Choosing a health adviser? Yes___ No___
   r. Community health? Yes___ No___
   s. Accident prevention? Yes___ No___
   t. First Aid? Yes___ No___
   u. Lighting, heating, ventilation? Yes___ No___
   v. Others (please specify)
      "In an affiliation of three months duration one can hardly be justified in expecting two people to put in all the above in addition to the main objective--psychiatry."

HEALTH-EDUCATION PROGRAM

1. Does the preparation of the clinical instructors include preparation in health education? Yes___ No x

2. Have the school staff members engaged in the student health program had advanced preparation in the field of education? Yes___ No x

3. Has the clinical instructor had advanced courses in hygiene which prepare her to interrelate and correlate hygiene in the psychiatric nursing course? Yes___ No x

4. Has the clinical instructor had previous classroom or high school teaching experience in hygiene? Yes___ No x

5. Have the staff members an appreciation of the value of mental hygiene and its place in the complete student health program? Yes___ No ?

6. Is one person given the responsibility for:
   a. Co-ordinating all student health education activities? Yes___ No x
   b. Relating them to other health activities in the community? Yes___ No x
   c. Relating them to the home school activities? Yes___ No x

7. Is this individual given adequate time for these duties? Yes___ No x

8. Is she given supplementary in-service training for these duties? Yes___ No x

9. Has a student health committee or council been organized? Yes___ No x

10. Does it plan co-operatively the development of the student health program? Yes___ No x

11. Does it advise the individual selected to head the program? Yes___ No x

12. In addition to this larger school health committee or council are small planning committees organized? Yes___ No x

13. Has a student guidance committee been organized? Yes___ No x

14. Does it plan co-operatively the development of the guidance program? Yes___ No x

15. Has the chairman of the guidance committee had special training in guidance and counseling? Yes___ No x

16. Is this individual given time, equipment, secretarial assistance, and space in which to carry on guidance practices? Yes___ No x

17. Does this individual give in-service training to other staff members in counseling and guidance of students? Yes___ No x

18. Is the study and observation of the students' health by the staff members used as:
    a. A supplementary periodic medical examination? Yes___ No___
    b. A substitution for the periodic medical examination? Yes___ No___

19. Do these school staff members:
    a. Obtain a health history? Yes___ No___
    b. Observe the students' appearance and reaction? Yes___ No___
    c. Council students on their health problems? Yes___ No___

20. Are staff members given instruction:
    a. On methods of observation of student health? Yes___ No x
    b. For actual carrying out of observation procedure? Yes___ No x
    c. For giving the special tests? Yes___ No x
    d. In counseling and guidance? Yes___ No x

21. Does the affiliating hospital maintain a cumulative health record of the student? Yes x No___

22. Is this record available to the student upon request? Yes x No___

23. Are the contents of the cumulative health record discussed with the student at length? Yes___ No x

24. Is the student made aware of the contents of this record so that she is well informed about her health assets and liabilities during her affiliation? Yes___ No x

25. What staff member interprets the student health record to the student?
    a. Director of nursing service? Yes___ No___
    b. Director of nursing education? Yes x No___
    c. Student health service nurse? Yes___ No___
    d. Student health service physician? Yes___ No___
    e. Counselor? Yes___ No___
    f. Health co-ordinator? Yes___ No___
    g. Others (please specify) Yes___ No___

26. Is a copy of this cumulative health record sent to the home school upon the students' completion of the course? Yes x No___

27. Does the student have any choice or selection of her health adviser? Yes x No___

28. Does the student health service provide an opportunity for medical advice at regular scheduled hours as a preventive medicine measure? Yes___ No x

29. Are the students encouraged to take advantage of this service? Yes___ No___

30. Are the health needs of the students made known to the affiliating school by the home school? Yes___ No x

31. Are the health problems of the students of concern to the affiliating school? Yes x No___

32. Is a medical examination provided every affiliating student? Yes___ No x

33. Is it used:
    a. To find health problems requiring modification in the student's daily regime of:
        (1) Diet? Yes___ No___
        (2) Rest? Yes___ No___
        (3) Sleep? Yes___ No___
        (4) Patient load? Yes___ No___
        (5) Study? Yes___ No___
    b. To find health problems requiring mental adjustment? Yes___ No___
    c. As an entrance requirement for affiliation? Yes___ No___
    d. Upon completion of the affiliated course? Yes___ No___
    e. Before return to school following an absence because of illness? Yes___ No___
    f. Others (please specify)

34. Is consideration of the physical welfare of the student limited to giving her a health examination? Yes___ No___

35. Are follow-up procedures provided in relation to the determined health needs and health problems of the students? Yes___ No___

36. Does the home school require correction of remediable defects for completion of the psychiatric nursing course? Yes___ No___
    "What do you mean?"

37. Is the student's daily program planned to make for balanced living? Yes x No___

38. Is this program planned:
    a. For the student? Yes___ No___

b. By the student? Yes___ No___
c. By the student health council? Yes___ No___
d. Others (please specify)

39. Does the health education program include a plan for:
    a. Reduction in numbers of maladjusted students? Yes___ No___
    b. Prevention and control of mental diseases among students? Yes___ No___
    c. Treatment of the maladjusted student? Yes___ No___

40. Does the school apply scientific knowledge of nutrition to the meals it serves the students? Yes___ No x

41. Does the dining room offer educational experience to the student? Yes___ No x

42. Does the school provide mid-morning and mid-afternoon nourishment for the students? Yes___ No x

43. Are the students on the night shift served a hot meal after the third or fourth hour on duty? Yes___ No x

44. In planning for health of the student, does the school provide proportion of time to work, eating, recreation, rest, sleep, and study? Yes___ No___
    "It is the student's own business."

45. Does the student health service control the patient load of the student in relation to her physical and mental states? Yes___ No___

46. Is the student's daily routine modified to fit her individual needs and capacities? Yes___ No x

47. Is the student expected to conform to a standard daily routine without adjustments being made? "She doesn't need to work if she doesn't feel like it." Yes___ No x

48. Are the students given training which especially prepares them to meet those special health problems associated with psychiatric nursing? Yes x No___

49. As part of this preparation are the students helped in developing sound health and safety attitudes and practices through instruction:
    a. On hazards connected with psychiatric nursing? Yes x No___
    b. In general health practices of the students on the hospital wards and clinics? Yes x No___

50. Does the school provide the student an environment conducive to health? Yes x No___

51. Does the school maintain health safeguards?
    a. On the wards? Yes x No___
    b. In the dormitory? Yes x No___
    c. In the classroom? Yes x No___

52. Does the school provide readily available sanitary toilets, handwashing and drinking facilities? Yes___ No x

53. Are fifteen-minute rest periods every two hours allowed during:
    a. The day shift? Yes___ No x
    b. The evening shift? Yes___ No x
    c. The night shift?
    "No night duty."

54. Is adequate janitorial service provided for:
    a. The living quarters? Yes x No___
    b. The school rooms? Yes___ No x
    c. The school environment? Yes___ No x

55. Are adequate heating, lighting, and ventilating facilities provided? Yes x No___

56. Does the home school supervise the health of the student and the hygienic conditions at the affiliating school? Yes___ No x

57. Is the emotional atmosphere of the school a wholesome one? Yes x No___

58. Is the student free to plan her own program on her day off duty? "She must attend classes otherwise free." Yes___ No___

59. Must she attend classes if her day off falls on a school day? Yes x No___

60. Do the students on night duty attend classes in the daytime? "No nights." Yes___ No___

61. Does the school provide opportunity for formation of wholesome habits of recreation? Yes x No___

62. Does it provide a program of recreation for the students working?
    a. The day shift? Yes___ No___
    b. The evening shift? Yes___ No___
    c. The night shift? Yes___ No___
    "Students are old enough to make their own plans. They don't wish to have plans made for them."

63. Are the hours of rest, sleep, and recreation determined by:
    a. School policies? Yes___ No___
    b. The student? Yes x No___
    c. The student government? Yes___ No___
    d. Others, (please specify)_____
    "The student sleeps, eats, and plays when she wishes--no hours forced upon them."

64. Does the affiliating school deny the existence of mental hygiene problems among the students? Yes___ No x

65. Does the maladjusted student receive timely assistance? Yes x No___

66. Is the maladjusted student advised to leave school, regain sound health, then return and resume studies a year later? "As needed." Yes___ No___

67. Does the student receive training in community health service? Yes___ No x

68. Does the student participate in the community program on measures for the improvement of the health of all citizens? Yes___ No x

69. Is the hospital experience made the center from which the health-education program takes its problems, procedure, and technics? Yes___ No___

HEALTH TEACHING

1. Do the students understand the term "Health Teaching" to mean: "Guiding and stimulating the growth of health of the individual?" Yes___ No x

2. Does the student receive instruction in methods of health teaching? Yes___ No x

3. Does instruction of the student in health teaching help her to acquire:
   a. Specific knowledge in observing and measuring health behavior? Yes x No___

b. Specific technics in observing and measuring health behavior? Yes x No___

4. Are periodic discussions utilized to increase the competency of the student in health teaching? Yes___ No x

5. As part of this instruction in health teaching:
   a. Is the student given an opportunity to observe under supervision and direction:
      (1) The history of behavior as well as the behavior itself? Yes___ No___
      (2) The recording of observations of normal behavior? Yes___ No___

   b. Does the student learn:
      (1) When signs and symptoms and behavior suggest the need for medical care? Yes___ No___
      (2) How to use cumulative record as an essential accompaniment of health inspection? Yes___ No___

6. Is the student's preparation in nutrition, mental hygiene, and conservation of human resources adequately and sufficiently coordinated and correlated with her preparation in health teaching? Yes___ No x

7. Does the instruction in methods of health teaching deal largely with the application of methods of psychiatric nursing? ? Yes___ No___

8. Is the subject matter in methods of health teaching selected from the psychiatric nursing point of view? Yes x No___

9. Is the hospital experience made the center from which the health teaching class takes its problems, procedure, and technics? Yes___ No___

10. Does the hospital staff plan with the home school the instruction of the student in methods of health teaching? Yes___ No x

11. Does this planning together of the course in methods of health teaching:
    a. Assure inclusion of significant material readily available to the student for health teaching? Yes___ No___
    b. Fill in the gaps often created by special health courses, integrated health courses, and health units in other courses in the curriculum? Yes___ No___
    c. Avoid too much repetition and overlapping? Yes___ No___
    d. Assure sharing effectively the unique contributions of specialized departments and services? Yes___ No___

12. Is there a need for closer cooperation between this instruction and the students' experience:
    a. At the bedside? Yes___ No___
    c. In the clinic? Yes___ No___
    d. In the home? Yes___ No___
    e. In the community? Yes___ No___

13. Is sufficient time allowed for observation before participation of the student in health teaching? Yes___ No___

14. Is health instruction of the patient by the student ever considered a separate element in nursing care? Yes___ No___

15. Is health instruction of the patient by the student definitely planned for all psychiatric patients? Yes___ No x

16. Is this health instruction of the patient by the student supervised by the:
    a. Ward instructor? Yes___ No___
    b. Head nurse? Yes___ No___
    c. Clinical instructor? Yes___ No___
    d. Health co-ordinator? Yes___ No___
    e. Supervisor of nursing service? Yes___ No___
    f. Director of nursing service? Yes___ No___
    g. Director of nursing education? Yes___ No___
    h. Student's health adviser? Yes___ No___
    i. Other (please specify)_____

17. Does instruction of the student in methods of health teaching include:
    a. The teaching of health, rather than disease? Yes___ No___
    b. Helping the patients learn how to live rather than a short course in medicine? Yes x No___
    c. Helping the patients to learn how to protect the body as well as the effective use of the body? Yes___ No___
    d. Helping the patients to accept personal responsibility for personal health? Yes x No___
    e. Helping the patients to recognize their responsibility for community health? Yes___ No___
    f. Others (please specify)_____

18. Is there an indication for the need of correlation and co-ordination of the practice of health teaching with the student's health program? Yes___ No___

19. Does an interchange of assistance or service between the school and other health agencies exist relative to the student's observation and practice of health teaching:
    a. In the out-patient clinic? Yes___ No x
    b. With the American Red Cross? Yes___ No x
    c. With T. B. Health Association? Yes___ No x
    d. With the American Cancer Society? Yes___ No x
    e. In the child guidance clinic? Yes___ No x
    f. With the Crippled Children's Division? Yes___ No x
    g. With the Mental Hygiene Society? Yes___ No x
    h. In writing articles for publication? Yes___ No x
    i. In writing radio scripts? Yes___ No x
    j. Others (please specify)_____

20. Would the better selection of professionally useful material give the student a richer and more adequate preparation for her health work than the present traditional pattern? Yes x No___

21. Would the reorganization of this material into one course give the student adequate preparation in methods of health teaching? Yes x No___

22. Should the reorganization of the subject matter of methods of health teaching offer the equivalent of the academic college offering in hygiene and the addition of a great deal of professional content, making it a course, distinctly a course in health education? Yes x No___

23. Should this course in health education be given during:

a. The first few months of training?	Yes x	No___
b. The second year?	Yes___	No___
c. The third year?	Yes___	No___

"To me these questions indicate that we have the cart before the horse and I was unable to give factual answers. T. Duerksu."

ADVANCE BOND
CARL L. BROWN Kappa

INTERPRETATION AND CONCLUSION

The respondent to the questionnaire placed a question mark over the "No" space, in the first question, perhaps because she did not know whether or not instruction in hygiene is interrelated and co-ordinated with the course in psychiatric nursing. She did indicate that instruction in hygiene is incidental. These are the only two that were answered out of eight related questions pertaining to instruction in hygiene.

A question mark was placed over the "No" space in answer to the question, "Have the staff members an appreciation of the value of mental hygiene and its place in the complete student health programs?" Question marks were placed beside the questions related to the staff members' functions in studying and observing the students' health. The staff members are not instructed on methods of observation, for the actual carrying out of observation procedures, for giving of special tests, or in counseling and guidance of student nurses. The school does maintain a cumulative health record which is available to the student upon request. In this school, the director of nursing education is the only staff member who interprets the student health record to the student. A copy of this cumulative health record is sent to the home school. The

student nurses have a choice of health advisers. This seems contrary to the statement that the director of nursing education is the only one of six people listed who interprets the student health record to the student nurse. The school indicates that it is concerned with the health problems of the students.

The school also indicates that the student's daily program is planned to make for balanced living, yet ten questions related to the daily program were checked as not being done or were left unanswered.

The school states that the student nurses are prepared to meet special health problems which are associated with psychiatric nursing. This preparation includes instruction on hazards connected with psychiatric nursing and in general health practices of the students.

The institution also indicated that it provides the student nurses with an environment which is conducive to health. It maintains safeguards and provides adequate janitorial service for the living quarters.

It was also indicated that the emotional atmosphere of the school is a wholesome one. The students in this school, like those in the sampling survey and home schools, must attend classes if their day off falls on a school day and, like those affiliating at the tuberculosis hospital, if they do not work on the night shift.

The respondent at this school commented that the students are old enough to make their own plans for recreation and that the students do not wish to have a program of recreation provided for them. The hours of rest, sleep, and recreation are determined by the student. The comment states that "The student sleeps, eats, and plays when she wishes. No hours are forced upon them."

The school indicates that the maladjusted student receives timely assistance.

Check marks indicate that the students do not receive instruction in methods of health teaching but that they do receive instruction which helps them to acquire specific knowledge and technics in observing and measuring health behavior. A question mark was placed beside the question asking "Does the instruction in methods of health teaching deal largely with the application of methods to psychiatric nursing?", and a check mark was placed in the "Yes" space in answer to the question, "Is the subject matter in methods of health teaching selected from the psychiatric nursing point of view?" It was indicated that instruction in methods of health teaching was not a short course in medicine but prepared the students to help patients to learn how to live and to accept personal responsibility for personal health.

The school checked items that indicate that a better

selection of professionally useful material would give the student a richer and more adequate preparation for her work than does the present traditional pattern and also that the reorganization of this material into one course would give the student adequate preparation in methods of health teaching. The respondent also indicated that the instruction in methods of health teaching, instruction in hygiene, and health education should be reorganized into a health-education course that would offer content comparable to college courses in hygiene and in principles and methods of health education and that this course in health education should be given during the first few months in training.

It appears that this affiliating school gives incidental instruction in hygiene to the student nurses. The school health service attempts to provide medical care to some extent. Environmental sanitation, healthful school living, counseling and guidance, nutrition, and recreation programs are offered to some extent but do not appear to be closely correlated or co-ordinated.

Instruction in methods of health teaching is given. To what extent this has been done is difficult to estimate. The school is aware of the need for a total health-education program.

SURVEY OF THE HEALTH-EDUCATION PROGRAM IN AN AFFILIATING TUBERCULOSIS HOSPITAL

A specially prepared questionnaire, accompanied by a letter similar to the one sent with the introductory questionnaire, (Appendix A) was sent to the director of nursing education at the State Tuberculosis Hospital to which certain Oregon schools of nursing send some of their students for affiliation. The questionnaire is reproduced in its entirety on the following pages.

SURVEY OF HEALTH-EDUCATION PROGRAMS
IN SCHOOLS OF NURSING IN OREGON
AFFILIATION COURSE IN TUBERCULOSIS NURSING
QUESTIONNAIRE

Please check (x) the appropriate space in answer to the following questions.

INSTRUCTION IN HYGIENE

1. Is instruction in hygiene interrelated and co-ordinated with the course in tuberculosis nursing? Yes x No___

2. Is this instruction in hygiene incidental? Yes___ No x

3. Is it given in planned units? Yes x No___

4. If so, please give the number of such planned units? Number 2

5. Do the students receive individual health instructions? Yes x No___

6. If so, by whom is the individual health instruction given:
   a. Director of nursing service? Yes___ No___
   b. Director of nursing education? Yes___ No___
   c. Student health nurse? Yes___ No___
   d. Student health service physician? Yes___ No___
   e. Health counselor? Yes___ No___
   f. Health co-ordinator Yes___ No___
   g. Others (please specify) "Clinical supervisor."

7. What areas of hygiene are included in the tuberculosis nursing course:
   a. Major health problems of the student age group and occupation? Yes x No___
   b. Stimulants, narcotics, alcohol studies? Yes x No___
   c. Basic principles of normal diet? Yes x No___
   d. Hygiene of digestion? Yes___ No x
   e. Exercise, fatigue, rest? Yes x No___
   f. Sleep? Yes x No___
   g. Sunlight and fresh air? Yes x No___
   h. Prevention and control of disease? Yes x No___
   i. Care of the nose, throat, and ear? Yes___ No x
   j. The conservation of vision? Yes___ No x
   k. Sound teeth? Yes___ No x
   l. Glands of internal secretion? Yes___ No x
   m. Normal sex life? Yes___ No x
   n. Modern parenthood? Yes___ No x
   o. Mental health? Yes x No___
   p. Health problems of advancing years? Yes___ No x
   q. Choosing a health adviser? Yes___ No x
   r. Community health? Yes x No___
   s. Accident prevention? Yes x No___
   t. First Aid? Yes___ No x
   u. Lighting, heating, ventilation? Yes x No___

v. Others (Please specify)
"Positive psychological approach (overcome fears, etc.)."

HEALTH-EDUCATION PROGRAM

1. Is one person given the responsibility for:
   a. Co-ordinating all student education activities? Yes x No___
   b. Relating them to other health activities in the community? Yes x No___
   c. Relating them to the home school activities? Yes___ No x

2. Is this individual given adequate time for these duties? Yes x No___

3. Is she given supplementary in-service training for these duties? Yes x No___

4. Has a student health committee or council been organized? Yes x No___

5. Does it plan cooperatively the development of the student health program? Yes x No___

6. Does it advise the individual selected to head the program? Yes x No___

7. In addition to this larger school health committee or council, are smaller planning committees organized? Yes___ No x

8. Has a student guidance committee been organized? Yes x No___

9. Does it plan cooperatively the development of the guidance program? Yes x No___

10. Has the chairman of the guidance committee had special training in guidance and counseling? Yes x No___

11. Is this individual given time, equipment, secretarial assistance, and space in which to carry on guidance practices? Yes___ No x

12. Does this individual give in-service training to other staff members in counseling and guidance of students? Yes___ No x

13. Is the study and observation of the students' health by the staff members used as:
    a. A supplementary periodic medical examination? Yes x No___
    b. A substitution for the periodic medical examination? Yes___ No x

14. Are staff members given instruction:
    a. In methods of observation of student health? Yes___ No x
    b. For the actual carrying out of observation procedure? Yes___ No x
    c. For giving the special tests? Yes___ No x
    d. In counseling and guidance? Yes___ No x

15. Does the affiliating hospital maintain a cumulative health record of the student? Yes x No___

16. Is this record available to the student upon request? Yes___ No___
    "If by 'affiliating hospital,' you mean the tbc. hospital. (Not the home school."

17. Are the contents of the cumulative health record discussed with the student at length? Yes x No___

18. Is the student made aware of the contents of this record so that she is well informed about her health assets and liabilities during her affiliation? Yes x No___

19. What staff member interprets the student health record to the student?
    a. Director of nursing service? Yes___ No___
    b. Director of nursing education? Yes___ No___
    c. Student health service nurse? Yes___ No___
    d. Student health service physician? Yes___ No___
    e. Counselor? Yes___ No___
    f. Health co-ordinator? Yes___ No___
    g. Others (please specify) "Medical Director of Hospital." "Clinical Instructor."

20. Is a copy of this cumulative health record sent to the home school upon completion of the course by the student? Yes x No___

21. Does the student have any choice or selection of her health adviser? Yes___ No x

22. Does the student health service provide an opportunity for medical advice at regular scheduled hours as a preventive medicine measure? Yes x No___

23. Are the students encouraged to take advantage of this service? Yes x No___

24. Are the health needs of the students made known to the affiliating school by the home school? Yes x No___

25. Are the health problems of the students of concern to the affiliating school? Yes x No___

26. Is a medical examination provided for every affiliating student? Yes x No___

27. Is it used:
    a. To find health proglems requiring modification in the student's daily regime of:
        (1) Diet? Yes x No___
        (2) Rest? Yes x No___
        (3) Sleep? Yes x No___
        (4) Patient load? Yes x No___
        (5) Study? Yes x No___
    b. To find health problems requiring mental adjustment? Yes x No___
    c. As an entrance requirement for affiliation? Yes x No___
    d. Upon completion of the affiliated course? Yes x No___
    e. Before return to school following an absence because of illness? Yes x No___
    f. Others (please specify)_____

28. Does the medical examination include?
    a. A tuberculin test? Yes x No___
    b. Chest x-ray? Yes x No___
    c. B.C.G. vaccination? Yes___ No x

29. Is a student with a negative tuberculin reaction admitted to the affiliating school? Yes x No___

30. Is the student's daily program planned to make for balanced living? Yes x No___

31. Is this program planned:
    a. For the student? Yes x No___
    b. By the student? Yes x No___
    c. By the student health council? Yes x No___
    d. Others (please specify)
    "Health program?--yes, work programs planned for the student by head nurse and clinical instructor."

32. Does the health-education program include a plan for:

a. Prevention of the common cold? Yes x No___

b. Prevention and control of tuberculosis among students? Yes x No___

33. Does the school apply scientific knowledge of nutrition to the meals it serves to students? Yes x No___

34. Does the dining room offer educational experience to the student? Yes x No___

35. Does the school provide mid-morning and mid-afternoon nourishment for the students? Yes x No___

36. Are the students on the night shift served a hot meal after the third or fourth hour on duty? Yes x No___
"Students do not work 11 p.m.-7 a.m. when working until 11 p.m. have meal at 11."

37. In planning for health of the student, does the school provide proportion of the time to work, eat, recreation, rest, sleep, and study? Yes x No___

38. Does the student health service control the patient load of the student in relation to her physical and mental states? Yes x No___

39. Is the student's daily routine modified to fit her individual needs and capacities? Yes x No___

40. Is the student expected to conform to a standard daily routine without adjustments being made? Yes___ No x

41. Are the students given training which especially prepares them to meet those special health problems associated with nursing care of the tuberculous patient? Yes x No___

42. As part of this preparation, are the students helped in developing sound health and safety attitudes and practices through instruction:
    a. On hazards connected with tuberculosis nursing? Yes x No___
    b. In general health practices of the students on the hospital wards and clinics? Yes x No___

43. Does the school provide the student an environment conducive to health? Yes x No___

44. Does the school maintain health safeguards?
    a. On the wards? Yes x No___
    b. In the dormitory? ? Yes___ No___
    c. In the classroom? Yes x No___

45. Does the school provide readily available sanitary toilets, hand-washing, and drinking facilities? Yes x No___

46. Are fifteen-minute rest periods every two hours allowed during:
    a. The day shift? Yes x No___
    b. The evening shift? Yes x No___
    c. The night shift? Yes___ No___
    "Students do not work 11 p.m.-7 a.m."

47. Is adequate janitorial service provided for:
    a. The living quarters? Yes x No___
    b. The school rooms? Yes x No___
    c. The school environment? Yes x No___

48. Are adequate heating, lighting, and ventilating facilities provided? Yes x No___

49. Does the home school supervise the health of the student and the hygienic conditions at the affiliating school? Yes___ No x

50. Is the emotional atmosphere of the school a wholesome one? Yes x No___

51. Is the student free to plan her own program on her day off duty? Yes x No___

52. Must she attend classes if her day off falls on a school day? Yes___ No___
"Day off without classes."

53. Do the students on night duty attend classes in the daytime? Yes___ No___
"None on nite duty."

54. Does the school provide opportunity for formation of wholesome habits of recreation? Yes x No___

55. Does it provide a program of recreation for the students working:
    a. The day shift? Yes x No___
    b. The evening shift? Yes x No___
    c. The night shift? Yes___ No___

56. Are the hours of rest, sleep, and recreation determined by:
    a. School policies? Yes___ No___
    b. The student? Yes x No___
    c. Student government? Yes x No___
    d. Others (please specify)_____

57. Does the affiliating school deny the existence of mental hygiene proglems among the students? Yes___ No x

58. Does the maladjusted student receive timely assistance? Yes x No___

59. Is the maladjusted student returned to the home school for treatment and disposition? Yes___ No___

60. Does the student receive training in community health services? Yes x No___

61. Does the student participate in the community T.B. program? "Observes." Yes x No___

62. Is the hospital experience made the center from which the health education program takes its problems, procedures, and technics? Yes x No___

HEALTH TEACHING

1. Do the students understand the term "Health Teaching" to mean: "Guiding and stimulating the growth of health of the individual." Yes x No___

2. Does the student receive instruction in methods of health teaching? Yes x No___
"Yes, in patient education, for instance."

3. Does instruction of the student in health teaching help her to acquire:
   a. Specific knowledge in observing and measuring health behavior? Yes x No___
   b. Specific technics in observing and measuring health behavior? ? Yes___ No___

4. Are periodic discussions utilized to increase the competency of the student in health teaching? Yes x No___

5. As part of this instruction in health teaching:
   a. Is the student given an opportunity to observe under supervision and direction:

(1) The history of behavior as well as the behavior itself? Yes x No___

(2) The recording of observations of normal behavior? Yes x No___

b. Does the student learn:

(1) When signs and symptoms and behavior suggest the need for medical care? Yes x No___

(2) How to use cumulative records as an essential accompaniment of health inspection? Yes x No___

6. Is the student's preparation in tuberculosis nursing adequately and sufficiently co-ordinated and correlated with her preparation in health teaching? Yes x No___

7. Does instruction in methods of health teaching deal largely with the application of methods of tuberculosis nursing? Yes x No___

8. Is the subject matter of the course in methods of health teaching selected from the tuberculosis nursing point of view? Yes___ No___

9. Is the hospital experience made the center from which the health teaching takes its problems, procedures, and technics? Yes___ No___
"Hospital experience is an integrated part of the whole program."

10. Does the hospital staff plan with the home school the instruction of the student in health teaching? Yes___ No x

11. Does this planning together of the course in methods of health teaching:

a. Assure inclusion of significant material readily available to the student for health teaching? Yes x No___

b. Fill in the gaps often crested by special health courses, integrated health courses, and health units in other courses in the curriculum? Yes___ No___

c. Avoid too much repetition and overlapping? Yes___ No___

d. Assure sharing effectively the unique contributions of specialized departments and services? Yes_x_ No___

12. Is there a need for closer co-operation between this instruction and the students experience:

a. At the bedside? Yes___ No_x_

b. In the clinic? Yes_x_ No___

c. In the home? Yes_x_ No___

d. In the community? Yes_x_ No___

"Sufficient in most instances."

13. Is sufficient time allowed for observation before participation of the student in health teaching? Yes_x_ No___

14. Is health instruction of the patient by the student ever considered a separate element in health teaching? Yes_x_ No___

15. Is health instruction of the patient by the student definitely planned for all tuberculous patients? Yes_x_ No___

"Teaching done by admitting nurse-student assigned if on duty and whenever possible."

16. Is this health instruction of the patient by the student supervised by the:

a. Ward instructor? Yes___ No___

b. Head nurse? Yes_x_ No___

c. Clinical instructor? Yes_x_ No___

d. Health co-ordinator? Yes___ No___

e. Supervisor of nursing service? Yes___ No___

f. Director of nursing service? Yes___ No___

g. Director of nursing education? Yes___ No___
h. Student's health adviser? Yes___ No___
i. Other (please specify)_____

17. Does instruction of the student in methods of health teaching include:
    a. The teaching of health, rather than the disease T.B.? Yes x No___
    b. Helping the patients learn how to live rather than a short course in medicine? Yes x No___
    c. Helping the patients to learn how to protect the body as well as the effective use of the body? Yes x No___
    d. Helping the patients to accept the personal responsibility for community health? Yes x No___
    e. Helping the patients to recognize their responsibility for community health? Yes x No___
    f. Others (please specify) "Helping patient protect family and personnel. Helping patient feel secure rather than fearful. Helping patient adjust and co-operate as he remains and to have confidence in staff, and methods used, to help him recover. Etc."

18. Is there an indication for the need of correlation and co-ordination of the practice of health teaching with the student health program? Yes___ No x

19. Does an interchange of assistance or service between the school and other health agencies exist relative to the students' observation and practices of health teaching with:
    a. The T.B. Health Association? Yes x No___
    b. The American Red Cross? Yes___ No___
    c. The writing of articles for publication? Yes___ No___
    d. The writing of radio scripts? Yes___ No___

e. Others (please specify)
"Rehabilitation Division"
"Public Health Agencies"

20. Would the better selection of professionally useful material give the student a richer and more adequate preparation for her health work than the present traditional pattern? Yes x No___

21. Would the reorganization of this material into one course give the student adequate preparation in methods of health teaching? Yes x No___ ?

22. Should the reorganization of the subject matter of methods of health teaching offer the equivalent of the academic college offering in hygiene and the addition of a great deal of professional content, making it a course in health education? Yes x No___

23. Should this course in health education be given during:
    a. The first few months of training? Yes x No___
    b. The second year? Yes___ No___
    c. The third year? Yes___ No___

ADVANCE BOND
CARL BROWN Paper

INTERPRETATION AND CONCLUSION

It appears that instruction in hygiene is correlated and co-ordinated with instruction in tuberculosis nursing. Two planned units include eleven of the twenty-one areas of hygiene that were listed. The students receive individual health instruction by the clinical instructor.

The student health service program seems to be organized and functioning. Aside from a few weaknesses the program has the earmarks of a total health-education program. These weaknesses are related to the lack of smaller planning committees in addition to the larger school health committee; to the fact that the qualified individual given the responsibility for co-ordinating all student health-education activities does not carry on guidance practices or give in-service assistance to other staff members in counseling and guidance; and to the fact that the home school does not plan co-operatively with the affiliating school the instruction in hygiene and in methods of health teaching.

It is commendable that an affiliating school augments the number of schools of nursing in Oregon that have provided health services and instruction of the student nurse which helps in the preservation of health with which she entered the school of nursing.

Instruction in methods of health teaching is offered. Preparing the student nurse for her role of a health teacher is no small assignment. This school seems to be employing the newer methods and technics. The weakness appears to be in the limited practice of health teaching. This observation is based on the comment written in by the director which states that the teaching is done by the admitting nurse. The student is assigned to the duty of admitting the patient if she is available and whenever possible. It would be discouraging to think that this is the only time that teaching of the patient is done. That it is the most important instruction is granted. All teaching of the tuberculous patient in the future must be based on the introductory instruction. The instruction in methods of health teaching includes many of the recommended technics and procedures. It is hoped that the answer that there is no indication for the need of correlation and co-ordination of the practice of health teaching with student health service means that this is already being done rather than that it is not recognized as being essential. The interchange of assistance or service between the school and other health agencies in the community is utilized to enrich the instructional program and reinforces the evidence that the students at this hospital are having educational experiences rather than being

exploited in rendering necessary nursing service only.

This affiliating school, like the affiliating psychiatric hospital and seven Oregon schools of nursing and three of the out-of-state schools which were surveyed indicates that it would be desirable to reorganize instruction in hygiene, instruction in methods of health teaching, and health education into a health-education course that would offer a course comparable in content to college courses in hygiene and in principles and methods of health teaching. This school also indicates that this course in health education should be given during the first few months of training.

The school health service provides medical examinations for every affiliating student nurse. Medical advice is available at regular, scheduled hours. The students are encouraged to take advantage of this service. Cumulative health records are maintained for every student nurse. The health needs of the students are made known to the affiliating school by the home school. This record is interpreted to the student by the nursing education director and the clinical superviser. The school indicates that health and guidance committees have been organized and are meeting the needs of the students to some extent. It appears that this school is attempting to improve the services and is using recommended technics and

procedures. The students and the faculty plan the daily program to make for balanced living. The school provides proportionate time for work, eating, rest, sleep, study, and recreation. The health service controls the patient load of the student in relation to her physical and mental states. The school indicates that it provides a program of recreation for the students.

Instruction in methods of health teaching seems to include many desirable features. Apparently the school offers adequate preparation to its students in this respect.

On the whole, the school provides health instruction, health services, health guidances, environmental sanitation, nutrition, and recreation programs and instruction in methods of health teaching which compare favorably with or are better than the other schools which participated in the survey.

Summary of Chapter III

The present study of health-education programs in ten Oregon schools of nursing and eight schools of nursing outside of Oregon showed discrepancies and contradictions which make interpretation difficult. The interviews at the Oregon schools of nursing revealed the fact that the interviewee was not sure of the answers. In some instances, where the interviewee was not the person who answered the introductory questionnaire, the answers were different. The directed conversation in some instances was contrary to the checked answer. Observation of the environment by the writer at the time of the interview revealed inconsistencies in the answers given on the questionnaire. Some answers to the out-of-state questionnaires were qualified by comments. These comments added to the confusion in some instances. Individual differences of the participating schools are apparent. No distinct patterns have been detected. Standardized health-education programs in schools of nursing that were surveyed are not evident.

On the whole, health-education programs in schools of nursing in Oregon seem to offer better preparation of the student nurse in health teaching, give better health services, and provide better living and working conditions

than do the out-of-state schools that were surveyed. The two affiliating hospitals show variations that may be due to the special training they provide; therefore, the findings cannot be used in making comparisons with the out-of-state or home schools.

It is evident that even though Oregon schools of nursing are giving better preparation in health education and provide better health services to their student nurses than do the out-of-state schools surveyed, weaknesses and shortcomings do exist and need to be rectified.

CHAPTER IV

A SUGGESTED HEALTH-EDUCATION PROGRAM FOR SCHOOLS OF NURSING IN OREGON

PURPOSES AND OBJECTIVES

The purposes of health guidance and services are closely interwoven with the educational aspects of health. Because of educational purposes and associated health problems, every school of nursing should provide a complete health-education program. A total health-education program should include health instruction, health service, and those services which promote healthful living--wholesome environment, sanitation, student counseling, planned nutrition, physical education, and recreation. Some of the objectives of a total health-education program are:

A. To maintain and protect the health of all personnel in the school of nursing.

B. To provide instruction in hygiene so that student nurses will be able to understand the basis for healthful living, to plan, teach, and supervise others, and to think reflectively about health.

C. To facilitate and make possible the practical application of health knowledge to daily living.

D. To create a healthful environment and atmosphere in which the student nurses may develop physically, mentally, and socially and in which they may learn to live more happily as health-minded citizens in their personal lives, in their homes, and in their communities as members of a world society, of the nursing profession, and of the health team serving humanity.

E. To develop well-adjusted students and nurses who possess information, attitudes, habits, skills, and ideals favorable to efficient and healthful lives for themselves, their families, their patients, and their communities.

F. To assist student nurses to assume responsibility for their own health so that they will know when they are in good physical and emotional condition, will recognize readily deviations from the normal, and will know when and how to seek and give expert assistance to meet health needs.

G. To safeguard the health of students, faculty, and other hospital and school employees through the prevention and control of communicable diseases.

H. To prevent loses of study and clinical practice time and to promote the development of efficiency in pursuing their nursing education by insuring maximum personal and community health.

I. To assist student nurses to find or to provide them with competent and adequate medical care when they become ill and to develop attitudes which will result in their finding aid and solution to their health problems in later life.

J. To develop a working arrangement, such as a faculty-student health council consisting of representatives of the administration, the faculty, the non-teaching personnel, representatives of the student body and of all teaching departments, and of those community health agencies that contribute to the educational program of the student nurse, to promote a single policy of healthful living in the school of nursing and hospital environment, and to improve the health-education curriculum.

K. To provide in-service assistance to teachers and other personnel for the purpose of

aiding them not only in the protection of the student health but also in the guidance of students in the protection of their own health and in the development of satisfactory health habits.

L. To develop a functioning health guidance program for the purpose of aiding students in their adjustments and solutions of health problems.

M. To encourage representative members of the faculty to become actively identified with agencies and organizations which are attempting to focus attention upon and to achieve desirable health objectives of school health-education programs.

In any school of nursing, the distance between objectives and actual accomplishment of accepted responsibilities indicates the challenges and opportunities for progress in health education. The recognition of new problems, new procedures and experimental methods of health education, investigation and research, and critical appraisal or evaluation of present practices, procedures, and results will give direction to the program. Schools of nursing are challenged with the necessity of an adequate, constructive health program, if for no other reason

than to counteract the many harmful and unhealthful influences continually making an impact upon student nurses.

ORGANIZATION AND INTEGRATION

Differences in organization, administration, and integration of school-of-nursing health programs depend upon the specific objectives of the individual schools of nursing and the responsibilities and opportunities in any given school. Circumstances, practices, and opinions differ among the schools included in this survey. No apparent attempt at standardization was detected.

The organization of the health program requires some uniform regulations at the level of the board of directors, superintendent of the hospital, medical director of the hospital, and the director of nursing education. The problems include organization of health instruction, medical service, physical education, and healthful living. They involve administrative matters such as: the appointment of the health director, the committee chairman, the student health service nurse and counselor, and other faculty appointments in the health field; budgets, reports, and notifications.

Regardless of the manner in which the various health activities in the school of nursing are organized, this

survey indicates that there is a real need for complete co-ordination and integration of the program as a whole. The appointment of an advisory health council for this purpose is recommended.

The health council should consist of appropriate administrative officers and representatives of all departments. The members of the council should be appointed for staggered terms and subject to re-election. Reports and recommendations of the council should be made directly to the superintendent of the hospital. The policies decided upon at the highest administrative level should be seriously concerned with the health problems of the hospital and school population, conditions within and surrounding its environs, and the integration of all factors in the total health program. A co-ordinator and an executive committee of the health council should be directly responsible to the superintendent of the hospital. The co-ordinator should aid all departments concerned in developing the program and should have sufficient time to conduct these special affairs.

SCHOOL OF NURSING HEALTH EDUCATION

Before suggesting the professional preparation of school of nursing health educators, this report will give functions to be performed by these faculty members as a

basis for the recommendations. The survey indicates that the duties generally and normally to be carried on by such instructors, regardless of the type of school of nursing, will need to be studied and revised to meet the changing needs of the program.

Health educators may have administrative responsibilities which will be decided upon by the health council. Differences in fundamental organization and teaching purposes and the extent of teaching in health in the schools of nursing in Oregon vary. The health educator should first study these phases. Her survey will help in the development and integration of all activities that contribute to the educational experiences of the student nurse and to the educational aspects of the total health-education program.

Specific co-ordinating functions may be:

A. To initiate and assist in maintaining a school health council, the function of which would be to define and solve school health needs and problems.

B. To assist in co-ordinating health instruction with the policies and practices relating to school health, service, healthful school living, physical education, student counseling, nutrition, and recreation, and to enlist

the support of faculty and administration in these programs.

C. To promote correlated health instruction by utilizing all facilities, resources, and personnel within and outside the institution that contribute to the health of the student nurses, faculty, and other personnel in the school, in the hospital, and in the community.

D. To initiate and assist in the comprehensive evaluation of the school health-education program as a whole.

E. To assist in the development, organization, and administration of a co-ordinated program of health counseling.

Instructional functions may be:

A. To study the health problems, health needs, and health interests of the students and to plan and revise the health curriculum.

B. To promote joint teacher-student planning in developing units of instruction in the subject matter area.

C. To select and recommend for use textbooks, references, and illustrative materials such as charts, models and audio-visual teaching aids which will enhance health instruction.

D. To participate in informal and individual teaching as well as in organized classroom instruction in hygiene and in methods of health teaching.

E. To conduct functional learning experiences through participation by students in projects and study of problems in home, school, and community.

F. To appraise health instruction methods and materials in terms of the student's gain in knowledge, attitudes, and behavior.

G. To co-operate with other members of the school staff in evaluating and improving health education.

H. To initiate, organize, and administer an in-service training program for the faculty and staff members in principles and technics of counseling and guidance of student nurses.

Professional functions of the health educator require her to contribute to school activities, research, community health interests and to journals, studies, and organizations in the professional field.

The following qualifications are recommended:

A. Basic professional nursing education, cultural, and general science education, a

background of physical and biological sciences with emphasis on bacteriology, human anatomy and physiology.

B. Training in education and educational psychology to provide functional experiences in learning processes, educational evaluation, curriculum development, counseling technics, and organization of field training.

C. Social science education to develop an appreciation of the importance of respect for individual differences, a knowledge of racial, social, and cultural characteristics and mores of people, and an understanding of the relation of economic conditions to the health status of population groups.

D. Education in the field of hygiene and public health to provide a knowledge of personal health, nutrition, mental health, environmental sanitation, public health organizations, communicable disease control, vital statistics, and survey methods.

E. Training in the area of public health to furnish knowledge of governmental and community organization, official and voluntary agencies, groupwork methods, and civic plan-

ning.

F. Education on the nature and functions of various components of the school-of-nursing health programs, including health services, and instruction in hygiene and in methods of health teaching, healthful living, counseling, physical education, nutrition, and recreation.

G. Broad and varied professional experience and carefully planned and supervised field experience are important elements in the development of skill and ability in the field of school-of-nursing health education.

The following personal attributes are requisite for professional success of the health educator:

A. A real interest in student nurses together with a sympathetic understanding of their problems.

B. A real interest in current and future opportunities of health education.

C. Good physical and emotional health, both apparent and real.

D. A philosophy of health that accepts facts without undue optimism or abnormal caution.

E. A personality sufficiently dynamic to motivate students effectively.

F. Ability for clear and forceful expression and ability to get along with people.

COURSE IN HEALTH EDUCATION

Classroom instruction in health subjects is an essential part of the total school health-education program. The title of the course, requirement in the curriculum, course content, methodology, major instructional areas, credit, class hours, and administrative direction--these and like topics will need to be discussed and decisions made at the health council meetings. A meeting of minds, deliberation, and free discussion will assure the inclusion of significant material, fill in the gaps often created by special health courses and integrated health units in other courses in the curriculum, avoid too much repetition and overlapping, and assure the sharing effectively of the unique contributions of specialized departments and services.

The course in health education should include instruction in hygiene and in principles and methods of health teaching. The curricula in schools of nursing limit the advisability of two separate courses. Therefore, it is practical to attempt to combine these health areas into one course. The main objectives of this course should be:

A. To provide a body of information concerning the functions of all parts of the human being under varying conditions; the beneficial and detrimental factors of environment and their effect upon the body; and ways in which these environmental factors may be utilized for maintenance of positive health.

B. To induce behavior which will assist the individual to attain and maintain optimal health.

C. To develop attitudes which will lead the individuals to co-operate with school and hospital programs and community programs for health protection.

D. To help the student nurse to detect and recognize the health needs of those whom she is to serve. These needs relate to nutrition, the care and use of the body, prevention of disease and accident, and adjustment to the social and psychological environment.

E. To direct health-education observation and participation under close, qualified supervision.

F. To provide practice in the dissemination of

health conservation; development of a philosophy of health conservation; and training in methods to improve the health of human beings.

G. To help the student nurse gain the ability to recognize optimum health and early deviation from this standard.

H. To help the student nurse develop skill in health service and health information screening processes and in health counseling technics.

I. To increase knowledge of community health resources and the skill and ability to give leadership in the utilization of these resources.

J. To help the student acquire appropriate attitudes toward the place of health in the education of human beings and an adequate background of knowledge for health instruction.

K. To furnish educational experiences for the student nurse by providing a functional and effective faculty-student health council, healthful school living, and opportunities for contact with the health problems of

various people by providing for contact with various health and welfare agencies, for participation in the various phases of an adequate health program, and for formal instruction.

L. To help the student nurse to understand the close relationship of nursing and "nurturing" or education as a means of helping individuals in their adjustments; the place of teaching and guidance in nursing care; and the need of sensitiveness to teaching situations and reactions of individuals, and to suitable and unsuitable situations for health teaching.

Methodology should include lectures, class discussions, projects, directed reading, individual conferences, use of audio-visual teaching aids, problem-solving devices; opportunities to observe health instruction in the out-patient department, in the patients' homes by a public-health nurse, in adult health classes, and in primary and secondary school health classes; and participation in community health activities. After the student nurse has had instruction and supervised observation she should practice teaching the patient under close, qualified supervision.

The units of instruction in the hygiene and health education course should include principles and practices of personal hygiene; nutrition; fatigue, rest, and sleep; stimulants, narcotics, and alcohol studies; major problems of the student-age group and occupation; prevention and control of communicable diseases and other major health hazards; sense organs; education for family living; mental hygiene; choice of a health adviser; health problems of the nurse in advancing years; effects of external factors on the body; community organization in the field of health; first-aid and accident prevention; evaluation of community health services; appraisal of health products and services; the significance of the periodic health examination and school health services; how and where to secure medical assistance, material help, information on social problems, such as recreational opportunities for children; importance of discrimination in regard to who is taught, what is taught and how; importance of knowing when to give information and when to refer to others.

A review of psychological principles should serve the purpose of emphasizing the facts that teaching must be adapted to capacities and needs of individuals; that interest and readiness are important in teaching; that the use of real life situations is strategic; that crucial moments keenly felt needs, and questions should be used to ad-

vantage; that informal teaching is usually more effective than staged or stereotyped methods; that there is value in exchange of ideas; and that the student can learn from the patient.

The practice teaching will help the student nurses to answer patients' questions; to experience the value of demonstrating by their own practice of healthful living; to gain skill in demonstrating nursing procedures, to give explanations of hygiene and sanitary procedure, to demonstrate health principles adapted to the patients' living, to explain prescriptions given to the patient by the doctor, and to demonstrate nursing care and medical treatment prescribed by the physician to be given in the home.

This instruction should give the student nurses a basic understanding of their role in the school-of-nursing health-education program including their own responsibilities and relationships to the various experts who work in the designated health areas. It should help prepare the nurses for their role of health teacher. The sequence of presentation of these units and experiences may be decided by the staff members who should plan together the instruction in health education. It is evident that this instruction must be consistent and continuing throughout the entire preparation of the student nurse.

Results should be seen in changes in attitudes and

habits toward health leading to more healthful practices of the individual student nurses and the group. Successful teaching is likely to be permanent in its effect.

This suggested program of instruction, to be successful, must be supported by the hospital and school of nursing administrators, the board of directors and trustees, and the public-health agencies as well as the public. Although health education should be considered the special responsibility of one group appointed as a committee within the hospital and school of nursing administration, all departments and personnel should be expected to make their appropriate contributions. Evaluation of health instruction should not be limited to written tests. A frequent review of the objectives of the course will show that other class activities, such as student reports and projects, will help indicate the measure of participation, understanding, and application of the fund of knowledge and appreciations acquired.

Occasional short tests on assigned and directed reading may be used to stimulate interest and to assure a common background of knowledge. The pretest and interview should be used for guidance in emphasis on subject matter of the course, and to indicate weaknesses, shortages, and individual health problems, as well as to give direction to the total health-education program of the school. The

same pretest at the end of the course and a year later may also indicate the extent of learning and achievement as well as the areas that need improvement. Observations of students' health behavior and health-teaching skills reduced to anecdotal notes and recorded interviews and conferences incorporated in the cumulative record will aid in the appraisal of the student nurses' progress in this course.

SCHOOL HEALTH SERVICES

The hospital and school of nursing administration should assume medical responsibilities for student nurses in addition to educational responsibilities. The fact that the student nurses are required to be healthy and to possess physical and emotional stamina makes the student body essentially a healthy group. Nevertheless physical handicaps and illnesses do occur, and academic progress is closely related to the students' health status. The hospital and school of nursing have long recognized, and it is advisable that they continue to do so, the importance of the relationship between nursing service and health status of the student. The administrators of the school need to become increasingly aware of the importance of the relationship between nursing service and the academic efficiency and the health status of the student.

Although every school of nursing in Oregon is now carrying on certain medical responsibilities for its students, the extent of health service varies according to enrollment, educational objectives and purpose of the school of nursing, the composition of the student body, awareness of administrative responsibility, and the source and amount of funds which are made available for this purpose.

The following suggestions are recommended for health service in schools of nursing in Oregon:

A. Complete medical and dental examination certificates by licensed physicians and dentists should continue to be required and submitted upon application to the school of nursing in order to assure selection of healthy candidates for the nursing profession.

B. Complete medical and dental examination should be given to the candidate three months prior to admission to the school of nursing by a panel of specialists appointed and reimbursed for their services by the hospital and school of nursing administration in order to aid schools in the selection of candidates. An interpretation of the examination should

be given to the student and her family or guardian informing all of them, in the students' presence, of her health assets, liabilities, and remediable defects. They should be advised to have all remediable defects corrected and helped in making their plans for correction of defects; they should be informed that correction of defects must be made before admission of the candidate to the school will be considered.

C. A complete medical examination of each student upon entrance to the school should be completed before the beginning of the school term to serve as a check on the advised correction of defection as well as a matriculation requirement.

D. An annual medical examination should be provided every student to determine her fitness for physical education, her changing health needs and problems, and should be an educational experience for the student.

E. Periodic medical examination should be available upon request by the student whenever she becomes ill and before she returns to school following an absence because of illness,

before leaving and upon return from affiliation, and before leaving the school upon graduation.

F. Follow-up procedures should be continuous. Assistance in planning for the correction of a defect which developed after admission of the student to the school should be educational, kind, understanding, and constructive.

G. Health insurance plans and medical and hospital care should be readily available to the student who desires them or needs them when she becomes ill. This should be a learning experience for the student as well as assistance with financial planning for her own health.

H. Consultation with specialists in various fields of medicine should be provided when necessary. This can be a learning experience, for the student will experience referral and relationships with members of the health team.

I. The prevention and control of communicable diseases should include co-operation with other hospital and school departments in providing a healthful environment and should

include the execution of standard public health practices. The student's participation will help her see, in a real life situation, the prevention and control of disease and accidents.

J. A health counseling service should be provided for the student nurses. The service should be organized with health education objectives in mind.

Suggestions pertaining to the medical examination include:

A. The cumulative record should be complete, including a health history made out with the aid of parents and family physician, and should include a summary of previous accidents, illnesses, and operations; of communicable diseases and immunizations; and of the family history and pertinent facts regarding health habits and recreational interests of the applicant.

B. The physical examination given the applicant three months prior to admission should give the applicant sufficient time to correct all defects.

C. Matriculation should not be considered

complete until health examinations have been completed by the school health physician and until his recommendations for the admission of students have been made. The examinations should be given by licensed physicians and dentists employed especially for the purpose. The family physician's statement regarding the health of a student is helpful but should not supplant the school health examination.

The general scope of the health examinations, including technical items and procedures, is suggested and should include:

A. Vision and audiometer tests given by either medical specialists or technicians trained for such purposes.

B. Dental diagnostic and therapeutic services should determine the dental defects, should be recorded, and should include instruction in dental health.

C. The respiratory tract should be examined with special regard to remediable infection and defects; follow-up should be periodic, and instruction in prevention and control of respiratory diseases should be provided.

D. Tuberculosis case-finding studies should be made of all students at the time of admission and annually thereafter.

E. The cardiovascular system should be examined with particular reference to evidence of organic disease; the blood pressure should be recorded; the pulse rate should be taken in relation to exercise; and other functional tests should be given when information is desired.

F. The neurological and musculo-skeletal systems should be reviewed in all instances and more completely examined when special health problems manifest themselves.

G. A complete examination of the urine should be made because of the latency and subclinical nature of some metabolic and renal diseases.

H. The correction of remediable defects should be made by the health service when these develop after admission to the school and as a result of the student's participation in the school program. The entire examination will have lost its value if the school health service neglects to initiate, direct, and check on correction of defects which develop

subsequent to admission.

The recheck or periodic examination should be required for the following:

A. Students who request examinations.

B. Students readmitted to the school after temporary withdrawal for reasons concerning either scholarship or illness.

C. Students leaving for and returning from affiliation.

The annual health examination should be required of every student:

A. To determine her fitness for physical education activities and for prescribing corrective exercises when indicated.

B. To determine individual health problems and to recommend modification to fit the individual needs and capacities.

C. To determine the student's health assets and to help maintain positive health.

D. To assure the student at time of graduation that she is enjoying as good or better physical and mental health than when she entered the school.

Competent medical treatment and hospital or infirmary care should be available for all student nurses. Very few

of the Oregon schools provide for simple illnesses; bed care in the student's room or residence hall is not satisfactory because of lack of home care. Simple illnesses are often the onset of major illnesses and are sufficient reason for providing supervised bed care in an infirmary and removal to a hospital bed when illness becomes acute. Many Oregon schools visited allow the students to remain in their rooms for minor illness. Very few have separate beds in the hospital reserved for student nurses. The student health-service nurse, responsible for this care, could serve as the health counselor, for administrative responsibility is usually not inherent in this position. Immunization against smallpox, diphtheria, tetanus, influenza, and typhoid fever--and against such other diseases as may be consistent with good medical and public health practice--should be compulsory for every student nurse in Oregon, regardless of her past history of disease and illness.

The school health service should co-operate with all departments which promote healthful living. The school health physician may be designated the school health officer. All possible assistance should be given to improvement of environmental sanitation, counseling, nutrition, and recreation, and to other efforts within the hospital and school which support the general principles

of healthful living. Inspection of food handlers should be carried on by the health service.

Individual health instruction during student conference with the school health service physician and dentist is an excellent and effective means of health education. As ideal as this is and as much lip service as is given to it, it is regrettable that the time necessary to fully interpret the cumulative health record has not been available to the medical staff or that they have not manifested a desire to undertake this project. Health counseling as an area in the guidance program in schools of nursing should be seriously considered, and provisions and recommendations for them should be formulated. Health counseling is especially valuable for students who have recognized physical or emotional handicaps. Two schools of nursing in Oregon denied the existence of mental health problems. The school health service should offer rooms for conferences concerning both physical and mental health problems. If the school health service physician does not have time to perform these counseling functions, then a substitute should be provided with an effective referral system planned, organized, developed, and functioning to help meet the individual needs of the student nurses.

The school health physician should be selected from

the attending staff and should be one who is competent in special fields including education and health problems of young women, one who is primarily interested in the medical and occupational problems of student nurses and who enjoys rapport with specialists on the staff so that they would be willing and available for consultation upon request. It is advisable and desirable that he attend the regular meetings of the school health-service staff and discuss freely all pertinent medical, health, and administrative problems.

He would be invited to lecture to the health-education class on those phases of personal health which are closely related to the school health service.

It is to be recognized that adequate housing, equipping, staffing, and financing of a school of nursing health service are fundamental to successful operation. The following recommendations are considered applicable to institutions of various sizes:

A. The student health service rooms should be located as conveniently as possible for student use. They should be so designed as to provide greatest efficiency of operation. They should include the school health-service physicians' office, examination and treatment facilities, the student health-

service nurse's office, adequate storerooms and cabinets, secretarial office, record room, bookcases and literary equipment, service rooms, one or more large rooms equipped with beds or cots, and a large attractive waiting room.

B. It is suggested that these rooms be adjacent to or part of the student infirmary facilities.

C. The special equipment and facilities of the hospital should be available to the school health service.

The cumulative health record is utilized by all student health services in the schools of nursing in Oregon. The health history and the record of physical examinations upon application, admission, periodic, and annual examinations should be recorded as well as each subsequent contact of the student nurse with the school health service staff regardless of how insignificant the visit may be at the time. A summary of the infirmary or hospital record should be entered on this record. Anecdotal records of school staff members pertaining to health and behavior problems should be summarized and incorporated into the record. Items in the health records considered "privileged communication" should be so regarded by every member of

the school health-service staff. Properly organized and correlated records may be utilized for many purposes of administration and research that will preserve the confidential elements of the infirmary and hospital record at all times.

Healthful living is a term given to the important effort made in adjusting the hospital and school of nursing environment so that student nurses will receive the benefits of physical protection, disease control, modern nutrition, psychological and professional counseling, and applied recreation. The many problems under this designation will tax the resourcefulness of the administration in achieving the objectives of healthful living as they pertain to sanitation, housing, nutrition, and to the factors in the hospital and school environment essential to the psychological and social health of students. Although the survey showed that the Oregon schools provide better services in this area than the out-of-state schools studied, the weaknesses and shortages need to be strengthened. The primary responsibilities of the administration for adequate sanitation and housing should be concerned with the establishment of sanitary facilities, the promotion of safety measures, and the control of communicable diseases. These tasks can be accomplished administratively by many means. Some ways of accomplishing this are:

A. By a faculty public-health committee.

B. By the school health service authorized as the school public-health agency.

C. By stipulated agreement between the hospital, school administration, and the local, county, or state public health departments.

Increasing stress is being placed on improving the standards of housing, heating, lighting, and ventilation facilities. Crowded living quarters, lack of study and recreational facilities produce and aggravate physical or psychological health difficulties of students. The control of these hazards is a legitimate function of the committee designated to study these problems. Some Oregon schools have made adjustments to meet their needs; others are in the process of making amends; still others need to plan for this improvement. The public-health committee may find it advantageous to collect data on the following:

A. Distribution and housing of the student population in the school of nursing and in other schools of nursing.

B. The scope and types of existing public school health resources in or near the hospital, school, and community that may be useful in solving the problems of environmental sanitation.

C. The prevalence of communicable diseases and health hazards in the hospital and school and in the community that are subject to control through efforts in the field of environmental sanitation.

The pertinent problems in this field that may be studied include water, food, and milk supply; excreta, garbage, and waste disposal; swimming pool water; housing, including heating, lighting, ventilation and crowding, safety, insect and rodent control.

Standards for the solution of sanitation problems and for the control of housing problems are available to school administrators and school public-health committees from various agencies such as the American Public Health Association; Federal Security Agency, U. S. Public Health Service, Bureau of Standards, Office of Education, and Federal Housing Authority, Technical Division.

The administrators of the hospital and school of nursing will need to adjust the information and technical advice obtained to meet the local conditions, budgets, public health laws, hospital and school regulations, and should exert effort and attempt to meet the highest possible recommendations or standards available.

The selection program will have screened those not in a good state of nutrition or with distinct nutritional

handicaps. Nevertheless nutritional problems do exist, and often the students with dietary problems require more guidance in solving their problems than has thus far been afforded them. The survey indicates that mid-morning, mid-afternoon, and night nourishment was not being furnished by most schools. The need for improvement in this area should be studied by the school and modified to meet the needs of the student nurses.

Progress in this field requires employment of qualified dietitions, trained dietary personnel, and more consultative nutrition service and nutrition teaching.

The feeding of healthy student nurses requires that the food service be directed by a fully qualified dietition; that student preferences be taken into account in planning menus; that the need for special diets for students requiring them should be met in every possible way. Consultation and prescription for such diets should come from the student health service.

Those in charge of school public health should be fully responsible for all conditions that insure the sanitary storage, preparation, and handling of foods and for the maintenance of the physical environment of the school food service units including the student snack-bar and residence kitchen facilities which students use.

The hospital and school would do all within its power

to improve and control the sanitation of eating places in the concessions in the hospital and school as well as in the immediate environment.

Recommendations for nutrition teaching include:

A. All courses related to health education should include units on nutrition.

B. Special courses in nutrition should include application of basic principles to individual needs.

C. Nutrition instruction should be implemented by audio-visual teaching aids and other educational devices available through local and national agencies.

D. The student nurses' dining room, snack bar, outdoor fireplace, mid-morning and mid-afternoon nourishment, the midnight meal and the two A.M. lunch should offer and be an educational experience for the student nurses. Time should allow for eating which involves more than placing the food into the mouth. It takes time for the students to leave the ward, use the toilet facilities, wash the hands, select the food, observe table etiquette and social amenities of the dining room, to chew food properly, to enjoy

eating, to relax, to refresh themselves and return to the ward. To attempt to meet the individual needs of student nurses and to prepare them for effective citizenship and competent professional participation includes providing proportionate time to eating and the educational aspects of the experience.

Student nurses need assistance in gaining mature attitudes toward themselves, toward other people, and toward the nursing profession and the world in which they live. They are facing important decisions which involve personal, social, emotional, vocational, professional, and physical health matters. Student counseling in these areas encourages self-discipline and at the same time brings mature judgment to bear upon critical problems.

This assistance should be given by mature and understanding hospital and school staff personnel well versed in counseling technics; by a vocational and psychological counseling service usually in connection with the director of nursing education office; and by the direct health counseling available to those departments primarily interested in student health and welfare.

The school health service is in a strategic position to assist in the counseling program. The health examination and history supply a factual basis for health

guidance; the individual health conference may indicate need for physical, emotional, or social development; the attention to physical symptoms during illness may reveal psychosomatic factors which have been hindering self-development. Proper co-ordination in counseling between health service, physical education, other hospital and school staff personnel, and the administration is essential to the success of the counseling program.

Recommendations for a functioning school guidance program include:

A. Hospital and school administrators should be responsible for organizing a counseling program to meet the individual health needs of students with the understanding that this service is fundamental if student nurses are to develop self-direction and responsibility for solving their own problems.

B. Persons well-qualified by personality, interest, and training should be employed for this purpose. They should be provided adequate time to counsel a limited number of students.

C. The hospital and school administration should recognize that the counseling program is as fundamental to student development as the

teaching of classes and experience in the clinical services.

D. Hospital and school staff members should be given continuous, supervised, in-service experience and assistance with problems related to counseling, so that all may share in improving the quality of counseling.

E. There should be an adequate number of staff members designated as counselors who are interested in both the academic and personal problems of the individual student nurse and who will refer her to the proper counseling services available in the school of nursing when these are needed.

F. The hospital and school administrator should organize a health guidance committee composed of physicians, faculty, guidance personnel, and others to meet regularly to direct the guidance program, to help resolve problems of the individual students, to determine and appraise counseling and guidance needs, and suggest improvement.

G. There should be a close relationship of counseling services among the student health service, administration, counseling, and

other hospital and school staff personnel for effective service which will contribute to the health and welfare of the individual student and school staff.

H. Hospital and school staff members and students should assist in the task of referring problems to the proper sources for guidance and help.

I. Adequate cumulative record cards should be kept and should include specific observations of hospital and school staff personnel and others associated and working with the student.

J. All information on personal health problems of a student should be considered strictly confidential between counselors. "Privileged communications" and highly confidential records of a medical nature should not be exchanged.

PHYSICAL EDUCATION AND SPORTS

Properly conceived and conducted programs of physical education can make a vital contribution to student health. The contributions must be measured in terms of the satisfactions, accomplishments, and behaviors which emanate

from improvement in motor skills, physiological functions, mental reactions, and social adjustments.

A worthwhile physical education program should include a wide variety of experiences and activities adapted to individual interests. Such activities may be: aquatic activities; dancing--social, folk, and interpretive; gymnastics; stunts and tumbling; individual, dual, and team sports; and prescribed special exercises and activities.

Successful administration of modern physical education programs requires a high degree of administrative co-operation and departmental interaction. It is intimately related to the school health service. It requires close co-operation between guidance officer, school health service physician, health educator, and other hospital and school personnel. Maturation of the fullest possibilities in physical and health education is a challenge to the educational statesmanship of the hospital and school of nursing board of directors, trustees, administrators, and faculties.

While objectives of physical education for student nurses are similar in all schools, the activities in the program are influenced by the wide differences in the students' previous backgrounds and experiences. The screening process of the selection program will make for

homogeneity of the student body as it pertains to physical fitness. The great diversity in experiences and understanding of sports, however, poses a problem. The extent of the activities, as well as the activities themselves, must be determined by the health council. Studies (75, 106) on student life reveal conditions which tax the ingenuity of physicians, counselors, and staff personnel in providing a balance of living with proportionate time for physical education activity, clinical practice, study, recreation, relaxation, rest, sleep, and eating. The present survey indicated the extent to which differences exist in the planning of a daily program for balanced living in the schools studied. Problems related to adequate nutrition, avoidance of excesses, and preventive and therapeutic care of the student nurses contribute to the complexity of the situation. The objectives of the physical education program should be related to the social and psychological, organic and physical aspects of life.

Physical education should help the student nurse:

A. To develop an appreciation of her capacities and limitations for participation in physical educational activities.

B. To develop a sense of personal responsibility for a healthy and efficient body and for skillful performance, physical achievement,

strength, endurance, and reserve power.

C. To develop skills in leadership and an appreciation for the skillful performance of others.

D. To relieve emotional strains and tensions and to experience self-discipline of training.

E. To gain an elementary understanding of the physiological effects of exercise and the healthful behavior associated with physical activity.

F. To participate harmoniously and effectively and to help develop loyalty and co-operation in group activities.

G. To alleviate those remediable defects which may respond to prescribed physical activity or compensate for handicaps that are beyond correction.

H. To develop intelligent appreciation of sports as a participant and as a spectator.

The attainment of the foregoing objectives will require time. It is suggested that:

A. Physical education be required of all students, preferably one period five days each week for the duration of their affiliation with the school of nursing.

B. Students be encouraged to meet minimal standards in swimming. They should attain skill above the novice class in at least one indoor and one outdoor recreative dual sport, such as tennis, golf, badminton or squash, and at least one indoor recreative team sport, such as bowling, volleyball, or softball.

Academic credit should be given for this course in physical education. Otherwise, the objectives of the program which meet specific needs of student nurses are denied. Failure to grant honor points or to count such credits as excess credits is to consider the physical education course and program as a non-instructional appendage of the curriculum. Proper evaluation of student progress in physical education, as in all other courses, should be based on appropriate measurement of achievement and followed by the recording of proper credit on students' credentials.

Co-operation between school health service personnel, the physical education staff, the school of nursing faculty, and nursing service personnel is valuable in all matters effecting temporary or permanent excuses from physical education activities. The practice of granting physical education credit for past performance or unrelated

endeavor should be discontinued.

Physical education instruction should be individualized as much as possible. Opportunities should be available for participation in sports as the greater part of the instructional program to facilitate recognition of individual student needs which require attention and emphasis. The program should provide for the participation of all students, regardless of the hours they work or the clinical practice field in which they serve.

The overall program of physical education places a heavy demand upon the staff. Administrative, supervisory, advisery, counseling, and teaching duties should be considered in determining the total teaching load and should be adjusted accordingly.

There should be a clear understanding between physical education personnel, school health service staff, and the student nurses as to the procedures to be followed in case of injury or illness and the legal aspects pertaining to them.

Evaluation of the effectiveness of instruction in this, as in other educational programs, is essential to furthering the educative development of student nurses and to enhance the progressive development of instruction by appraising the qualities, skills, and knowledge which are sought in the program.

If the hospital and school of nursing are to make the greatest possible contribution to the continuing health and welfare of the student nurses, the administrators should recognize that promotion of the total health of the student nurse requires co-operation and co-ordination of the efforts of all departments interested in student health. In this way only is it possible to develop balanced programs of health education, school health services, and physical education.

RECREATION

Recreation is as essential for student nurses as good housing, sanitation, counseling, health service, and instruction in health. As the tensions increase, the necessity for relaxing and recreational interests becomes more evident. The value of recreation in releasing physical and emotional tension and in building physical and emotional fitness must be realized and accepted by hospital and school of nursing administrators as it is by all others.

The answers to the following questions may serve as guides toward evaluating the quality of the school of nursing recreational activities and may help in giving direction to the program:

A. Does the activity give the student nurse an opportunity to express her own personality and her own initiative in the occupation of leisure time?

B. Are opportunities provided by way of this activity for the student nurse to release physical and emotional tension and to gain satisfaction through the pursuit of this particular recreational interest?

C. Does the activity open up new vistas and avenues of approach to new and related activities which challenge her interest and imagination?

D. Is it an interest sufficiently absorbing so that it will temporarily replace study, clinical practice, and vocational drives?

E. Does the activity recreate, refresh, and exhilarate, or does it cause fatigue from which the student nurse must recover after the period of recreation?

It is suggested that:

A. Student nurses be given an opportunity to learn the importance of recreation as a means to healthful living.

B. The school recreational program should in-

clude the development of interests and skills which may be enjoyed throughout life and which may promote, stimulate, increase, and broaden the appreciation of healthful living.

C. Individual needs and differences in recreational needs and interests should be considered in organizing school of nursing recreation programs.

D. School of nursing recreation programs should include resources within the community, and arrangements should be made for students to participate in community recreation programs.

E. Appraisal of the school-of-nursing recreation program should be made, for it will reveal the success with which individual students participate in the various activities and give direction to the program.

F. Individuals who are specially trained in recreation should be employed on part-time, full-time, or consultative basis. The physical education instructor would qualify for the position.

G. A member of the school staff, preferably the health educator, most capable in this field may be selected and should be given adequate

time and assistance to direct the program.

H. A satisfactory method of administering the program is through a joint faculty-student committee.

I. Study and experimentation in the field of recreation in schools of nursing will help determine the interests and needs of student nurses and may result in recreational programs that will better meet individual and group needs and interests.

REGIONAL CO-OPERATION

Administrators and school of nursing personnel interested in total school of nursing health programs are challenged to become actively indentified with agencies and organizations which are attempting to focus attention upon, and to achieve, desirable health objectives.

Interpretations of total health programs for improvement of school, community, family life, and public health may be desirable when it is acquired as an interchange of assistance and service with local, state, national, and world organizations and health agencies concerned with health programs. There is evidence of the need for increased regional co-operation among schools of

nursing in the organization and execution of new health programs, exchange of research findings, and consultative school health services. Affiliations with other hospitals, medical school clinics, and local health departments should be used as additional training centers in preparing student nurses to assume leadership in public health and community health education programs and to serve as examples of the feasibility of better health regulation and legislation.

Summary of Chapter IV

In light of the findings of the survey, it is suggested that Oregon schools of nursing continue to improve the health programs in their schools. However good the program may be in meeting the health needs of the student nurses today, changes occur rapidly. Programs become obsolete; objectives need to be re-defined. New technics and procedures need to be tried.

It is suggested that all schools of nursing in Oregon:

A. Organize the various phases of school health into a total health-education program.

B. Offer a course in health education which would include content comparable to that in college courses in hygiene and in principles and methods of health education.

C. Provide opportunities for students to observe and participate in the work of community health agencies.

D. Have a health coordinator with sufficient training and time to enable her to perform her functions effectively.

E. Provide annual physical examinations for all students and utilize the findings to help plan the student's health program.

F. Permit the students to participate in planning their own programs.

G. Plan definitely to protect the students against the communicable diseases and occupational hazards.

H. Organize a functioning health-guidance program.

I. Provide adequate programs of physical education and recreation.

J. Form faculty-student health committees to consider matters of student health and welfare and for improving the health-education curriculum.

K. Provide opportunities for staff personnel to participate in state and regional conferences dealing with student health and health education.

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APPENDIX A

Letter Sent With Introductory Questionnaire

A2 Apartment 4
Adair Village, Oregon
November 17, 1948

Director of Nursing Education
----------Hospital
----------, Oregon

Dear Madam:

I am a graduate student at Oregon State College, and I am making a survey under the direction of Dr. Henrietta Morris, Associate Professor of Hygiene, of the health education programs in schools of nursing in Oregon. We hope that this survey will be of value to nursing education.

I am enclosing a questionnaire which I hope you will be kind enough to fill and return to me in the enclosed envelope at your earliest convenience. Your comments and suggestions will be very helpful.

We will greatly appreciate your help and cooperation in this study.

Sincerely yours,

Elizabeth N. Pukas, R.N.

APPENDIX B

Letter Requesting Interview

A2 Apartment 4
Adair Village, Oregon
December 20, 1948

----------, R.N.
Director of Nursing Education
----------Hospital
----------, Oregon

Dear----------:

Thank you very much for the prompt return of the questionnaire on the survey of health education programs of the schools of nursing in Oregon.

Your cooperation has made it possible for me to begin the second phase of the study at this time which consists of interviewing the responding members of the schools of nursing.

I plan to be in ---------- Thursday, January 6, 1949, and will greatly appreciate the privilege of an hour's interview on the survey.

I am enclosing a postcard on which I hope you will be kind enough to indicate the hour that it will be convenient for you to see me on that day.

Thank you for your interest and kind consideration in making this survey possible.

My best wishes to you for a very Merry Christmas.

Sincerely yours,

Elizabeth N. Pukas, R.N.

APPENDIX C

Letter Sent With Questionnaire
to
Selected Schools Outside of Oregon

A2 Apartment 4
Adair Village, Oregon
December 27, 1948

Director of Nursing Education
----------Hospital
----------, Montana

Dear Madam:

I am a graduate student at Oregon State College, Corvallis, Oregon, and I am making a survey under the direction of Dr. Henrietta Morris, Associate Professor of Hygiene, of the health-education programs in the schools of nursing in Oregon. In doing this study, a sampling of schools of nursing outside of Oregon for the purpose of comparison is apparently indicated. We hope that this survey will be of value to nursing education.

I am enclosing a questionnaire which I hope you will be kind enough to fill in and return to me in the enclosed envelope at your earliest convenience. Your comments and suggestions will be very helpful.

We will greatly appreciate your help and cooperation in this study.

Sincerely yours,

Elizabeth N. Pukas, R. N.