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## Effects of Group Counseling on Freshmen Nursing Students

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EFFECTS OF GROUP COUNSELING ON FRESHMEN  
NURSING STUDENTS.

Marquette University, Ph.D., 1972  
Education, guidance and counseling

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EFFECTS OF GROUP COUNSELING ON FRESHMEN  
NURSING STUDENTS

DISSERTATION

Submitted to the Faculty of the Graduate School,  
Marquette University in Partial Fulfillment  
of the Requirement for the Degree of  
Doctor of Philosophy

Lucile Cohn, R.N. , B.S. , M.S.

Milwaukee, Wisconsin  
January, 1972



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## PREFACE

The writer of this paper has spent more than two decades working with nursing personnel, particularly nursing students in schools of nursing. For five and a half of those years the service has been in the role of counselor for all hospital personnel. Helping people to resolve conflictual situations by freeing the persons' ego resources, by helping them be more fully themselves, by stressing the here-and-now, by fostering an understanding of the pressures and conflicts felt, and by exploring emerging alternative behaviors has been a major task of this Employee Counselor of Mount Sinai Medical Center.

The investigation reported in this study was prompted by a need to explore the thesis that attitudes, behaviors, and self-concepts could be improved through group counseling. Hopefully, the results of this study will be provocative, of interest and value to others working with nursing students whether in a community, Junior College, hospital, or university setting.

The research which led to the writing of this paper included a review of numerous books and articles relative to counseling, group and individual. The theses selected are of current interest and were selected in order to emit additional light on the manner in which we may better help nursing students, within all nursing programs, in their adjustments with self and others.

For the considerations, cooperation and provision of ideal facilities, the institutions involved in this study, Mount Sinai Medical Center and Deaconess Hospital command a deep appreciation by the researcher. To Miss Augusta Simon, Director of Nursing Education at Mount Sinai, and to her assistant, Miss Sane Smith; to Mrs. Evelyn Rouse, former Director of Nursing Education at Deaconess Hospital, and Miss Delores Nix, Director, there is unending gratitude for time spent with me in gathering data relative to their nursing students and for generous, pertinent conversations relative to student nurses and this study.

To each nursing student who cooperated and gave much of her time I offer a hearty thanks and good wishes for a bright and productive nursing future.

I would like to express my appreciation to Dr. Irv Teplin, Milwaukee psychiatrist, who granted me permission to observe group counseling sessions and participate in the expiatives weekly, for six months. To Dr. Robert Nordberg, my patient, encouraging and thoughtful advisor, I extend kind thoughts and thanks for his contributions which aided the development and completion of this investigation. Also appreciation is noted for the aid and encouragement given by other members of my reading committee: Dr. Louise Schmitt, Dr. Margaret Gillespie, and Dr. Nick John Topetzes.

The kindness and cooperation of the entire School of Education at Marquette University was gratefully received.

For invaluable assistance with the computerizing of data collected over a three year period I am beholden to Dr. George Uhlig, Director of Research at University of Wisconsin-Milwaukee and his assistant, Mr. Dale Johnson.

Finally, special comment is deserved for my husband, Norman, who gave unstintingly of his time in aiding in the organization of data and gave moral support throughout the work on this dissertation.

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## CHAPTER I

### THE PROBLEM

#### Statement of the Problem

This study was designed to test the effects of group counseling upon certain adjustive factors of first year nursing students. The primary interest was to learn whether or not the inclusion of a group counseling program within the first six months would have a more significant effect upon decreasing dogmatism and authoritarianism factors and upon improving self-concepts than a program which offers no counseling.

Broad theoretical considerations underlie the specific problem of this study: ( 1 ) There is growing evidence to indicate that one of counseling's most effective roles in the educative process is to aid the student with normal development. Since a major aim of counseling is to enable the student to understand himself and other people, counseling is able to contribute a dimension of the educative process not contributed by other disciplines; ( 2 ) The educative process in programs of nursing involves the students in direct relationships with people from all walks of life to whom they must learn to feel and reveal acceptance and tolerance professionally. Thus, students of nursing are faced with the acquisition of knowledge and skills and also are faced with the challenge of mastering the nurse-patient-personnel relationship.

### Sub-Problems

1. What is the effect of group counseling upon nursing students' academic performance ?
2. What is the effect of group counseling on lowering the attrition rate in schools of nursing ?
3. What is the effect of group counseling in improving nursing students' interpersonal behaviors toward patients, peers, and personnel ?

### Definition of Terms

#### Attitude

An attitude is a learned consistency of response to objects or a class of objects as they are conceived to be. It is a "...more or less enduring predisposition to respond affectively toward a specific entity..." as defined by Jahoda, Deutsch, and Cook.<sup>1</sup> The concept of attitude as a predisposition toward action has also been proposed by Allport<sup>2</sup> and in behavioral terms by Dobb.<sup>3</sup>

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<sup>1</sup>Marie Jahoda, M. Deutsch, and S. Cook, Research Methods in Social Relations, Part I: Basic Procedures, New York: The Dryden Press, 1951, p. 112.

<sup>2</sup>Gordon W. Allport, "Attitudes." In C. Murchison, Handbook of Social Psychology, Worcester, Mass: Clark University Press, 1935, p. 810.

<sup>3</sup>L. W. Dobb, "The Behavior of Attitudes." Psychological Review, Vol. 54, (May 1947) pp. 135-136.

### Clinical Performance

Clinical performance is that part of the student's training in nursing which is composed of practical application of learning in the laboratory and hospital setting.

### Dogmatism

Dogmatism is a closed way of thinking without critical study of the evidence associated with any ideology regardless of content. It is an authoritarian outlook on life, an intolerance toward those with opposing beliefs, and a sufferance of those with similar beliefs. It is operationally defined by the score on the Rokeach Dogmatism Scale<sup>1</sup> which measures authoritarianism, openness and closedness of belief systems.

### Group Counseling

Group counseling is a verbal and non-verbal communication between a professionally trained person and a group whose members are striving towards maximum psycho-social functioning. It involves conscious movement toward change on the part of the counselor and group members.

### Psychodrama

Psychodrama is a technique in which a counselee is encouraged to enact a life situation relating to his difficulties. It is followed by a general group discussion in which members of the group talk over the "played-out" situation and their reactions to it. The action is spontaneous with the counselee.

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<sup>1</sup>Milton Rokeach, The Open and Closed Mind. New York: Basic Books, Inc., 1960.

### Role Play

Role play is a technique used in counseling in which a role is assigned or requested, by the counselor or counselee, to portray and discuss with the group. Practicing the role is presumed to leave an impression on the personality of subject and audience.

### Self-concept

Self-concept, or self-structure, is defined by Rogers as an "organized, fluid but consistent, conceptual pattern of the characteristics of the "I" or the "me" which are admissable into awareness, together with the values attached to those concepts."<sup>1</sup> It is operationally defined by the score on the Butler-Haigh Q Sort<sup>2</sup> which measures the notions of a person about himself, his own attributes, feelings and behavior as observed subjectively and admitted to awareness.

### Students in a Diploma School of Nursing

Programs leading to a diploma in nursing are conducted by schools of nursing which are under the auspices of hospitals, or are independently incorporated. The course of study is three years in length.

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<sup>1</sup>Carl Rogers and Rosalind Dymond, Psychotherapy and Personality Change. Chicago: The University Press, 1954, p. 55.

<sup>2</sup>Ibid. , p. 85.

All of these hospital schools have their own faculties, although many provide instruction in certain sciences through cooperation with a college or university. Curriculum content is selected primarily to prepare the graduate as a practicing nurse. Instruction and related clinical experience focus primarily on the nursing care of patients in hospitals. Instruction that combines theory and experience in nursing continues throughout the program.

Graduates of diploma programs are prepared to use basic scientific principles in giving nursing care. They are able to plan with associated health personnel for the care of patients, and may be responsible for the direction of other members of the nursing team.

#### Delimitations

The subjects of this study were students matriculated for the Diploma in Nursing Science. This is a three year program the purpose of which is:

to prepare students for practice as registered nurses in the care of patients. At the completion of the course, students are eligible to take the Wisconsin State Board Examination for registered nurse (R.N.)<sup>1</sup>

The study sample consisted of two entire classes of nursing students, the freshmen from each of two schools of nursing. Specifically, they are the classes which entered in September, 1968.

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<sup>1</sup>"Toward Quality in Nursing: Needs and Goals." U.S. Department of Health, Education and Welfare. Feb., 1963, pp. 10-11.

### Basic Assumptions

The following assumptions are made:

1. Students will consistently attend counseling sessions.
2. Students will have essentially the same curricular and clinical experiences.
3. Instructors will evaluate their students objectively on the presented check list.
4. Attitudes and self-concept can be measured.
5. The counselor, of a middle-class socioeconomic background, is educated, trained and certified at a level required by the standards and qualifications of the American Personnel and Guidance Association.
6. The non-directive (client-centered) counselor will react to each group of students in a like manner.

### Major Null Hypotheses

Students of nursing engaged in group counseling will not show significantly improved attitudes and views as compared to non-counseled students.

Students of nursing engaged in group counseling will not show significantly improved self-concepts as compared to non-counseled students.

Significantly improved attitudes, views and self-concepts without the hypotheses being true is hardly credible due to controls:

- a. a control group
- b. randomly assigned subjects of each of the groups
- c. specific treatment
- d. provision of identical testing situations
- e. treating levels statistically
- f. homogeneous groups (experimental and control) with regards to age, academic background and socio-economic status.

### Sub Hypotheses

Hypothesis III: Nursing students engaged in the group approach in counseling will not show significantly improved grade point averages as compared to non-counseled students.

Hypothesis IV: The group approach to counseling will not increase significantly the holding power of the school of nursing as compared to non-counseled students.

Hypothesis V: The group approach to counseling will not be significantly more effective than no counseling in improving nursing students' interpersonal behaviors toward patients, peers, and personnel as compared to non-counseled students.

### Need for the Study

Numerous factors growing out of the investigator's experience in the field of health and education have pointed up the need for this study.

The writer's observation over a two decade period has been that nursing students, whether in associate, diploma or baccalaureate programs, bring with them many universal, personal, and cultural problems and they need, as an integral part of their education, to enhance their selfunderstanding and gradual resolution of whatever problems confront them--problems of ideals and values, conformity, perfectionism, insecurity, or struggles against the lack of self-esteem, for example.

Many nursing students are likely to have difficulty disentangling themselves from judgmental attitudes and biases they have toward many human matters and substituting for them more objective and more deeply perceptive observations.

In summarizing a study of nursing students from seven schools of nursing, Dr. Rena Boyle<sup>1</sup> notes that seniors and first year students showed little difference in their capacity to perceive adequately patients' attitudes. If one assumes individual differences among students in empathic ability to begin with, then the findings of the study suggest a failure of the schools to enhance the professional potential of the individuals in this respect.

Although there has been research such as that of Yap<sup>2</sup> to support the need for counseling of nursing students, an intensive review of literature reveals a paucity of investigations in which the group counseling approach was used as an adjunct to regular didactic experiences in nursing education to stimulate student nurses toward acquiring attitudes and behavior deemed desirable by the nursing education institution.

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<sup>1</sup>Rena Boyle, A Study of Student Nurses' Perception of Patient Attitudes. Public Health Service Publication. No. 769, 1960.

<sup>2</sup>Mathilde Yap, A Counseling Program: Luxury or Necessity ? Canadian Nurse. Vol. 60, Dec., 1964.



Meyer<sup>1</sup> ascertains there are multiple instances of panic and confusion of student nurses in the hospital setting. The psychological reactions to illness, deformity, death, and responsibility are well known to those who have worked in the health field. These are complicated reactions not always resolved by a "sympathetic ear" or by a series of lectures. While the faculty of a nursing school can make a definite beginning into the resolution of anxieties growing out of the hospital situation by being warm, sensitive, and understanding, it is felt that the major responsibility for dealing with these highly emotionally laden areas should be with a person specifically trained and educated in the field of psychological counseling.

Zeran and Riccio<sup>2</sup> purport that there is a painful awareness of the limitations of the knowledge regarding group counseling, but the use of multiple counseling in institutions of education and industry can be supported in terms of previous research by Katz and Lazarsfeld.<sup>3</sup> Their studies give persuasive evidence to support the thesis that groups influence individual opinions, attitudes and actions.

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<sup>1</sup>Peter Meyer, *Effects of Group Counseling on First Year Nursing Students* (unpublished Ph.D. dissertation, New York University, 1963), p. 5.

<sup>2</sup>Franklin R. Zeran, and Anthony Riccio, Organization and Administration of Guidance Services, Chicago: Rand McNally, 1962, p. 105.

<sup>3</sup>Elina Katz, and Paul Lazarsfeld, Personal Influence, Glencoe, Illinois: The Free Press, 1955.

And Driver<sup>1</sup>, Caplan<sup>2</sup>, and Froelich<sup>3</sup> conclude from their numerous studies that multiple counseling groups make significant gains in post-counseling criteria measures over pre-counseling measures- -gains which represent a significant improvement over the non-counseled groups. This warrants credence to the belief that multiple counseling holds promise as an efficient and effective counseling technique. The writer contends that a program is needed which will provide the optimum amount of opportunity for nursing students in baccalaureate, diploma or associate programs, to express their views and have their points of view challenged by other persons who are genuinely interested in their problems and attitudes.

If rapport is established among small groups of nursing students, they will be confronted with referent attitudes in terms of which their own attitudes can be modeled. Judicious use of social reinforcement on the part of the counselor and peers can aid the students in differentiating between those attitudes the student nurse should accept and those which should be rejected.

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<sup>1</sup>Helen Driver, "Gripe Sessions Lead to Better Understanding," Wisconsin Journal of Education, Vol. 85, Oct. 1952, pp. 7-9.

<sup>2</sup>Stanley Caplan, "The Effect of Group Counseling on Junior High School Boys' Concepts of Themselves," Journal of Counseling Psychology, Summer 1957, p. 5.

<sup>3</sup>Clifford Froelich, "Must Counseling Be Individual," Educational and Psychological Measurement, Vol. 18, May 1958, pp. 681-689.

Studies by Brooks<sup>1</sup> and Eron<sup>2</sup> on the effect of the educative process alone upon the attitudes of nursing students reveal that many of the undesirable attitudes of student nurses remain untouched throughout the years of education and training. Those that remain untouched are often the attitudes, fears, and anxieties growing out of the traumas of the ward, or direct patient-contact situation. The investigator believes that in order for the nursing student to be able to function with maximum proficiency in the clinical setting, she should be allowed to work through the emotional aspects of her learning situation as well as the intellectual aspects.

Because, according to a consensus of psychologists' opinions, attitudes are quite stable in most individuals by adulthood and are unlikely to change unless some significant effort is made to change them and because research has suggested that many student nurses are rigid in their attitudes and behavior, this study is justifiable. Its purpose is to add, empirically and descriptively, in credible evidence as to whether the approach of group counseling is a useful technique and to determine whether nursing students engaged in the process show improvement in understanding themselves and others.

The counselor can create a non-authoritarian climate which will be more conducive to a change in rigid beliefs and attitudes.

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<sup>1</sup>Beatrice Brooks, "Change in Attitudes of Basic Nursing Students: An Investigation of Selected Attitudes of Students Enrolled in Basic Nurse Education Program at Beginning and End of One Academic Year." (unpublished Ph.D. dissertation, New York University, 1959 ).

<sup>2</sup>Leonard Eron, "The Effect of Nursing Education on Attitudes." Nursing Research, Vol. 4, June 1955, pp. 24-27.

The prospective nurse, in a non-threatening counseling situation, will be free to examine her ideas with the help of a non-critical group which is interested in her as a person, and as a future efficient and competent human being and nurse.

There is need for additional knowledge regarding group counseling with nursing students so this present research was undertaken to provide clarification on the effectiveness of the group approach. It was the hope of this investigator that the students would identify with new models and so improve in adjustive skills--in personal growth: in tolerance and understanding for self and others.

Beyond the limited purposes of this study, there is a definite need to enrich the research literature of group counseling. Pepinsky<sup>1</sup> has written that it is an inescapable fact...that most of the published materials in group therapy and related areas are purely descriptive in nature. Broedel and his colleagues<sup>2</sup> also stress the lack of experimental evidence to support...therapeutic techniques in groups. The extent of experimentally oriented literature evident in the field of group counseling will be explored more fully in the next chapter.

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<sup>1</sup>Harold Pepinsky, "An Experimental Approach to Group Therapy in a Counseling Center." Occupations, Vol. 28, Oct. 1949, pp. 35-40.

<sup>2</sup>John Broedel, et al. "The Effects of Group Counseling on Gifted Underachieving Adolescents." (Mimeographed), University of Illinois, n.d.

## CHAPTER II

### RELATED LITERATURE AND RESEARCH

Since ancient times people have speculated about how certain groups such as communities and social systems shape human behavior and have experimented to see how they can devise groups to change human behavior. But for those who are seeking a panacea or a pot of gold at the other end of the therapeutic rainbow, the amount of outcome research has been disappointingly small and with rare exception, published research in group activity has been disappointingly "not pure and impoverished" according to Schmidt and Pepinsky.<sup>1</sup>

More than twenty years ago, Brayfield<sup>2</sup> wrote of the rapid expansion of counseling services, new attempts at definitions and clarification of the term itself, reorientation of different professional groups with respect to their participation in counseling, the development of new methods and techniques, and the pre-occupation of professional groups with matter of training and standards. A plethora of literature concerning itself with counseling theory and research is encouraging and at the same time disappointing; encouraging because the interest shown for basic issue is

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<sup>1</sup>Lyle Schmidt, and Harold Pepinsky. "Counseling in Research in 1963." *Journal of Counseling Psychology*, Vol. 12, 1965.

<sup>2</sup>Arthur Brayfield. Readings in Modern Methods of Counseling. New York: Appleton-Century-Crofts, 1950, p. 3.

symptomatic of a field unrelenting in its striving to move ahead; disappointing because there is little more accord today, than twenty years ago, as to what counseling is, how it differs from psychotherapy and what its place is in the educative process.

The terms group therapy, group sessions, multiple counseling, and group counseling are a few often used interchangeably throughout the literature and research studies to denote the process of counseling with two or more counselees. For purposes of this study the phrase "group counseling" shall be used. A group is a collection of individual people, and each one in it is a different one from the rest in his background, attitudes, and reactions, and even in the way he will interpret and make use of information. The counselor must not lose sight of the individuals who compose a group, and measures the success of counseling effort in terms of personal and individual adjustment.

Because of the restricted concept of counseling as a face-to-face relationship, much controversy has arisen over the use of group counseling. There are those who contend that, while group procedures frequently serve to provide counselees with general information related to their needs, the ultimate solution of personal problems can be achieved only through personalized assistance. Opponents of group counseling suggest that individual counseling alone, within an atmosphere conducive to the counselor's scrutiny of personal assets and limitations, adapts itself to the needs of the individual as he is confronted with problems and as he weighs possible courses of action. Others contend that, although group counseling might yield some benefits which



individual counseling does not now yield, the training that is required by the effective group counselor would surpass in time and intensity the training that counselors are currently receiving. This latter group of opponents call for research to evaluate the effectiveness of group counseling procedure.

Korzybski<sup>1</sup> advocates group counseling and relegates the whole controversy of group versus individual counseling to a problem of semantics. His contention is that counselors who work with groups have the same aims as counselors who work with individuals. Spaight<sup>2</sup> avers that since the aims and many techniques of individual counseling are similar to those of group counseling, it would seem that words such as "individual," "multiple," and "group" would be reserved to designate conditions under which counseling takes place and not used to define the process itself.

Klein and Moffitt<sup>3</sup> emphasize that group counseling and individual counseling are closely related and should be developed as supplementary, not alternative to each other. They write that authorities are unanimous in feeling that group methods prepare the ground and pave the way for individual counseling, and that the group approach to counseling has proved its worth among adult students and should receive consideration as another avenue in reaching the many common problems facing all men and women.

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<sup>1</sup> Alfred Korzybsky. In People in Quandaries, by Wendell Johnson. New York: Harper and Row, 1946.

<sup>2</sup> Ernest Spaight. "Social Reinforcement in the Individual and Multiple Counseling." (unpublished Ph.D. dissertation, Ohio State University, 1966).

<sup>3</sup> P. Klein, and R. Moffitt. Counseling Techniques in Adult Education. (1st ed.) New York: McGraw-Hill, 1946.

Froelich<sup>1</sup> challenges the concept that counseling must be a one-to-one relationship and asserts that as long as the process has the same objectives of individual counseling and attempts to achieve these objectives it can be called counseling. He sees the objectives of counseling, whether individual or group, as being essentially to assist the individual in the evaluation of himself, or gaining knowledge necessary for wise choices; decision making and self-direction or growth in ability to make decisions and be responsible; and carrying through of learning to action, i.e., changed behavior. Group counseling is concerned with helping each counselee make individual decisions within a group situation.

Especially in social-civic-vocational areas, the group is a more effective setting for the discussion and consideration of counseling problems. Tyler<sup>2</sup> has found that group counseling saves time and for some types of counseling is more effective, especially when advantage is taken of the wide backgrounds and maturity of the members. Counseling around a table takes advantage of the background of the members to give a pool of experiences from which to draw. Led properly, there is a balance and maturity in views and opinions discussed.

Group counseling accepts the every day usage of psychoanalytic ideas and terms which have become a part of our culture. Social psychology and

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<sup>1</sup>Clifford Froehlich. Guidance Services in Schools. (2nd. ed.) New York: McGraw-Hill, 1958.

<sup>2</sup>Leona Tyler. The Work of the Counselor. New York: Appleton-Century-Crofts, Inc., 1961.



psychiatry, rather than psycho-analytic psychology, give the basic principles for the group counseling method. The assumption is followed that human relationships can be used as a learning instrument. Everyone needs the approbation of his fellowman to maintain self-respect. Personal growth means growth away from egocentricity toward altruism and a desire to contribute to society. The intimate group in a group counseling project provides opportunities for belonging and sharing. In this way human relationships are put to work in the counseling process.

Although interpersonal relationships rather than inner conflicts are emphasized in this method, the latter are dealt with, both in group sessions and counseling interviews. Stress is placed on inner conflict which is characteristic of personal growth--two urges pulling the individual in different direction--the desire to remain self-centered and to gratify selfish aims conflicts with the desire to gain social acceptance through sharing and belonging. In either case, feelings of frustration, hostility, guilt, and anxiety can result. The solution does not come by forcing the person into a pretense of altruistic attitudes and actions. When his true self is rebellious and resentful of social pressures the counseling helps the self-centered person want to change.

Bennett<sup>1</sup> indicates advantages of group counseling as including:

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<sup>1</sup>Margaret Bennett. Guidance and Counseling in Groups. New York: McGraw-Hill Book Co. , 1963.

1. A more realistic life situation.
2. A revelation of many common problems though in unique patterns.
3. The bond of common concern which fosters an altruistic desire to help one another ( so the therapeutic service is extended beyond the therapist to include the group ).
4. An intimate cohesive group which tends to resemble a primary family in which common themes will be explored.
5. Mutual acceptance, affection, respect and helpfulness within the group which tends to develop improved self-concepts and act as a force toward normalcy.

Distinction between counseling and psychotherapy is not easily made. When various definitions of counseling are examined it becomes evident that there is little agreement as to the actual process involved and the type of client best served by counseling. McKinney<sup>1</sup> stresses the fact that counseling serves the normal individual while Arbuckle<sup>2</sup> portends that the non-normal or disturbed person can be helped by counseling to come to the point where he can make choices and decisions that are rational and logical.

Many authors, including Bordin<sup>3</sup>, Patterson<sup>4</sup>, Strang<sup>5</sup>, Tyler<sup>6</sup>, and

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<sup>1</sup>Fred McKinney. Counseling for Personal Adjustment. Boston: Houghton Mifflin Co. , 1958, p. 23.

<sup>2</sup>Dugald Arbuckle. Student Personnel Services in Higher Education. New York: McGraw-Hill, 1953, p. 126.

<sup>3</sup>Edward Bordin. Psychological Counseling. New York: Appleton-Century-Crofts, 1955, p. 6.

<sup>4</sup>C. H. Patterson. Counseling and Psychotherapy: Theory and Practice. New York: Harper and Bros. , 1949, p. 3.

<sup>5</sup>Ruth Strang. Counseling Technics in College and Secondary School. New York: Harper and Bros. , 1949, p. 35.

<sup>6</sup>Leona Tyler. op. cit.

Broedel<sup>1</sup>, maintain that the distinction between therapy and counseling is a continuum with therapy dealing with the severely disturbed. They assert that the difference between counseling and therapy concerns the people served and not the methods or techniques used. Where, then, is counseling relinquished and therapy begun ? Bordin<sup>2</sup>, Rogers<sup>3</sup>, Super<sup>4</sup>, and Wrenn<sup>5</sup> agree with Hahn who concludes that:

... Perhaps the most complete agreements ( between therapy and counseling ) are ( 1 ) that counseling and psychotherapy cannot be distinguished clearly, ( 2 ) that counselors practice what psychotherapists consider to be psychotherapy, ( 3 ) that psychotherapists practice what counselors consider to be counseling, and ( 4 ) that despite the above they are different...<sup>6</sup>

The difference between counseling and psychotherapy appears to be a pseudo one, not in kind as existing on a continuum nor of a dichotomous nature.

As early as 1910 , Jacob Moreno founded modern group therapy and coined the phrase "group psychotherapy."

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<sup>1</sup>John Broedel. op. cit.

<sup>2</sup>Edward Bordin. op. cit. , p. 6.

<sup>3</sup>Carl Rogers. Client-Centered Therapy. New York: Houghton Mifflin , 1951.

<sup>4</sup>Donald Super. "Transition From Vocational Guidance to Counseling Psychology." Journal of Counseling Psychology, Vol. 2, 1955.

<sup>5</sup>C. Gilbert Wrenn. "The Self-Concept in Counseling." Journal of Counseling Psychology, Vol. 5, 1958.

<sup>6</sup>Milton E. Hahn. "Conceptual Trends in Counseling." Personnel and Guidance Journal, Vol. 31, ( January , 1953 ) , pp. 231-235.

He publicly demonstrated his method in the United States in 1929 but it was not until the second World War that group therapy began to be widely used. It was then introduced as an expedient because of the dearth of qualified therapists.

Gorlow<sup>1</sup> and his colleagues describe group therapy from the framework of self-theory and see that group psychotherapy is a process whereby people can resolve their personal difficulties to find more satisfactory modes of adjustment to others as well as to themselves. As differentiated from individual psychotherapy, the process enables individuals to work out their relationships and problems in a realistic atmosphere of social interaction, and thus supplies a context wherein people can relate to each other.

Arbuckle denies the existence of group counseling:

...Counseling ( individual ) has to do with the interaction between two people. There is no such thing as group counseling, whether it be with a group of three or more people or with three or more individuals who happen to be together at the same time.<sup>2</sup>

Glanz has written a most extensive treatment of group counseling as a distinct process. One chapter of his text is devoted to provocative treatment of the theoretical, historical, and delimitating factors of the group counseling process.

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<sup>1</sup>Leon Gorlow, et al. , The Nature of Non-Directive Group Psychotherapy, New York: Bureau of Publications, Teachers College, Columbia University, 1952.

<sup>2</sup>Dugald Arbuckle. op. cit. , p. 122.

He insists that the process involves a "normal" client group:

Group counseling is the establishment of a group of persons for the purposes of individual growth and development in the area of personal and emotional problem solving. Usually used synonymously with "multiple counseling." Group counseling is normally employed with non-neurotic and non-psychotic persons within a developmental or growth climate.<sup>1</sup>

A definition arrived at by Anderson incorporates delimitations of the process with which the investigator can be consonant:

... ( group counseling ) that process wherein a psychologically trained clinician participates in a purposeful, reciprocal, face-to-face relationship with a group of psychologically normal individuals for the conscious purpose of helping those individuals to develop a more accurate and complete self-understanding and to modify these motives, attitudes, and behaviors which are contrary to healthy, effective adjustment.<sup>2</sup>

The need for experimentally oriented studies involving the various group processes has been alluded to by many writers. Pepinsky<sup>3</sup>, in 1947, suggested an experimental-control investigation similar to this study. This concern has made itself felt since many experimental and quasi-experimental

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<sup>1</sup>Edward Glanz. Groups in Guidance. Boston: Allyn and Bacon, Inc. , ( 2nd. ed. ) , 1967, pp. 273-274.

<sup>2</sup>Robert Anderson. "An Experimental Investigation of Group Counseling With Freshmen in a Women's College." ( unpublished Ph.D. dissertation, New York University, 1955 ) , p. 4.

<sup>3</sup>Harold Pepinsky. "Measuring Outcomes of Classroom Therapy." Educational and Psychological Measurement, Vol. 7, ( Winter, 1947 ), pp. 713-724.

studies have been initiated within the past fifteen years. The subject matter of most of these investigations has been attitudes and feelings of students at levels ranging from high school to graduate school.

Dickenson and Truax<sup>1</sup> worked with twenty-four college underachievers whom numerous researchers describe as essentially neurotic ( free-floating anxiety, negative self-value, hostility toward authority, negative interpersonal relations, and unrealistic goal orientation ) thus representing a social and educational problem. These twenty-four students were compared to a control group. The purpose of the study was to evaluate effects of time-limited group counseling upon those students, using change in academic performance as the criterion for evaluating outcome, and to relate the level of therapist-offered accurate empathy, non-possessive warmth, and therapist genuineness during group counseling to the degree of improvement in the counseled students.

The efficiency of psychotherapy and the positive effects of counseling have been challenged. The authors contend that the negative results of research studies are due to indiscriminantly lumping together psychotherapy involving high therapeutic conditions and psychotherapy involving low levels of accurate empathy, non-possessive warmth, and genuineness on the part of the therapist.

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<sup>1</sup>Walter A. Dickenson, and Charles B. Truax. , "Group Counseling with College Underachievers," Personnel and Guidance Journal, Vol. 45, June, 1967, pp. 1031-1032.

As a result of the study, underachievers receiving group counseling showed a significant improvement in grade point average compared to the control group, and within the population of underachievers being counseled, those receiving highest levels of the therapeutic condition ( empathy, warmth, genuineness ) showed the greatest improvement in GPA. As a whole the counseled group showed a greater number post-counseling with passing grades, a greater number post-counseling with grades higher than pre-counseling, a higher average grade point average post-counseling, greater change from pre- to post-therapy in comparison to control population. The greatest improvement was among those receiving high levels of therapeutic conditions. After three months of group counseling, twenty-five percent more underachievers showed passing grade point averages than the control group.

The implication is that only therapists and counselors who provide relatively high levels of accurate empathy, warmth, and genuineness are helpful. The average therapist probably has no effect and the below average counselor has a harmful effect.

A study of multiple counseling with college students by Spaight<sup>1</sup> utilized seventy-eight college students, randomly selected. The purpose was to determine the effects of behavioral counseling ( in individual and group settings ) versus no counseling on critical thinking and dogmatism scores of pre-service teachers, and to determine the effects of individual and group counseling for increasing the accuracy of self-estimated critical thinking

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<sup>1</sup>Ernest Spaight, *ibid.*



and dogmatism scores. Twenty-six students were assigned to groups which received counseling, group counseling, and no counseling. The twenty-six students designated to receive group counseling were then sub-divided by the fixed interval technique into counseling groups of six or seven students. The investigator acted as counselor as well as instructor for the classes which the writer feels to be a possible flaw since counseling theorists generally are in agreement that a teacher, traditionally authoritarian, does not function as effectively as a counselor who serves his clients only in that flexible capacity.

The investigator carefully listened during each of the counseling sessions for any response which he judged to be examples of critical thinking or receptivity to new ideas. When such responses were made by the subject, the counselor provided verbal reinforcements. Only statements relating to critical thinking and openness to new ideas were positively reinforced. Other statements, unrelated to the selected criteria, received neutral reinforcers from the counselor. Such verbal reinforcers as "good" or "yes, that is a most perceptive idea," were the most frequent comments made by the author, although an occasional comment such as "mm-humm" was used to encourage continuation of an idea expressed by a student.

Although many of his findings were not of a positive nature there were supported conclusions that social reinforcement counseling in group or individual settings is significantly more effective than no counseling for



increasing critical thinking scores of college students; and social reinforcement in a group setting is more effective than individual settings and no counseling for reducing dogmatism in college students. This study was carefully planned and executed, explains the treatment clearly and gives pertinent and related information for this writer's problem.

Driver<sup>1</sup> describes a study intended to test the usefulness of a group discussion therapy method in aiding "normal" students to gain self-understanding, understanding of others, and interpersonal skills. All groups ranging in size from eight to ten were composed of volunteers and the only criterion for success was the students' evaluation of what they gleaned from the sessions. The author feels that the method has value and should be made an integral part of the curriculum to be elected by the students if they so desire. Miller and Biggs<sup>2</sup> found that racial attitudes can be modified in a free discussion group process. Theirs was a control-experimental group study which measured attitudes before and after the sessions. There was no significant difference between the groups when the sessions began. But there was a statistically significant difference in the direction of a more positive attitude for the experimental group when the sessions ended.

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<sup>1</sup>Helen Driver. "Small Group Discussion." Personnel and Guidance Journal, Vol. 31, ( December, 1952 ) , pp. 173-175.

<sup>2</sup>K. Miller, and J. Biggs. "Attitude Change Through Undirected Group Discussion." Journal of Educational Psychology, Vol. 49, ( August, 1958 ) , pp. 224-228.

One study has proved to be paronymous with the current study--that of the effect of group counseling upon certain educative and emotional factors of first year nursing students in a hospital nursing program, by Meyer.<sup>1</sup> It was hypothesized that the counseling situation would result in the formation of more positive attitudes toward disabled patients than the curriculum alone and that those receiving counseling would perform better in the academic and clinical portions of the Nursing Science Curriculum. The rationale for these hypotheses were, ( a ) counseling contributes a dimension to the normal learning situation not contributed by other disciplines and ( b ) nursing education involves students in the "nurse-patient" relationship which must be mastered. It was a control-experimental group study carried out with two separate classes of the same school. The subjects constituted all those students who actually finished two semesters of study. Half of these randomly selected students comprised the experimental group, the other half the control group. Group counseling sessions were held only for the experimental groups for twenty-five weeks, an hour a week, during one academic year.

A scale measuring attitudes towards disabled people was administered to all students before counseling began and at the close of the experiment. An analysis of the difference between the first and last testing of the control group indicated to what extent the curriculum alone affected attitudes.

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<sup>1</sup>Peter Meyer. "Effects of Group Counseling on First Year Nursing Students." ( unpublished Ph.D. dissertation, New York University, 1962 ).

An analysis of the difference between control and experimental groups at the last testing indicated whether or not counseling plus the curriculum had more of an effect upon attitudes than the curriculum alone. Analyses of the difference between control and experimental group with regard to final grades received in nursing courses and performance ratings indicated to what extent counseling effected academic and clinical performance.

The results of the investigation showed that the curriculum alone had no statistically significant effect upon the formation of positive attitudes toward disabled people and that the group counseling had no statistically significant effect upon either academic or clinical performance. The only statistically significant result was that the group counseling had a definite effect upon the formation of positive attitudes toward disabled people. But these nursing students were working specifically with geriatric patients so this writer questions whether attitudes were likely to have changed somewhat without the treatment.

Reasons why no measurable change was effected in the experimental groups in the areas of classroom and clinical performance may include the fact that the content of the group sessions concerned itself mainly with student-faculty relationships, and not with problems on the ward and nurse-patient relationships which would seem to have been more likely to elicit responses and behaviors intended by the researcher. The permissive nature of counseling may have also worked against the students since it is in direct contrast to the normal routine of the curriculum and may, therefore, have been threatening to the faculty.

While this study demonstrated the effectiveness of the group counseling process in improving certain attitudes, further studies are needed to test the group method with perhaps a more structured content than was evident in this study.

One of the best controlled and carefully conducted studies concerned with the value of counseling was conducted by Butler and Haigh.<sup>1</sup> They sought to determine the changes in the client concept of self after client-centered therapy. The Q Sort for self and for ideal self was given to twenty-five clients before therapy started, after the conclusion of therapy, and at follow-up points six to twelve months after the conclusion of therapy. Control groups were matched for age, sex and socio-economic status. The authors conclude that one of the changes associated with client-centered therapy is that self-perception is altered in a direction which makes the self more highly valued.

Reporting on research conducted at the University of Illinois, Ohlsen<sup>2</sup> discussed a study in which twenty-nine high ability ninth grade students were randomly assigned to two experimental and two control groups for group counseling and no counseling respectively. The experimental groups

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<sup>1</sup>John M. Butler, and Gerard V. Haigh. "Changes in the Relationship Between Self-Concepts Consequent Upon Client-Centered Counseling." In Psychotherapy and Personality Change by C. Rogers and R. Dymond. Chicago: University of Chicago Press, 1954, pp. 55-75.

<sup>2</sup>Merle Ohlsen. "Counseling Within a Group Setting." Journal of National Association of Women Deans and Counselors, Vol. 23, ( April, 1960 ) , pp. 104-109.

met twice a week for eight weeks. An evaluation of the measures on the criteria of academic performance, self-acceptance, and effectiveness of interpersonal relations indicated significant growth in the experimental groups over the control groups on at least two of the criteria. Group counseling given to the two control groups after the first experimental period produced similar improvement in one of these groups. Follow-up measures eighteen months after counseling showed that achieved gains had been maintained.

Comparing group counseling with an absence of counseling, Broedel<sup>1</sup> used the following criteria: ( a ) increases in school grades, ( b ) increase in achievement test scores, ( c ) increases in acceptance of self, and reduction in incidence of stated problems. The sample consisted of twenty-nine gifted, underachieving high-school freshmen divided at random into experimental and control groups. The experimental treatment consisted in having sixteen group counseling sessions with the experimental group during an eight week period and giving no counseling to the control subjects. Initial measures were compared with measures made at the end of the experimental period for both groups and, for the experimental group, with follow-up data obtained one week later and sixteen weeks later. Significant differences were found for experimental subjects on scores on achievement tests given immediately

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<sup>1</sup>John Broedel. "A Study of the Effects of Group Counseling on the Academic Performance and Mental Health of Underachieving Gifted Adolescents." ( unpublished Ph.D. dissertation, University of Illinois, 1958 ).

after counseling and on those given sixteen weeks later. Significant differences between experimental and control subjects were found only on the criterion of increases in acceptance of self.

Perhaps the most comprehensive and rigidly controlled study comparing individual and group counseling was conducted by Wright.<sup>1</sup> He compared the relative effectiveness of individual and group counseling for disseminating and interpreting test data to students. Both counseled groups were also compared with a non-counseled control group. Comparisons were made in terms of pre- and post-counseling measures on four criteria: accuracy of self-concept, acquisition of information about tests, feasibility of vocational choice, and counselee satisfaction. The results showed that both counseled groups made significant gain on post-counseling criteria measures over pre-counseling measured, and that these gains, through counseling, represented a significant improvement over the non-counseled group. However, no differences of any significance were found between the individual-counseled and group-counseled groups.

Kemp<sup>2</sup> made a comparison between group guidance ( socio-process ) and group counseling ( psyche process ). His hypotheses were that

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<sup>1</sup>E. Wayne Wright. "A Comparison of Individual and Multiple Counseling in the Dissemination and Interpretation of Test Data." ( unpublished Ph.D. dissertation, University of California, 1957 ).

<sup>2</sup>C. Gratton Kemp. "Behavior in Group Guidance ( Socio-Process, ) and Group Counseling ( Psyche Process ), " Journal of Counseling Psychology, Vol. 10, ( Fall, 1963 ) , pp. 373-377.



( a ) responses in group guidance will be superior ( more in accord with its purposes ) to those in group counseling; ( b ) responses in group counseling of open-minded graduate students will be superior to those of the close-minded graduate students. Subjects with scores on the Dogmatism Scale, Form E ( Rokeach ) of 120 and below were considered "open", of 150 or above, "closed". Ninety graduate students participated for fifteen class sessions in groups of six. Ratings were made by three adults and one student observer. Results of comparisons give significant support to each hypothesis. Responses in group guidance were superior ( more in accord with the purposes of the activity ) in all groups. "Open" subjects recognized problems and made progress in group counseling. The open-minded apparently experience less difficulty in expressing their personal feelings and relating to one another in a manner which induces release of emotion and insight concerning personality dynamics. In group counseling, those with closed belief systems changed very little the kinds of responses they used in group guidance. The attitudes and beliefs of members and leaders influence the form and content of interaction. But those with closed minds apparently avoid the necessary personal involvement for beneficial results from group counseling.

Craig and Brown<sup>1</sup> studied the effects of group counseling upon administrative nurses. The counseling was offered on a voluntary basis

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<sup>1</sup>Virginia W. Craig, and William H. Brown. "Group Counseling for Administrative Personnel." Nursing Outlook, Vol. 4, ( July, 1956 ), pp. 378-380.

to nurses who had attended classes in psychology, sociology, and group dynamics, and who had understood the value of psychotherapy. Eight such nurses were recruited and a number of permissive, non-directive sessions were held. The results of the sessions were given only in terms of impressions and the authors concluded that since there were no steps taken to evaluate the project there could be no objective conclusions but a greater interest in group counseling was noticed and there was a change in attitude toward psychotherapy.

Rosenberg and Fuller<sup>1</sup> reported a group counseling study which was geared toward overcoming early difficulties that often cause premature abandonment of satisfying careers. The groups met with a clinical psychologist for twelve weekly sessions, beginning with the second week of the semester. These sessions seemed to have an effect upon the rate of attrition since withdrawals were reduced twenty percent to five percent for the first six months of the school year. Further evaluation results were obtained from the students themselves, the faculty, other hospital personnel, and the leader. The students felt that the main benefit derived was a better understanding of the patient and a better self-understanding. The students, faculty, and other hospital personnel felt that performance on the ward improved after the sessions. The group leader felt that the following areas had been

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<sup>1</sup>Pearl P. Rosenberg, and Myrtice Fuller. "Seminar in Student Nurses' Safety Valve." The Modern Hospital, Vol. 85, ( July, 1955 ), pp. 53-57.



strengthened by the sessions: control and handling of tensions, peer group feelings, and increasing awareness of various personal factors.

### Summary

This chapter does not purport to present an exhaustive review of research in group counseling. Nevertheless, an adumbrated examination of some of the typical research which has been conducted would lend support to the following popularly accepted generalizations:

1. Research in individual and group counseling may roughly be divided into two general areas of emphasis. The first area is concerned with investigations into the value of counseling in individual and group settings. The second area is concerned with investigations of the processes of individual and group counseling, such as group interaction, amount of emotionally laden responses, personality factors, and differential roles of group members. This review of literature and research reveals that the first kind of research is far more prevalent.

2. Although the majority of the studies reviewed would indicate that individual and group counseling are more effective than no counseling, research results do not exist which would support the assertion that counseling is definitely more effective than no counseling.

3. In the majority of studies, both individual and group counseling situations, the researchers did not define clearly the nature of their techniques. This lack of description is limiting from an evaluative standpoint, particularly when the reader wishes to compare the relative

effectiveness of counseling in individual and group settings. The basis of this criticism lies in the awareness that counseling is not always counseling--there are differences, not only among individuals but among general approaches or points of view.

4. In the comparative studies of individual and group counseling in which the same experimental treatment was employed for both settings, group counseling was as effective in bringing about the counselee growth as individual counseling.

5. Only a few studies reviewed for this chapter indicated the kind and extent of training possessed by counselors offering the experimental treatment. For the reader to evaluate most accurately the effectiveness of a particular approach, he must not only be familiar with the research methodology and statistical treatment employed, but they must also have knowledge of the qualifications of the person conducting the experimental treatment.

Chapter three presents a detailed discussion of the research design of this study.

## CHAPTER III

### RESEARCH DESIGN

#### Setting

This control-experimental group experiment was carried out with two separate classes of freshmen nursing students in two neighboring schools of nursing in Milwaukee, Wisconsin. Utilization of the two classes was deemed advisable because the number of students admitted to each class was small.

Deaconess Hospital was organized in 1910 and made further additions in 1916, 1923, 1955, and 1961. The hospital now has three hundred and ten beds and forty bassinets. Its first nursing students were graduated in 1919 and to date the school has graduated 1,100 students. There are fifteen faculty members.

Mount Sinai Medical Center was founded in 1902 as a non-profit, non-sectarian general hospital and, like Deaconess, it has undergone several expansion programs. Three hundred and sixty-three beds and forty-eight bassinets are available to serve the community. In 1917 the first commencement exercises were held for the graduating nurses and since that time 1,238 students have completed the nursing studies at Mount Sinai School of Nursing. There are thirteen faculty members.

Each hospital is an educational, teaching institution with approved training programs for interns, residents and paramedical personnel. The hospitals are approved by the Joint Commission on Accreditation of Hospitals.

Daily, students are challenged to use and develop their abilities to the fullest extent. The course of study is rigorous in the fields of both liberal arts and sciences. The schools' programs reflect the trends and needs of contemporary nursing education.

#### Philosophy of the Nursing Schools

The two schools of nursing participating in the study are founded on the belief that nursing is a dynamic, therapeutic and creative art concerned with the betterment of human welfare by conserving life, alleviating suffering and promoting health. The practitioners have a sincere interest in helping people, a profound regard for the value of human life, and respect for the dignity of the individual.

Each faculty strives to provide opportunities which will enable the student to acquire and/or develop:

- a. the ability to recognize and accept the essential worth of each patient as an individual human being.
- b. ability to give competent nursing care based on individual patient needs in common nursing situations.

- c. an understanding of one's role as a member of the health team and as a member and leader of the nursing team.
- d. effective communication skills and the ability to establish good human relations.
- e. and understanding of the importance of maintaining one's own physical and mental health and that of others.
- f. a greater appreciation of social, spiritual and cultural values, and a respect for the democratic ideal.
- g. an appreciation of the need for lifelong learning in a rapidly changing society.

The main purpose of education is to discipline the mind to use knowledge obtained throughout one's life by developing and refining the thinking process in order to solve problems in daily living. Education is a continuous process providing opportunities for individuals to gain knowledge, skills, behaviors, understanding, appreciation, and appropriate attitudes toward self and others. Because of this education, the learner should not only be able to lead a full and purposeful life, but also function as a responsible citizen and contribute to the advancement of the nursing profession.

Admission requirements to both schools of nursing include being a graduate of an accredited high school with scholastic rank in the upper half of the graduating class. Exception to rank may be made if the individual has carried a full college program successfully for one year, and/or has obtained a favorable report in the National League for Nursing pre-nursing test.

The college preparatory course of high school study is required with a minimum of sixteen credits, including the following:

English.....	4 units
Mathematics.....	2 units
Natural Sciences.....	2-3 units
History and Social Studies.....	2-3 units
Electives: Speech, Journalism, Foreign languages, Economics, Physics.	

Personal qualifications the schools look for include evidence of emotional maturity, seriousness of purpose, and personal qualities which contribute to the development of a desirable member of the nursing profession.

Both schools of nursing are coeducational and have encouraged young men as well as young women ( married or single ) to prepare for careers in nursing.

Pre-entrance medical and dental reports are submitted with the application for admission. Acceptance on the basis of these reports is tentative, pending a physical examination at the school at the time of admission. Before acceptance, students must have the following immunizations: smallpox, typhoid, tetanus-diphtheria toxoid, poliomyelitis and mumps.

Classes are admitted only in September of each year.

The length of the program is 144 weeks, including twelve weeks of vacation. In the first two semesters, students receive courses in the sciences which are basic to nursing, English, and orientation to nursing. Clinical experience in the hospital is given in conjunction with the course in orientation to nursing during the second semester. During these semesters

the student's schedule is very similar to that of a college freshman.

Beginning with the summer quarter of the first year and throughout the remainder of the educational program, students receive an average of eight hours of instruction and twenty-four hours of correlated clinical experience a week. The second and third years are divided into quarters of nursing experience in medical-surgical, maternal-newborn, pediatric and psychiatric nursing. Evening and night clinical experiences are afforded the student in the course of leadership.

Students are to attend all classes except for illness or excused absences.

High scholastic standards are encouraged by the two schools. The student is expected to maintain a C average in order to continue in the nursing programs. A grading scale of A through F is used, keyed as follows :

<u>Grading System</u>	<u>Quality Points</u>
A-----Outstanding Achievement;	4 points
B-----Above Average Achievement;	3 points
C-----Average Achievement;	2 points
D-----Low Achievement;	1 point
F-----Failure;	0 point

A student may be asked to withdraw from the program at any time the faculty finds he is unable to achieve scholastic requirements and/or is personally unsuited for nursing.

Each of the two schools of nursing utilizes the facilities of the Milwaukee Area Technical College, an institution accredited by the North Central Association of Colleges and Universities. Here, the basic biological, physical, social sciences and humanities are taught. Credit obtained for subjects completed at M. A. T. C. is comparable to credit earned at other institutions of higher learning.

Instruction in pediatric nursing is obtained in cooperation with Milwaukee Children's Hospital and for psychiatric nursing, the schools affiliate with the Milwaukee County Mental Health Center, North Division ( each course is twelve weeks ) .

When the student satisfactorily completes the program he is prepared for the first level positions in hospitals or comparable positions of responsibility, and the diploma is awarded. Following graduation the nurse may apply to the Wisconsin State Department of Regulation and Licensing, Division of Nurses for examination. Satisfactory scores permit the graduate to practice as a registered professional nurse.

#### The Study Group

The total population for the study was drawn from the freshman class of Mount Sinai Medical Center School of Nursing which totalled thirty, and the freshman class of Deaconess Hospital School of Nursing which totalled thirty-six. All of the students were female although each school of nursing is co-educational. The average age was eighteen<sup>1</sup>.

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<sup>1</sup>See Table 1.



TABLE I

Distribution of Age of Group I ( Mount Sinai Medical Center  
Nursing Students ) and Group II ( Deaconess  
Hospital Nursing Students )  
On Entrance to School

Age Range	Control: Group I	Experimental: Group II
25-26	0	1
23-24	0	0
21-22	1	0
19-20	6	6
17-18	15	11
N=	22	18
Mean*	18.4	18.2

The subjects were chosen in the month of September in 1968. Students were of mixed faiths and were preparing for the diploma of the registered nurse in Wisconsin. The family backgrounds were similar and they were predominantly from middle-class families in the Wisconsin area.

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\*See Grade Point Raw Scores and Ages of Entering Students in Appendix.

Mount Sinai Medical Center students comprised the experimental group and students from Deaconess Hospital, the control group. The thirty students of the experimental group were divided randomly into groups of seven and eight. Each group met with the counselor for one hour each week for a total of twenty-five sessions. The control group had no contact with the counselor except at times of pre- and post-testings.

### Instruments

Rokeach's Dogmatism Scale, Form E, was developed to measure individual differences in openness or closedness of belief systems. It is assumed that, in any situation in which a person must act, there are certain characteristics of the situation that point to the appropriate action to be taken. If the person reacts in terms of such relevant characteristics, his response should be correct, or appropriate. The same situation also contains irrelevant factors, not related to the inner structure or requirements of the situation. To the extent that response depends on such irrelevant factors, it should be unintelligent or inappropriate. Every person, then, must be able to evaluate adequately both the relevant and irrelevant information he receives from every situation. This suggests a basic characteristic that defines the extent to which a person's system is open or closed; namely, the extent to which the person can receive, evaluate, and act on relevant information received from the outside on its own intrinsic merits, unencumbered by irrelevant factors in the situation arising from within the person or from the outside. Examples of irrelevant internal

pressures that interfere with the realistic reception of information are unrelated habits, beliefs, and perceptual cues, irrational motives, power needs, the need for self-aggrandizement, the need to allay anxiety, and so forth. By irrelevant external pressures is meant particularly the pressures of reward and punishment arising from external authority; for example, as exerted by parents, peers, other authority figures, reference groups, social and institutional norms, and cultural norms. Will the information received about a situation from such external sources be evaluated and acted on independently or in accord with expectations about how the external source wishes us to evaluate and act on this information ? The more open one's belief system, the more should evaluating and acting on information proceed independently on its own merits, in accord with the inner structural requirements of the situation. Also, the more open the belief system, the more should the person be governed in his actions by internal self-actualizing forces and the less by irrational inner forces. Consequently, the more should he be able to resist pressures exerted by external sources to evaluate and to act in accord with their wishes. One important implication here is that the more open the person's belief system, the more strength should he have to resist externally imposed reinforcements, or rewards and punishments. These should be less effective as determinants of the way information will be evaluated and acted upon.

Conversely, according to Rokeach,

...the more closed the belief system, the more difficult should it be to distinguish between information received about the world and information received about the source. What the external source says is true about the world should become all mixed up with what the external source wants us to believe is true and wants us to do about it. To the extent that a person cannot distinguish the two kinds of information received from the source, he should not be free to receive, evaluate, and act on information in terms of inner requiredness. He should be exposed to pressures, rewards and punishments, meted out by the source designed to make him evaluate and act on the information in the way the source wants him to...<sup>1</sup>

Perhaps the basic defining characteristic of openness-closedness has a fundamental basis which is the intent to which there is reliance on absolute authority. ( Real people have systems that are neither completely open nor completely closed. ) Like the diaphragm on a camera, a system can expand and contract within limits, as conditions vary.

Rokeach and his associates designed the Dogmatism Scale to measure individual differences in the extent to which belief systems are open or closed. The scale also serves to measure general authoritarianism and general intolerance. The procedure used in constructing the scale was

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<sup>1</sup>Milton Rokeach, et al. , The Open and Closed Mind. New York: Basic Books, Inc. , 1960, p. 58.

essentially deductive. Various defining characteristics of open and closed systems were scrutinized and statements were constructed that were designed to tap these characteristics. The assumption was that if a person strongly agrees with such statements it would indicate that he possesses one extreme of the particular characteristic being tapped, and if he strongly disagrees, that he possesses the opposite extreme. Statements were looked for that express ideas familiar to the average person in his everyday life. Some of the statements appearing in the Dogmatism Scale were inspired by spontaneous remarks overheard being made by persons thought intuitively to be closed-minded. Each statement in the scale had to be designed to transcend specific ideological positions in order to penetrate to the formal and structural characteristics of all positions. Persons adhering dogmatically to such diverse viewpoints in, for example, views on a particular religious sect, should all score together at one end of the continuum, and should all score in a direction opposite to others having equally diverse yet undogmatic ( open ) viewpoints.

The Dogmatism Scale<sup>1</sup> has gone through five editions. A total of eighty-nine items were tried out in the initial scale and in four successive revisions. The aims of these revisions were to take advantage of continuing refinements in theoretical formulations, and to increase reliability.

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<sup>1</sup>A copy of this Dogmatism Scale may be found in the appendix.

The final Form E, as used in this investigation being considered, contains the best forty items taken from Form D. For all statements, agreement is scored as closed, and disagreement as open. The total score on the Dogmatism Scale is the sum of scores obtained on all items.

Reliabilities of Form E are shown in Table II. These reliabilities are considered to be quite satisfactory. The fact that subjects agree or disagree with these items in a consistent manner is borne out by item analyses. These analyses compare subjects scoring in the upper and lower quarters of the frequency distribution on each of the items. They typically show that high and low dogmatic subjects differ consistently and in a statistically significant manner on the great majority of items.

TABLE 2

Reliabilities, Means and Standard Deviations of Form E  
of the Dogmatism Scale

Form	Items	Group	No. of Cases	Relia- bility	Mean	Standard Deviation
E	40	English colleges	80	.81	152.8	26.2
		English workers	60	.78	175.8	26.0
		Ohio State U. I	22	.85	142.6	27.6
		Ohio State U. II	28	.74	143.8	22.1
		Ohio State U. III	21	.74	142.6	23.3
		Ohio State U. IV	29	.68	141.5	27.8
		Ohio State U. V <sup>a</sup>	58	.71	141.3	28.2
		Mich. State U. IV	89	.78		
		VA domiciliary	80		183.2	26.6
			24	.93		
			17	.84		

<sup>a</sup>The Ohio State U. V reliability was obtained by a test-retest, with five to six months between tests. The reliability of .84 for the VA group was obtained in the same way with at least a month between tests.

Subjects indicate disagreement or agreement with each item on a scale ranging from -3 to plus 3, with the 0 point excluded in order to force responses toward disagreement or agreement. This scale is subsequently converted, for scoring purposes, to a 1-to-7 scale by adding a constant of 4 to each item score. The total score is the sum of scores obtained on all items in the test. Constructors of the scale acknowledge that only research findings can raise or lower the probability of its validity. A score of 120 and below is considered "open" and 150 and above, "closed."

#### Self-Concept and Q-technique

A phenomenon observed frequently in psychotherapy is a change in the client's view of himself. The client reports the experiencing of novel feelings and thoughts about himself, as well as his changed behavior in situations demanding a response to persons, attitudes, and objects external to himself. This observation has led many psychologists to the belief that the individual's self-concept is intimately related to the process of personality adjustment.

In a theoretical formulation of the process of therapy, Rogers<sup>1</sup> has suggested that changes in the self-structure precede and determine changes in behavior. He writes:

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<sup>1</sup>Carl Rogers. Client-Centered Therapy, Boston: Houghton-Mifflin Co. , 1951, p. 195.



The changes in behavior keep pace with the changes in organization of self, and this behavior change is, surprisingly enough, neither as painful nor as difficult as the changes in self-structure. Behavior continues to be consistent with the concept of self, and alters as it alters.<sup>1</sup>

The increased emphasis placed on the concept of self as an important indicator of adjustment is reflected in a number of investigations of the process of client-centered counseling.

The definition of self-concept as used here implies that this concept is constituted of or reducible to the conscious, reportable aspects of the personality configuration. This somewhat behavioristic interpretation of the self-concept is rejected by many psychologists on the grounds that great portions of the self-concept may be either immediately unverbalizable or subject to processes of repression and displacement. According to this interpretation of self-concept, a reportable description of the self is only a segment of the actual self-concept. The investigator would not argue that repression and distortion of perceptions relating to self may occur, but that is quite beside the point for the understanding of the present study. It is the desire to operate with the assessments an individual makes of his own behavior and to refer to this verbalized report as the self-concept.

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<sup>1</sup>Carl Rogers. Client-Centered Therapy, Boston: Houghton-Mifflin Co. , 1951, p. 195.



This definition of the self-concept is suggestive of "something a person carries with him at all times,"<sup>1</sup> or, as Rogers calls it, the "I" or "me" which is admissible to awareness, together with the values attached to those concepts. It may well be the case that in the satisfactorily adjusted individual there is little of the pre-occupation with notions of self that is found in the clinical observations of many maladjusted persons. It is felt that for the purposes of this study the individual, when presented with a statement can make the judgment, through reflection if necessary, that "this behavior is ( or is not ) characteristic of me."

A universe of self-referrent statements was developed by Butler and Haigh<sup>2</sup> for a University of Chicago Project following the methods of Stevenson's<sup>3,4,5</sup> Q-technique. It is a means of assessing many subtle

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<sup>1</sup>Margaret Hartley. "A Q-Technique Study of Changes in the Self-Concept During Psychotherapy," ( unpublished Ph.D. dissertation University of Chicago, 1951 ). p. 6.

<sup>2</sup>John Butler and Gerard Haigh. "Changes in Relation between Self-Concepts and Ideal Concepts Consequent upon Client-Centered Counseling," In Psychotherapy and Personality Change, Ed. by Carl Rogers and Rosalind Dymond, Chicago: University of Chicago Press, 1954, pp. 55-75.

<sup>3</sup>William Stevenson. "Methodological Considerations of Jung's Typology," Journal of Mental Science, Vol. 85, 1939, pp. 185-205.

<sup>4</sup>\_\_\_\_\_. "A Statistical Approach to Typology: the study of Trait Universes," Journal of Clinical Psychology, Vol. 6, No. 1, 1950, pp. 26-38.

<sup>5</sup>\_\_\_\_\_. The Study of Behavior: Q-Technique and Its Methodology. Chicago: University of Chicago Press, 1953.

changes in the client. It makes an exploratory effort in the direction of testing certain hypotheses in regard to personality change through the objective investigation of the single case. The list of self-referrent statements was taken from available therapeutic protocols. Characteristic of this methodology is that one subject ( or more ) may be studied at a time and the statistical population of self-referrent statements as opposed to a population of interviews. It is an index of adjustment status derived from experts' opinions as to how the well-adjusted subject should describe himself on the one hundred self-referent statements.

The reliability of this test was estimated by the test-retest method. Since the experimental groups were expected to change over time and the controls were not, the reliability is based on the stability of the control-group scores. The post-therapy to follow-up period was chosen as it represented a fairly constant interval of six months to a year. The reliability of the control groups' scores over this period is .86. How valid a criterion of adjustment this Q Sort is depends to an extent on the degree to which it agrees in its ordering of the subjects with other measures of improvement on which they were also tested. Research experts as Rogers<sup>1</sup>,

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<sup>1</sup>Carl Rogers. Psychotherapy and Personality Change, Chicago: The University of Chicago Press, 1954.

Dymond<sup>1</sup>, Hartley<sup>2</sup>, Rudikoff<sup>3</sup>, Gordon and Cartwright<sup>4</sup> utilize Q Sort methodology and attest to its reliability. Using a t-test for correlated means the experimental groups have been found to increase adjustment scores<sup>5</sup> mean significantly at the 1 per cent level over the therapy period.

The immediate goal of the counselor is to create conditions under which the clients can relax their defenses and assimilate experiences into new conceptual patterns. It is a part of the investigator's theoretical expectation that self-concepts will change as a function of counseling.

#### Butler-Haigh Q Sort

The Q Sort adjustment score includes a hundred statements which the client is asked to sort into nine piles, putting a prescribed number of cards into each, thus making a forced normal distribution. Cronbach alludes to

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<sup>1</sup>Rosalind Dymond. "Adjustment Changes Over Therapy from Self-sorts," In Psychotherapy and Personality Change, Ed. by Carl Rogers and Rosalind Dymond, Chicago: The University of Chicago Press, 1954, pp. 76-84.

<sup>2</sup>Margaret Hartley, op. cit.

<sup>3</sup>Esselyn Rudikoff. "A Comparative Study of the Changes in the Concepts of the Self, the Ordinary Person, and the Ideal in Eight Cases," In Psychotherapy and Personality Change, Ed. Carl Rogers and Rosalind Dymond, Chicago: The University of Chicago Press, 1954, pp. 85-98.

<sup>4</sup>Thomas Gordon and Desmond Cartwright. "The Effect of Psychotherapy upon Certain Attitudes toward Others," In Psychotherapy and Personality Change, Ibid.

<sup>5</sup>See Appendix.

the advantages of this forced-choice procedure:

...for one thing this method of interrogation is much more penetrating than the common questionnaire where the person can say "yes" to all the favorable symptoms and "no" to all the unfavorable ones. The method is free from those idiosyncrasies of response which cause some people to respond "cannot say" twice as often as others, and so make their scores non-comparable. The forced choice requires every person to put himself on the measuring scale in much the same manner. The forced normal distribution gives certain statistical advantages, since correlation is more meaningful when all distributions have the same shape. Since more statements are placed in the middle piles, the subject is freed from many difficult and rather unimportant discriminations he would have to make if he were forced to rank every statement. And the fact that discrimination near the center of the scale is difficult is reduced in importance by the fact that in product-moment correlation the end cells receive greatest weight.<sup>1</sup>

The instructions are that the client put the cards most descriptive of him at one end, those least descriptive of him at the opposite end, and those about which he is indifferent or undecided around the middle of the distribution. This is to yield a picture of the client as he pictures himself as he perceives himself to-day. The required distribution looks like this:

	<u>"Least Like Me"</u>			<u>Undecided</u>			<u>"Most Like Me"</u>		
Pile No.	0	1	2	3	4	5	6	7	8
No. of Cards	1	4	11	21	26	21	11	4	1

The composite picture of the self-description of the well-adjusted person is tabulated as thirty-seven positive indicators which would be on the "like me"

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<sup>1</sup>Lee J. Cronbach. "Correlation between Persons as a Research Tool," Unpublished paper read at symposium on research method in clinical psychology at Washington University, St. Louis, Mo., March, 1951.

side of the distribution ( anywhere from scale position 5-8 ) of the well-adjusted person, and thirty-seven negative indicators which should be on the "unlike me" side ( between 3 and 0 ) . Table 3 lists these items.

Any person's resemblance to this ideal type can be computed by counting the number of these seventy-four items which he places on the same end of the distribution when he sorts to describe himself as the hypothetically well-adjusted person would. This tally is called the "adjustment score." The optimum score that any person could attain is seventy-four if he places thirty-seven items indicating good adjustment on the "like me" side at scale positions 5, 6, 7 and 8 and all thirty-seven items representing poor adjustment on the "unlike me" side at positions 3, 2, 1 and 0. Adjustment Score items are listed on Table III.

When all the statements have been assigned a score on this continuum, one such assessment can be correlated with another. Thus a group of such descriptions representing the assessments of many persons for the same variable, or one person sorting the statements for each of several variables, can all be correlated.

#### Instructors' Evaluation Check List

An investigator-constructed check list<sup>1</sup> was given to the five instructors in each nursing school who supervised the students in the class room and clinical areas. They were asked to evaluate the students as objectively

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<sup>1</sup>See Appendix

as possible prior to graduation by answering the following questions:

I. Has the student's relationship with patients:

- a. Remained the same
- b. Improved
- c. Become less satisfactory

II. Has the student's relationship with personnel:

- a. Remained the same
- b. Improved
- c. Become less satisfactory

Experimental Design

This study has a two-group experimental design, employing one control and one experimental group and was carried out over a three-year period. The data collection sequence followed the Stanley-Campbell pretest-posttest control group design.

During Orientation Week, September of 1968, nursing students of Mount Sinai Medical Center were introduced to the counselor and to counseling services that are offered each student and employee. During this hour the study to be initiated was explained:

- a) Participation in the research may be of personal value to the student as well as benefit to others.
- b) The client's participation would require that she take two different tests on several occasions, each occasion requiring an hour or more.
- c) Everything, including both tests and the counseling sessions, would be kept confidential. The precautions to insure this, such as the use of code numbers, were explained.

TABLE 3

## ADJUSTMENT SCORE ITEMS

Q SORT	Statement	Q Sort	Statement
ITEM No.	Negative: Contribute to score if Fall on "Unlike Me" Side ( 0-3 )	ITEM No.	Positive: Contribute to score if Fall on "Like Me" Side ( 5-8 )
2...	I put on a false front.	4...	I make strong demands on myself.
6...	I often feel humiliated.	5...	I often kick myself for the things I do.
7...	I doubt my sexual powers.	9...	I have a warm emotional relationship with others.
13...	I have a feeling of hopelessness.	11...	I am responsible for my troubles.
16...	I have few values and standards of my own.	12...	I am a responsible person.
18...	It is difficult to control my aggression.	15...	I can accept most social values and standards.
25...	I want to give up trying to cope with the world.	19...	Self-control is no problem to me.
28...	I tend to be on my guard with people who are somewhat more friendly than I had expected.	22...	I usually like people.
32...	I usually feel driven.	23...	I express my emotions freely.
36...	I feel helpless.	26...	I can usually live comfortably with the people around me.
38...	My decisions are not my own.	27...	My hardest battles are with myself.
40...	I am a hostile person.	29...	I am optimistic.
42...	I am disorganized.	33...	I am liked by most people who know me.
43...	I feel apathetic.	37...	I can usually make up my mind and stick to it.
49...	I don't trust my emotions	41...	I am contented.
50...	It's pretty tough to be me.	44...	I am poised.
52...	I have the feeling that I am just not facing things.	47...	I am impulsive.
54...	I try not to think about my problems.	51...	I am a rational person.
56...	I am shy.	53...	I am tolerant.
59...	I am no one. Nothing seems to be me.	55...	I have an attractive personality.
62...	I despise myself	61...	I am ambitious.
		63...	I have initiative.
		67...	I take a positive attitude toward myself.



TABLE 3---Continued

Q SORT	Statement	Q SORT	Statement
ITEM No.	Negative: Contribute to score if Fall on "Unlike Me" Side ( 0-3 )	ITEM No.	Positive: Contribute to Score if Fall on "Like Me" Side ( 5-8 )
64...	I shrink from facing crisis or difficulty.	68...	I am assertive.
65...	I just don't respect myself.	72...	I am satisfied with myself.
69...	I am afraid of a full-fledged disagreement with a person.	74...	I am likeable.
70...	I can't seem to make up my mind one way or another.	75...	My personality is attractive to the opposite sex.
71...	I am confused.	78...	I am relaxed, and nothing bothers me.
73...	I am a failure.	79...	I am a hard worker.
76...	I am afraid of sex.	80...	I feel emotionally mature.
77...	I have a horror of failing in anything I want to ac- complish.	88...	I am intelligent.
83...	I really am disturbed.	91...	I am self-reliant.
84...	All you have to do is just insist with me, and I give in.	94...	I am different from others.
85...	I feel insecure within my- self.	96...	I understand myself.
86...	I have to protect myself with excuses, with ration- alizing.	97...	I am a good mixer.
90...	I feel hopeless.	98...	I feel adequate.
95...	I am unreliable.		
99...	I am worthless.		
100...	I dislike my own sexuality.		



The following week, nursing students met individually with the counselor for a minimum of one-half an hour. The intent was to encourage the student to feel comfortable with the counselor and the class of thirty from Mount Sinai Medical Center was randomly placed into counseling groups of seven and eight. Students who did not complete the course were dropped from the study.

The second week of school the students were given the Dogmatism Scale as a pretest and in groups of seven and eight were administered the Butler-Haigh Q Sort.<sup>1</sup> It was explained that ordinarily such tests would have no names placed on them but in order that the investigator could compare pre-tests with posttests it would be necessary to know who completed each test. However, they were apprised that no one other than the counselor-researcher would at any time have access to the identities--that what transpired in the sessions would be confidential unless preferred otherwise by any group at any time. Students were assured that the results of any of the tests would have no bearing upon their future at the school of nursing or at Milwaukee Area Technical College. They were told that they were participating in a research project which would be reported only statistically.

The investigator-counselor also defined the study to the directors and faculty of each school of nursing involved. It was disclosed to the faculty that the researcher would only at the first meeting with the students, involve school time and there would be no interfering with the normal routine of the classroom or the laboratory experience, and that the results of the

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<sup>1</sup> See Appendix

study would be made available to them as soon as the project was completed and evaluated. Five instructors from each nursing school who had worked consistently with the students would be involved in the rating of clinical and interpersonal performance at the end of the third experimental year.

The only person who had complete knowledge of the study was the investigator-counselor who teaches no academic classes and who has no direct responsibility for the clinical ratings.

All of the students in Group I were from Mount Sinai Medical Center School of Nursing and were separated into four groups of seven and eight randomly. This was accomplished by going down an alphabetically organized class list and placing the first student in the first group, the second student in the second group, the third student in the third group, etc. Thus there were two groups of seven students and two of eight. The control group, Group II, received no counseling and it was not necessary to divide the group. There is sufficient evidence in the literature to indicate that maximum groups should not exceed eight-ten in number.<sup>1, 2, 3, 4, 5</sup> A group of more than that number minimizes the participation of each member of the group.

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<sup>1</sup>Helen Driver, op.cit.

<sup>2</sup>George Gazda and Merle Ohlsen, op. cit.

<sup>3</sup>S. R. Slavson, "Parallelisms in the Development of Group Psychotherapy, a Fresh Historic Approach." International Journal of Group Psychotherapy, Vol. 9, ( January, 1969 ), pp. 451-462.

<sup>4</sup>Edward Glanz, op.cit.

<sup>5</sup>Jane Warters, Techniques of Counseling, New York: McGraw-Hill, 1954.

The students in the experimental group were reminded of the first sessions by a note<sup>1</sup>, placed on their bulletin board, which included the time and place of the meeting. The sessions were called "weekly sessions" and were held for one hour for twenty-five sessions.

The Rokeach Dogmatism Scale was administered to all the students in Groups I and II in September of 1968, in February of 1969, in September of 1969, in September of 1970 and again in June of 1971. At the same time s the Butler-Haigh Q Sort was administered.

One of the null sub-hypotheses of this study included: nursing students engaged in the group approach to counseling will not show significantly improved grade point averages as compared to nursing students not counseled. A grade point average involving a composite of liberal arts, nursing science and clinical behaviors was calculated for all students. It was decided to include the liberal arts courses because all students not only take the same nursing courses and have comparable clinical experiences but the liberal arts classes are required and all are taken at the same college, Milwaukee Area Technical College.

Literature , as shown on Tables 4 and 5, reveals an increasing attrition rate in schools of nursing nationally.

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<sup>1</sup> See Appendix

Table 4

Number of Entrants, Failures, Dropouts, and Graduates  
by Type of Program, with Each Shown as a  
Percent of Entrants

Groups	Type of Program							
	Diploma		Bacc. Degree		Assoc. Degree		Total	
	Number	Percent	No.	Percent	No.	Percent	No.	Percent
Entrants....	11,653	100.0	640	100.0	241	100.0	12,534	100.0
Failures....	1,438	12.3	109	17.0	53	22.0	1,600	12.8
Dropouts....	2,444	21.0	180	28.1	68	28.2	2,698	21.5
Graduates...	7,771	66.6	351	54.7	120	49.8	8,242	65.8

Table 5

Attrition Rates in Diploma and Baccalaureate Programs  
by Year for Classes Entering Schools of  
Nursing in 1954, 1955, and 1960

Rates in Percent					
Programs and Classes	First Year	Second Year	Third Year	Fourth Year	Total
Baccalaureate					
1954.....	28.0	14.9	6.5	2.3	44.1
1955.....	26.1	17.4	2.2	3.5	42.4
1960.....	27.5	13.8	9.3	4.6	45.2
Diploma					
1954.....	21.2	4.0	8.2	---	30.5
1955.....	23.6	4.5	7.5	---	32.6
1960.....	21.8	10.0	5.2	---	33.3

Null hypothesis IV suggests that group counseling will not increase significantly the holding power of the school of nursing. Attrition rate for the two schools participating in the study has been comparable to the national statistic.

At the end of the third , and last year of the student nurses' education, June of 1971, five faculty members from each of the two schools of nursing were asked to evaluate each graduating senior whom they had taught and supervised consistently throughout the three years. The questionnaire was investigator-constructed to test null hypothesis V. It states that the group approach to counseling will not be significantly more effective than no counseling in improving nursing students' interpersonal behaviors toward patients, peers, and personnel.

#### Philosophy for the Treatment

The experimenter served as counselor for the study and utilized the working principles of client-centered Carl Rogers and his associates. They, and the researcher, maintain that the "normal" individual has within himself the capacity, latent if not evident, to understand those aspects of himself and of his life which are causing him dissatisfaction, anxiety, or pain and the capacity and the tendency to reorganize himself and his relationship to life in the direction of self-actualization and maturity in such a way as to bring a greater degree of internal comfort.

This capacity will be released, and therapy or personal growth will be most facilitated, when the therapist can create a psychological climate characterized by ( a ) a genuine acceptance of the client as a person of unconditional worth; ( b ) a continuing, sensitive attempt to understand the existing feelings and communications of the client as they seem to the client, without any effort to diagnose or alter those feelings; and ( c ) a continuing attempt to convey something of this empathic understanding to the client.

It is hypothesized that, in such an acceptant, understanding, and nonthreatening psychological atmosphere, the client will reorganize himself at both the conscious and the deeper levels of his personality in such a manner as to cope with life more constructively, more intelligently, and in a more socialized as well as a more satisfying way. More specifically it is hypothesized that the client will change in his perception of self, will become more understanding of self and others, more creative, more adaptive, more self-directing and autonomous, more mature in his behavior, less defensive, and more tolerant of frustrations.

It is felt that the therapeutic relationship is only one instance of interpersonal relationships and that the same lawfulness governs all such relationships. Thus, if the counselor creates such a climate for his clients, the students will become self-initiated learners, and more self-disciplined, more self-responsible, better able to adapt to new problems, more basically cooperative.

The theory of client-centered counseling predicts that the individual will change in the direction of increasingly viewing others as persons of worth. It also predicts that after therapy the individual is able to be aware of a greater proportion of his total organismic response to any situation.

The theories of Fromm, Horney, and Fromm-Reichmann all state that one can love others only to the extent that one loves one's self. Rogers<sup>1</sup>, too, states this relationship explicitly when he writes that the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences--then he is necessarily more understanding of others and is more accepting of others as separate individuals.

A number of research studies provide support for the relationship between acceptance of others and acceptance of self. Sheerer<sup>2</sup> found that clients who experienced successful client-centered counseling became more accepting of self and that this change was accompanied by an increase in acceptance of others. Stock<sup>3</sup> also found a relationship between clients'

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<sup>1</sup>Carl Rogers. Client-Centered Therapy. Boston: Houghton Mifflin Co. , 1951.

<sup>2</sup>Elizabeth Sheerer. "An Analysis of the Relationship Between Acceptance of and Respect for Self and Acceptance of and Respect for Others in Ten Counseling Cases," Journal of Consulting Psychology, Vol. 13, 1949, pp. 169-175

<sup>3</sup>Dorothy Stock. "An Investigation into the Interrelations Between the Self-Concept and Feelings Directed Toward Other Persons and Groups," Journal of Consulting Psychology, Vol. 13, 1949, pp. 176-180.



positive and negative feelings toward themselves and toward others. Phillips<sup>1</sup> converted Sheerer's descriptions of self-other attitudes into a questionnaire which was then administered to groups of high-school and college students. Relatively high correlations were found between self-attitudes and attitudes toward others along the dimension of acceptance-rejection. Pearl<sup>2</sup> found a definite positive relationship between high ethnocentrism and low "self-esteem and self-reliance" and "lack of awareness, and anxiety concerning impulse and hostility control." His findings also showed a "decided trend" in the direction of a relationship between increased self-awareness and a reduction of ethnocentrism as a consequence of counseling, though this result was not conclusively demonstrated.

The findings seem to justify the following conclusions:

1. There is a relationship between self-acceptance ( or self-esteem and self-awareness ) , whether inferred from a person's verbal expressions or judged by the person himself, and acceptance of others, inferred or self-rated. This relationship holds when the attitudes toward others refer to people in close personal relationships as well as to certain classes of people, such as specific groups.
2. An experience in some types of counseling produces significant changes in clients' attitudes toward themselves in the direction of increased awareness and acceptance of self, as measured both by inferences from client statements and by self-ratings.

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<sup>1</sup>E. L. Phillips, "Attitudes Toward Self and Others: A Brief Questionnaire Report," Journal of Consulting Psychology, Vol. 15, 1951, pp. 79-81.

<sup>2</sup>David Pearl, "Ethnocentrism and the Concept of Self," (unpublished Ph.D. dissertation, University of Chicago, 1950 ).



3. Changes in clients' attitudes toward self during counseling are accompanied by changes in attitudes toward others in the direction of increased acceptance of others, although these changes may not be as great in all types of therapy.

The researcher affirms that client-centered counseling produces changes in clients' attitudes toward others in the direction of greater acceptance of and respect for others and self. Clients who complete a minimum of twenty-five group counseling sessions with a client-centered counselor of at least moderate experience and optimum academic counseling background, will demonstrate changes in attitudes in the direction of greater acceptance of and respect for others and self.

#### Group Counseling Technique

The physical considerations in providing the climate for the group sessions with the experimental group were kept as controlled as possible. Beige colored walls of the large room exhibited oil paintings and prints of soft earth tones; ceiling hung drapes, in keeping with the warm colors of the furniture, covered one wall. It was well-lighted, well-ventilated, had a large oval conference table about which all could be seated, and each student sat in a leather arm chair.

At the beginning the students left a chair at the head of the table for the counselor. After the second session the investigator arranged to sit in a different chair each time to avoid the "chair of authority."

During the first meeting with each group it was explained that they would meet one time per week for a one hour session for the first six months of their nursing education program ( twenty-five sessions ). They were encouraged to relate and discuss feelings and situations of concern, drawn from their personal experiences with the aim that they plan their own discussions after the first session. A structuring statement was made to each of the four groups to be counseled:

These sessions are yours. It is hoped that you will begin to identify those characteristics and attitudes possessed by "good" teachers and "good" students. It is also hoped that you will be better able to assess yourself in relation to the desired characteristics identified by you during our sessions together. During these hours I ask that you do most of the talking and express your feelings, thoughts and ideas freely. You are free, and it is recommended that you take issue with the counselor or with any of your classmates during our sessions.

To direct the attention of the students within themselves, each student was invited to introduce himself to the group by considering and answering the questions: "Who am I?" "What do I feel about myself?" These startling questions served to soften the students' for self-exposure in the group which was essential if the sessions were to elicit personal and interpersonal problems for examination and resolution.

It was requested that the participants try to take the following attitudes:

1. I need, and want, help from others and I am ready to learn from them. Their opinions and viewpoints will give a perspective which I alone don't have.

2. I will make an attempt to do for others in my group what I want them to do for me. I will guard against self-centered thinking and will try to place myself in the position of others when they are participating.
3. I will try to be frank and honest--not to put up a front. Should I be asked for a frank opinion I will reveal it. Since each person in the group is trying to understand himself and others better, it is important to relax and be oneself.
4. I will try to be sensitive to the way other group members feel. When support or reassurance is needed by someone I will try to give it in all sincerity.
5. If a discussion or person's actions upset me I will see the counselor about this.<sup>1</sup>
6. I will respect feelings expressed and experiences discussed within the confines of this room and assume that confidential material related by me will be appropriately respected.

During each session the counselor and members of the groups listened for any responses judged to be examples of receptivity to new ideas, low dogmatism and improved self-concept. When such responses were made by a nursing student the group members or counselor provided verbal or nonverbal reinforcements. The following statements are representative of the kinds of statements reinforced:

1. "You say that a director can give the same medical-surgical test to the students of two nursing instructors to discover which one is the better teacher. I don't think she can make a judgment on that basis alone because there are other factors to be considered such as motivation, intelligence, and even the room it was taken in--or the time of day." ( low dogmatism ) .

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<sup>1</sup> Helen Driver, op. cit.

2. "I see what you're aiming at, Jane. The director should reserve making her final judgment until all of the facts have been carefully weighed. Your statement surely seems reasonable to me now." ( openness to new ideas ) .
3. "I see now that Mrs. Oversee isn't critical of my work because she dislikes me, but because she feels I have what it takes to become a good nurse." ( improving self-concept ) .

Only statements related to openness to new ideas and improving self-concepts were positively reinforced--to encourage continuation of an idea expressed by a student.

The group counseling sessions were not structured by the counselor. Once the initial resistance had been minimized and the counselees understood the purposes of the sessions, they introduced material to be discussed. During the first session the counselor stressed the following points: ( 1 ) These meetings are yours. The purpose is to give you students an opportunity to discuss common experiences and concerns related to your experiences in the dormitory, classroom, home, or in the hospital, ( 2 ) It is hoped that you will feel free to discuss whatever is on your minds, especially those experiences which you might not feel free to discuss with instructors or parents, ( 3 ) This is not a class, there will be no grade, and you are not responsible for any outside work but there will be two questionnaires--tests to be answered a number of times during your three years here, ( 4 ) You may discuss related experiences of a familial or social nature which you feel have an effect upon your daily functioning, and ( 5 ) The sessions and testing materials will be held in the strictest confidence. This last point was accepted readily after the counselor was "tested" out and found to be loyal to the nursing students.

When the Experimental Group questioned if it would be compulsory to attend the weekly sessions they were told "no" but that consistent attendance would more likely be beneficial to them; and it was hoped that they would not want to miss the group sessions. There would be no punitive action taken if they did not attend. This, in effect, produced "volunteer groups." Attendance for three groups was 100 per cent and there were two unsolicited but bona fide excuses offered for absences in one group.

There was no attempt to interpret the content of the counseling sessions. No notes were taken nor were tapes made during the sessions. After each session the investigator prepared a summary of the content. As the members felt free enough to introduce experiences and concerns, the majority of the content was concerned with personal feelings. When the sessions first began the students talked about instructors and patients, leaving themselves out of the discussions so as not to become vulnerable to attack by group members. They soon became close and trusting and were able to include themselves in the interaction. They then became preoccupied with their own feelings about problems at home, close living in the dorm, dating problems, feelings of incompetence, unworthiness, etc. Major factors included: threatening relationships with the faculty in the classroom and in the patient areas, concerns with the relationships with patients and with their reactions to various nurse-patient problems, and there were many factors which concerned peer relationships.

Other subjects which were discussed included:

- Race and Religions
- Sex: pre- and extra-marital
- Death and dying
- Unwed mothers
- Prejudice
- Geriatrics and the chronically ill
- Home problems: Alcoholism, health, divorce, etc.
- Socio-economic classes
- Honesty and truth
- Self-concepts
- Group living
- Abortions
- Mental illness
- Homosexuality

During the twenty-five sessions that the groups met, students reported that the questions: "Who am I?" "What kind of a person am I?" made them take a good look within themselves for the first time. Many students admitted they did not like to identify themselves for they did not like what they saw.

Role-playing and psychodrama were employed to aid the students in the understanding of their own attitudes and the behaviors of themselves and others. Initially there was some resistance to these techniques but interactions were less halting as the students learned that when they made themselves vulnerable to the group's reaction and to the counselor's, by exposing themselves, they learned more about themselves. Group trust was earned. Students soon accepted the responsibility for initiating techniques they felt would help to resolve a particular topic under discussion--often resolving problems without a comment from the counselor-investigator. Psychological support and encouragement provided by the members increased

progressively. Whenever possible the investigator provided support and encouragement in commenting favorably about the psychodrama or role-play in which they engaged. An opportunity for these techniques served as excellent ventilators which were well used by those who initially could not spontaneously, uninhibitedly participate in the group's activities.

If a topic became too threatening for a student the group members soon learned how to "handle it" and would "drop" it--to return when it was "safe." ( An involved member may change the subject in the middle of a discussion ) Another student may say, "Well, I guess she changed the subject because she can't express her feelings right now. Connie, let us know when you feel you can go on with it." As they became more aware of their shared inner conflicts, they felt more confident about their ability to handle them.

The investigator felt it healthy when the students began to verbalize about their lives outside the hospital environment. They were all young, still concerned by adolescent problems, and they were searching for their own values. Most of them felt that they had led too sheltered lives and that they really didn't know much about living.

At the beginning of each session various students, voluntarily, summarized what had transpired during the previous session.



After the first session with each group, the investigator's role changed very little during the twenty-five sessions. As the nursing students became more active, the counselor became more actively passive. During the first session only ( with each group ) was it necessary to introduce material possible for discussion and to keep the discussion flowing. As the sessions progressed the investigator-counselor's role was to clarify and to reflect feelings and attitudes.

### Statistical Tools

Since the two groups were of uneven numbers the technique of variance utilized was the One-way Anova with Unequal Numbers. Computer service was available so in addition to the familiar analysis of variance table, the output included the following group summary information for each of the two groups:

- ( 1 ) A count of the observations used in the calculations
- ( 2 ) A count of the imbedded missing observations
- ( 3 ) The group mean
- ( 4 ) The deviation of the group mean from the grand mean
- ( 5 ) The unbiased estimate of the variance of the observations in each group
- ( 6 ) The group standard deviation estimate, which is the square root of the variance estimate cited in ( 5 ) above

This statistical tool<sup>1</sup> was used to test Hypotheses I, II, and III. The significance test which computed differences between groups for Hypotheses IV and V was the Differences of Proportions.<sup>2</sup>

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<sup>1</sup>See Chapter IV, p. 74.

<sup>2</sup>See Chapter IV, p. 74.



### Summary

In this chapter it was shown that the subjects of this study were enrolled in the freshmen classes of nursing at Mount Sinai Medical Center School of Nursing and Deaconess Hospital School of Nursing, both in Milwaukee, Wisconsin. Instruments employed in the study were described. Attention was focused directly toward the manner of experimental treatment which took place. Lastly, attention was focused upon an explanation of the research methodology and the statistical tools utilized in this investigation. In Chapter IV are presented the findings of the research.

## CHAPTER IV

### GENERAL CONSIDERATIONS

This chapter is concerned with the specific and objective findings resulting from testing the hypotheses of this study. Major attention will be centered on the extent to which the null hypotheses stated in Chapter I can or cannot be rejected. Three postulations involved measuring the difference between control and experimental groups on the variables of dogmatism, self-concept, and grade point averages and it was realized that the experimental groups exist in a set and thus there are elements that interact. This interaction should be taken into account in analysis of this problem. Analysis of variance does not ignore interaction so one-way analysis of variance with unequal numbers<sup>1</sup> was used in which all of the data are treated at once and a general null hypothesis of no difference among the means of the various groups is tested.

Differences of Proportions<sup>2</sup> were computed for Hypotheses IV and V. Observed differences were tested at an appropriate level of significance and the null hypotheses tested.

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<sup>1</sup>Gene Glass and Julian Stanley. Statistical Methods in Education and Psychology. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1970, pp. 362-366.

<sup>2</sup>Murray Spiegel. Theory and Problems of Statistics. New York: McGraw-Hill, 1961, p. 171.

There was a need to establish that whatever difference existed in actual change of attitudes, self-concepts, grade point averages, attrition rate and interpersonal relationships at the conclusion of the experiment was, at least in part, due to the experimental variable, group counseling.

For each hypothesis the following information will be presented: a statement of the hypothesis; the manner of testing it and a discussion of data resulting from the test. The hypotheses will be discussed under the following headings: Degree of Dogmatism, Counselee Self-Concept, Grade Point Average, Attrition Rate and Instructor Evaluation of Nursing Students.

#### Degree of Dogmatism

Hypothesis I: Students of nursing engaged in group counseling will not show significantly improved attitudes and views from those of uncounseled nursing students. In testing this hypothesis, the means and standard deviations were computed for each group at the pre-counseling and post-counseling stages. To determine the significance or differences between means obtained from the same test administered to the same groups, under the same conditions, upon five occasions, the one-way analysis of variance<sup>1</sup> of the differences between pre-and post-counseling scores was computed. Significance was accepted at the 5 per cent probability level.

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<sup>1</sup>All the analyses of variance in this study were computed by the procedure outlined in : Gene Glass and Julian Stanley, Statistical Methods in Education and Psychology, Englewood Cliffs, New Jersey: Prentice-Hall, Inc. , 1970, pp. 362-366.

Table 6

Means and Standard Deviations Between Control Group and  
Experimental Group With Resulting F-Ratio  
on Pre-Testing by Rokeach Dogmatism Scale

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	133.61	16.77	281.31	3.15	3.15	1	.008	.931
Con.	22	135.05	22.94	526.62	15841.23	416.87	38		n. s.
Total	40								

From a statistical point of view, as shown in Table 6, the experimental group and the control group form a homogeneous population, there being no significant differences as to either means or variances between them. The F-Ratio was .008 at pre-counseling, the value not approaching the five percent level of confidence.

Table 7

Means and Standard Deviations Between Control Group and  
Experimental Group with Resulting F-Ratio on First  
Post-testing by the Rokeach Scale

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	116.94	14.10	199.57	2019.57	2019.57	1	7.119	.011*
Con.	22	131.23	18.76	352.28	10780.81	283.71	38		
Total	40								

\*Significant at the .001 level.

A comparison of means between counseled groups and non-counseled groups immediately after the final counseling session revealed, by one-way analysis of variance, that the Null Hypothesis could be rejected. There had been decreased scores on the Dogmatism Scale, for the experimental group, significant beyond the .05 level.

Table 8

Means and Standard Deviations Between Control and Experimental Groups with Resulting F-Ratio on the Second Post-testing by the Rokeach Scale

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	108.89	14.10	198.93	7227.88	7227.88	1	21.754	.000*
Con.	22	135.59	20.98	440.18	12625.60	322.25	38		
Total	40								

\*Significant at the .001 level.

A comparison of means between experimental and Control Groups one year post counseling revealed, by one-way analysis of variance, that Null Hypothesis I could be rejected. There had been significantly decreased Dogmatism scores for the Experimental Group.

Data reported in Tables 7, 8, 9 and 10 present results of analysis of the difference and indicates that subjects in the experimental ( counseled ) groups scored significantly lower on the Dogmatism Scale for authoritarianism and closed thinking than did subjects in the control group who had no group counseling.

The results on this instrument achieved probability greater than the .01 level of confidence.

Table 9

Means and Standard Deviations Between Control Group and  
Experimental Group with Resulting F-Ratio on Third  
Post-test Results on Dogmatism Scale

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	110.89	13.27	176.34	4662.66	4662.66	1	19.320	.000*
Con.	22	132.59	17.14	293.97	9171.10	241.34	38		
Total	40								

\*Significant at .001 level.

One and one-half years post-counseling analysis of the difference between mean scores for the Experimental and Control Groups reveals that Null Hypothesis I could be rejected. The Counseled Groups, as shown in Table 9, decreased dogmatism score significantly.

Table 10

Means and Standard Deviations Between Control Group and  
Experimental Group with Resulting F-Ratio on Fourth  
Post-test Results on Dogmatism Scale

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	109.61	16.16	261.19	4509.85	4509.85	1	12.98	.001*
Con.	22	130.95	20.42	417.09	13199.24	347.34	38		
Total	40								

\*Significant at the .001 level.

Two and one-half years post counseling a comparison between experimental and control groups' scores on the Dogmatism Scale, revealed by one-way analysis of variance, significantly decreased dogmatism scores for the Experimental Group. Hence, Null Hypothesis I can be rejected.

A continued decrease in dogmatism scores for the experimental group supports the postulation that the significant difference of lowered dogmatism scores may be due to group counseling and may be long lasting.

#### Counselee Self-Concept

Hypothesis II: Students of nursing engaged in group counseling will not show significantly improved self-concept scores as compared to non-counseled students. In testing this hypothesis, the means and standard deviations were computed for each group at the pre- and post-counseling stages. To determine the significance of difference between means obtained from the same test administered to the same groups, under the same conditions, upon five occasions, the one-way analysis of variance was computed. Significance was accepted at the 5 percent probability level.

Table 11

Pre-test Differences Between Counseled and Non-Counseled Groups on the Butler-Haigh Q Sort for Self-Concept

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F Ratio	Sig. Lev.
Exper.	18	27.88	4.54	20.69	6.30	6.30	1	.300	.587
Con.	22	27.09	4.61	21.32	799.59	21.04	38		n.s.
Total	40								

As seen in Table 11, from a statistical point of view, the experimental group and the control group form a homogeneous population, there being no significant difference as to either means or variance between them. The F-Ratio yielded .300 at a significance level of .587, the value not approaching the .05 level of confidence.

Table 12

Differences Between First Post-test for the Counseled  
and Non-Counseled Groups on the Butler-  
Haigh Q Sort for Self-Concept

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	44.72	6.90	47.74	2362.99	2362.99	1	62.53	.000**
Con.	22	29.27	5.45	29.73	1435.97	37.78	38		
Total	40								

\*\*Significant at the .001 level.

Analysis of variance results on the first post-treatment scores for the self-concept indicate the findings tend to strongly reject Hypothesis II at an extraordinary high level of confidence. ( With 38 degrees of freedom an F value of 3.38 or larger is required for a significance at the .01 level )



Table 13

Differences Between Second Post-test for the Counseled  
and Non-Counseled Groups on the Butler-  
Haigh Q Sort for Self-Concept

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	46.94	5.55	30.87	2736.68	2736.68	1	94.39	.000**
Con.	22	30.31	5.24	27.46	1101.71	28.99	38		
Total	40								

\*\*Significant at .001 level.

One year after counseling sessions were terminated computed mean gain scores for the Experimental and Control Groups indicate the findings may reject Hypothesis II. The group counseled nursing students had significantly improved self-concepts, as depicted in Table 13. Statistical differences in gains on self-concept scores for the counseled groups may be accepted through inspection of Tables 12, 13, 14, and 15.

Table 14

Differences Between Third Post-test for the Counseled  
and Non-Counseled Groups on the Butler-  
Haigh Q Sort for Self Concept

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	45.72	5.81	33.86	2280.30	2280.30	1	78.41	.000**
Con.	22	30.54	5.02	25.21	1105.06	29.08	38		
Total	40								

\*\*Significant at the .001 level.

One and one-half years post counseling, demonstrated by the data in Table 14, there was a continuous improvement as computed by the one-way analysis of variance, in self-concept scores for the counseled group. Hence, Null Hypothesis II may be rejected.

Table 15

Differences Between Third Post-test for the Counseled  
and Non-Counseled Groups on the Butler-  
Haigh Q Sort for Self-Concept

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	46.88	5.20	27.04	2428.33	2428.33	1	105.38	.000**
Con.	22	31.22	4.45	19.80	875.64	23.04	38		
Total	40								

\*\*Significant at the .001 level.

Two and one-half years after group counseling sessions were terminated there was a significant gain on self-concept scores so that Null Hypothesis II can be rejected. The fact that the follow-up score of the counseled group is almost identical to the mean score at immediate post-counseling testing indicates that there is some lasting improvement.

#### Grade Point Averages

Hypothesis III: Nursing students engaged in the group counseling program will not show grade point averages significantly improved as compared to non-counseled students. In testing this hypothesis, the means and standard deviations were computed for each group at the pre-counseling and post-counseling stages.

To determine the significance or differences between means obtained from the same grading periods which totalled nine, the one-way analysis of variance of the differences between pre- and post-counseling scores was computed. Significance was accepted at the 5 per cent probability level.

Table 16  
Grade Point Averages of Counseled and Non-Counseled  
Groups Pre-Counseling

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	R-Ratio	Sig. Lev.
Exper.	18	2.41	4.23	17.91	.00879	.00879	1	.000	.986
Con.	22	2.41	6.02	36.31	1067.09	28.08	38		n. s.
Total	40								

From a statistical point of view, the experimental group and the control group form a homogeneous population, there being no significant differences as to means of grade point averages at the time of the first grading period. In terms of absolute values, the experimental group obtained grade point averages post-counseling that were slightly less than those of the counseled group. Tables 17, 18, 19, 20, 21, 22, 23, and 24 present the results of the one-way analysis of variance and the differences between the counseled and control samples.

Table 17

( Second Grading Period ) Grade Point Averages of Counseled  
and Non-Counseled Groups

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	2.47	3.93	15.47	46.90	46.90	1	1.363	.250
Con.	22	2.69	7.05	49.76	1308.06	34.42	38		
Total	40								

Not significant at the .05 level. Hence, Null Hypothesis III cannot be rejected. There was no significant difference in grade point averages between counseled and non-counseled students, as revealed in Table 17.

Table 18

( Third Grading Period ) Grade Point Averages of Counseled  
and Non-Counseled Groups

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	2.44	3.71	13.79	36.46	36.46	1	1.926	.173
Con.	22	2.63	4.80	23.10	719.53	18.93	38		
Total	40								

Not significant at the .05 level. Statistically there was no significant differences in mean gain scores for the experimental and control groups. Hence, the Null Hypothesis cannot be rejected for the third grading period.

Table 19

( Fourth Grading Period ) Grade Point Averages of Counseled  
and Non-Counseled Groups

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	2.47	3.65	13.359	111.67	111.67	1	5.606	.023*
Con.	22	2.81	5.02	25.266	757.70	757.70	38		
Total	40								

\*Significant at .05 level.

It is demonstrated on Table 19, that for the fourth grading period, there was a significant difference in grade point averages between the Experimental and Control group. The non-counseled group did not make improvement, hence, Null Hypothesis III may be accepted.

Table 20

( Fifth Grading Period ) Grade Point Averages of Counseled  
and Non-Counseled Groups

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	17	2.50	3.64	13.30	47.00	47.00	1	2.438	.127 n.s.
Con.	22	2.72	4.88	23.82	713.30	19.27	37		
Total	39								

Statistical analysis of variance discloses no significant differences in mean gain scores for the fifth grading period. Hence, Null Hypothesis III cannot be rejected.

Table 21

( Sixth Grading Period ) Grade Point Averages of Counseled  
and Non-Counseled Groups

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	17	2.52	3.45	11.941	150.52	150.52	1	14.456	.001*
Con.	21	2.92	3.03	9.190	374.86	10.41	36		
Total	38								

\*Significant at the .01 level, in favor of the control group. No known intervening variable was responsible for this increase in the non-counseled group's improved grade point average. Table 21 indicates that Null Hypothesis III may be accepted for the sixth grading period. There was no statistically significant improvement in grade point average of the counseled group.

Table 22

( Seventh Grading Period ) Grade Point Averages of Counseled  
and Non-Counseled Groups

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	2.52	3.29	10.889	51.34	51.34	1	2.087	.157 n. s.
Con.	21	2.75	6.02	36.262	910.34	24.60	37		
Total	39								

There was no significant difference, between mean gain scores computed for the counseled and non-counseled groups, for the seventh grading period. Null Hypothesis III may be accepted.

Table 23

( Eighth Grading Period ) Grade Point Averages of Counseled  
and Non-Counseled Groups

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	2.58	3.11	9.676	143.18	143.18	1	10.197	.003*
Con.	22	2.96	4.19	17.576	533.59	14.04	38		
Total	40								

\*Significant beyond the .01 level ( in favor of significantly different, and improved , grade point average for the Control Group ). Hence, Null Hypothesis III may be accepted for the eighth grading period. The counseled group made no significant improvement in grade point average.

Table 24

( Ninth Grading Period ) Grade Point Averages of Counseled  
and Non-Counseled Groups

Group	No.	Mean	Stand. Dev.	Group Var.	Sum of Sq.	Mean Sq.	df	F-Ratio	Sig. Lev.
Exper.	18	2.69	2.94	8.64	1.06	1.06	1	.102	.752 n.s.
Con.	22	2.72	3.46	12.01	399.30	10.50	38		
Total	40								

For the ninth, and last, grading period there was no statistically significant difference between mean gain scores of the counseled or non-counseled groups of nursing students. Hence, Null Hypothesis III cannot be rejected.



Tables 16 through 24 present the analysis of gains from pre- to post-counseling for experimental groups. This analysis indicated that the experimental group did not gain significantly more than did the matched control group, but for three grading periods, of the nine, the non-counseled group gained significantly beyond the experimental group. Implications of these findings tend to support the null hypothesis that group counseling will not significantly improve nursing students' grade point averages. It is suggested that empathy, warmth and genuineness in a group counseling setting was not sufficient to affect grade point averages, that use was not made of the helping relationships with the counseled groups and that academic problems were not deemed desirable for discussions. If the experimental group, which was student structured, had successfully achieved the level of dynamic interaction and served as an arena to vent feelings about and determine academic concerns--and moved toward those goals, then the academic achievement, as measured by the grade point averages, would have more likely improved beyond that of the non-counseled group. Further statements on the G. P. A. findings are in Chapter V.

#### Attrition Rate

Hypothesis IV: The group approach to counseling will not be significantly more effective than no counseling in increasing the holding power of the school of nursing. To determine the significance of differences between the two freshmen classes of the two schools of nursing Differences of



Proportions were computed and found to be insignificantly different as depicted on Table 25:

Table 25  
Attrition Rates of Counseled and Non-  
Counseled Classes

Group	Entering Students	Students Graduate	Percent Remained	Percent Attrition	Lev. Sig.
Exper.	30	18	60.0	40.0	.928
Con.	36	22	61.0	39.0	n. s.

There was no significant difference between attrition rates of the two participating schools of nursing, as described on Table 25.

The findings fail to reject the Null Hypothesis that schools of nursing that have group counseling for their students will not significantly retain them--as compared to a school of nursing that does not have a counseling program. Further statements are to be found in Chapter V.

#### Instructor Evaluation of Nursing Students

Hypothesis V: The group approach to counseling will not be significantly more effective than no counseling in improving nursing students' interpersonal behaviors toward patients, peers, and personnel. Statistical evidence gleaned by computing Differences of Proportions lends credence that the Null Hypothesis may be rejected. Thus, the Hypothesis

may be rejected. Tables 26 and 27 indicate the findings for Hypothesis V. Instructors' Evaluation Check List and raw scores may be found in the Appendix.

Table 26

Instructors' Evaluation of Students' Progress  
in Interrelations with Patients

Group	No.	Percent of Ss. Improve	Differences Between Percentages	Sig.
Exper.	18	98.8	27.9	.002**
Con.	22	70.9		
Total	40			

\*\*Significant Beyond the .01 level.

Table 27

Instructors' Evaluation of Students' Progress  
in Interrelationships with Peers and Personnel

Group	No.	Percent of Ss. Improve	Differences Between Percentages	Sig. Lev.
Exper.	18	87.7	14.1	.0131*
Con.	22	73.6		
Total	40			

\*Significant beyond the .05 level.

### Summary

In this chapter major attention was focused on the extent to which the Null Hypotheses stated in Chapter I were or were not rejected. Of the five null hypotheses stated two were not rejected and three were rejected. Those rejected include: ( a ) Null Hypothesis I which states that students of nursing engaged in group counseling will not show significantly improved attitudes and views as compared to non-counseled nursing students; ( b ) Null Hypothesis II which states that students of nursing engaged in group counseling will not show significantly improved self concepts as compared to non-counseled students of nursing; and ( c ) Null Sub-Hypothesis V which states that group counseling will not be significantly more effective than no counseling in improving nursing students' interpersonal behaviors toward patients, peers, and personnel.

Null Sub-Hypotheses that cannot be rejected include: ( a ) Null Hypothesis III which states that nursing students engaged in group counseling will not show significantly improved grade point averages as compared to non-counseled students; ( b ) Null Hypothesis IV which states that group counseling will not increase significantly the holding power of the school of nursing.

The following chapter presents a summary of the study with a digest of the findings, conclusions drawn from an interpretation of data presented in this chapter, implications, and recommendations for further research.

## CHAPTER V

### CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

The investigator's concern for many years with the attitudes nursing students have displayed include their being: too strict, dogmatic, controlling, prejudiced, or too permissive, too submissive or overindulgent to patients, classmates and personnel. Toward auxiliary help the students often behaved either in a superior, snobbish, authoritarian, dogmatic manner, furtively expressing disdain for the inferior education of the aids or they related as peers, fooling about and joking or giggling in the presence of, or within hearing of the patients, or the students related in a subservient manner to the auxiliary help. Furthermore, the nursing students generally griped and complained about everything to everyone.

It has been pointed out that previous research had revealed that many of the undesirable attitudes of nursing students remain untouched after three or four years of nursing education; and that many of these areas revolved around fears and anxieties of the hospital environment. It was expected, and corroborated, that one way to improve attitudes, behaviors, lessen fears, improve self-concepts, and improve interrelationships would be to help them ventilate and work through these fears and anxieties. The working through of these feelings related to school, patients, instructors, and stressful

situations depended upon discussions of these concerns during the group counseling sessions, upon a consideration of the relationships as they were experienced, and upon feelings toward the hospital environment and related conformations.

The unacceptable behaviors suggested to the investigator that these students were uncertain and anxious about their roles, status and responsibilities on the clinical units. These anxieties, fears and uncertainties led them into defensive behaviors that resulted in ineffectual function on the patient areas. Realizing that psychological variables in the nursing personalities play a major role in the well-being of the patients and their striving for health, a group counseling program was initiated to help the students come to the realization that their reactions and behaviors have a vital impact on the welfare of the patients, their peers, and on themselves.

The purpose of the group sessions was to help the students clarify for themselves their own identities and roles, face and accept many unacceptable feelings experienced and learn how to handle these feelings constructively for their own best development and adjustment.

The students were oriented to the ubiquitous nature of unconscious motivations and to the universality of defense mechanisms in human behavior.

A concept of measurable change bears some further exploration since it is basic to this study, and indeed, to all research which attempts to prove

effectiveness of counseling in a scientifically predictable manner.

The definition of group counseling offered in this investigation stated that it is a verbal and non-verbal communication between a professionally trained person and a group whose members are striving toward maximum psycho-social functioning. Group counseling involves conscious movement toward change on the part of the counselor and group members.

This leads to an assumption that those being counseled are not yet at a state of maximum psycho-social functioning and to reach this goal there must be movement in that direction.

Measurement implies that the control, direction, extent or degree of change must be quantifiable. Quantification is necessary so that predictions can be made about the change and so that, when applicable, these predictions can be generalized to similar situations. The generalized formulations may then be reapplied to particular situations in an effort to constantly improve a particular body of knowledge or methodology arising from that body of knowledge.

It must be recognized that in this study the investigator's selection of the Butler-Haigh Q Sort statements and the Rokeach Dogmatism Scale makes the results what they are to a certain extent. By tying the self-concept and attitudes to a set of prescribed operations on a prescribed statement population which remains invariant over time and subjects, a particular subject

may be restrained from describing significant self characteristics and attitudes due to their omission from the statement population.

Thus it can be understood that the terms "dogmatism" and "self-concept" used in this investigation are qualified by the phrase, as operationally defined in terms of the one hundred descriptive items used in the Q Sort or in the sixty items used in the Dogmatism Scale.

Increased emphasis placed on the concepts of self and dogmatism as important indicators of adjustment is reflected in a number of investigations of the process of client-centered counseling. The present approach to the study of self-concepts held by the individual is the methodology of Q-Technique exposed by William Stevenson<sup>1</sup> and that of dogmatism, by Rokeach<sup>2</sup> and associates. In this study change in self-concepts and dogmatism brought about by group counseling can be examined both qualitatively and quantitatively by the method of measurement of a variety of concepts at a number of times while the clients are undergoing group counseling.

Measurable changes identified in this investigation might also be considered as the objective and the subjective findings. Subjective conclusions may lend themselves to generalizations and are part of the study.

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<sup>1</sup>William Stevenson. The Study of Behavior: Q-Technique and Its Methodology, Chicago: University of Chicago Press, 1953.

<sup>2</sup>Milton Rokeach. op. cit.



Results of the study, drawn conclusions and implications based upon these results, and attempts to submit recommendations for further explorations are summarized in the following discussion. In addition, some brief subjective observations are offered.

### Conclusions

Null Hypothesis I which stated, in essence, that group counseling would not significantly help nursing students to improve their attitudes, views and behaviors, can be rejected. A comparison of the Dogmatism Scale Scores of the experimental ( counseled ) and control ( non-counseled ) groups showed no significant difference at the inception of the investigation. The experimental and control groups, at the time of pretesting, had an F-Ratio of .008 at the .931 level. Thus, there was no significant difference in the Dogmatism Scores of the two nursing school classes when they entered their schools of nursing in September, 1968. After six months of group counseling for the experimental group an analysis of variance was again computed and the F-Ratio found to be 7.119 at a significant level beyond .05. The experimental group had decreased its dogmatism scores significantly. In September, 1969 posttests results were found for the experimental and control group and an F-Ratio of 21.754 with a significance at .01 was revealed.

One and one-half years after the group counseling sessions were terminated, computations revealed an F-Ratio of 19.320 and the significant difference at the .01 level. Two and one-half years after group counseling the analysis of variance was computed for the differences which was statistically found to be significant at the .001 level with an F-Ratio of 12.984. It can be concluded, therefore, that the group counseling experience had a significant effect upon the attitudes and behaviors of the nursing students who served as the experimental group for this investigation--a significant effect as measured by the Rokeach Dogmatism Scale.

Null Hypothesis II ( which, in essence, stated that nursing students engaged in group counseling will not show significantly improved self-concepts ) can be rejected.

A comparison of the self-concepts of the two freshmen nursing classes at the pretest period revealed no significant difference. In September, 1968, the F-Ratio was .300 with a level of .587 which was not significant.

Immediately after the experimental group had completed twenty-five group counseling sessions a posttest was administered to both groups and the F-Ratio was computed to be 62.532 with a significance of .01.

At the completion of the nursing students' second year of school the F-Ratio was 78.413 at the .01 level of significance. In June, 1971, the summer of the nursing students' graduation, the posttests revealed an F-Ratio of 105.382 with a significance at .001.

One of the hoped for side products of this study was a reaffirmation of the phenomenon that academic achievement can be improved with group counseling. The Null Hypothesis III stated that nursing students engaged in the Group approach to counseling will not show significantly improved grade point averages and it may be accepted. Although there was a difference between the two classes for the nine grading periods the improved grade point average was in favor of the control group.

The initial F-Ratio in September of 1968 was .000 with a .986 level of significance. As shown in Chapter IV, at the end of three grading periods the control group showed significant improvement, but the final grading period revealed an F-Ratio of .102 with a level of .752, non-significant.

It becomes increasingly evident that multiple factors should be considered in attempting to predict academic achievement. Only one of the four counseled groups discussed study skills during a part of one session. Change in general attitudes and improved self-concepts had no significant effect upon grade point averages of the counseled group in this study. Because the sessions were group structured, at no time did the counselor-investigator suggest study skills to be the topic of the discussion. ( Hopefully ) Had it been one of the students' primary concerns such discussions would have been entertained.

It had been suggested by Dickenson and Truax<sup>1</sup> that with adequate group counseling the Grade Point Average and Attrition rate could be significantly improved. The implication here is that very little time was spent in discussing academic concerns of the students. The counselor-investigator made no effort to initiate such a topic for the sessions belonged to the students and it was assumed that it was not one of their primary problems, for no emphasis was placed upon it. Perhaps the issue of failing was of so small a magnitude that it was not considered worthy of discussion. Only one student of the experimental group left the school because she felt it was too difficult for her.

There was, in three of the nine grading periods, a significant difference in grade point averages, in favor of the non-counseled group. It may be reasoned that several bases may have contributed to this state. Other problems and concerns, as behaviors, interests, and feelings, overshadowed that of academic achievement. Content of the group sessions concerned itself mainly with self-images, and student-faculty-personnel relationships, and not with the classroom situation.

The fact that the grade point averages held constant for the experimental group may be attributed, in part, to counseling. The students expressed no felt need to use counseling time to speak of scholastic matters. Admittedly most were not committed to competing academically. Their energies were expended in numerous extracurricular activities, cultural and social and they were striving towards maximum psycho-social functioning.

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<sup>1</sup>Walter Dickenson and Charles Truax. "Group Counseling with College Underachievers," Personnel and Guidance Journal, November, 1966, p. 243.

An interesting factor to be considered is that each nursing student from the experimental group passed the Wisconsin State Board of Nursing Examination while five of the control group failed. Implication here may be that the experimental group, as a whole, was motivated to study more for the State Exam than was the control group.

Null Hypothesis IV which postulated that the group approach to counseling will not significantly increase the holding power of the school of nursing is accepted. At the inception of this study there were thirty-six nursing students in the control group and thirty in the experimental group. By the end of the first year each group had lost ten students for like reasons: illness, pregnancy, marriage, lack of satisfaction with nursing, and academic failure. By the end of the third year twenty-two students from the control group and eighteen from the experimental group remained to graduate. With an attrition rate of 40 percent for the experimental group and 39 percent for the control group, the Null Hypothesis cannot be rejected.

The attrition rate of the counseled group does not necessarily depict failure of the group approach as a technique in retaining nursing students in schools of nursing, but rather it may attest to a success in identifying those nursing students who could better put their potentialities in other fields of endeavor--those in which they felt more motivated and secure. Those who withdrew from the nursing education course expressed relief and appreciation for aid in redirecting their energies.

It is interesting to note that most of the students in each school, who gave pregnancy or marriage as reason for "dropping out" have planned to or have already returned to complete their nursing education.

From the results of this study and a purvey of research which disclosed a dearth of investigations of this ever-increasing fatality in nursing schools, it is reasoned that a full scale, comprehensive inquisition related to attrition from schools of nursing has merit.

Responses to the Instructor Evaluation Sheet add credence to the interpretation which permits the investigator to reject Null Hypothesis V. It asserts that there will be no appreciable difference between group counseled and non-counseled nursing students in their relationships with patients, peers, personnel and instructors. The significance test of the instructors' objective-subjective evaluations revealed that 98.8% of the nursing students improved significantly at the .002 level with respect to interrelationships with patients and 87.7% improved beyond the .01 level of significance in their relationships with peers and hospital personnel, gain being in favor of the experimental group.

Rarely was there a session when at least part of the time wasn't spent discussing a particular reaction to a teacher, patient, or classmate: "Why is Mrs. Oversee always keeping such a critical eye on me?" "Why don't instructors act like people?" "Mr. Blue screamed at me to get out of his room and stay out!" "My patient has venereal disease, how can I

bathe him?" "Her eating habits are so bad I wish we didn't have to eat with her." "She's had three abortions and I can't tolerate her." "She's the teacher's pet." In instances such as these the students counseled each other well. There would ensue, after such statements or statement, lively discussions with thoughts expressed as: "How would you feel if we went into the patient units unsupervised?" "Do you feel she's seeking out only you?" "What responsibility do you feel toward your patient?" "Do you think she may want you to be the best possible nurse and it's not a personal thing?" "Why would she be critical of just you?" "How do you feel about him as a person?" "Do you think he has feelings as you do?" "Why do you suppose he reacted that way...could something have happened at his home?" "Did his doctor tell him he could not return to work for a long time and perhaps he can't afford to be ill?" "Maybe she'll improve her social habits by watching us in the dining room and at our teas." "How can we best help her?" "Do you think that her color...or his religion...means that there is less physical or emotional pain?" "How is he really different from you?"

An example of counseling students offered each other is cited here: One of the first weeks the freshmen nursing students were working on the clinical areas a student came to the group counseling session so angered and hostile she was, at first, unable to communicate her anxiety and antagonism verbally. This was a white student from a small town who had never known a Negro. The "instructor had the nerve" to assign her a black patient to bathe and



care for that morning. Group members were at once enraged with her for her intolerance and there ensued a lively and tearful discussion which continued for an hour and a half.

She was helped by the group members to realize that she, as any nurse, plays an important role in the patient's improvement, emotionally as well as physically; he, or any patient of any color or religion has thoughts and feelings just as she does. They helped her to identify with him and she began to verbalize a modification of feelings and seemed ready to try to establish a warmer contact with Mr. Black the following day. The confrontation between the student and her peers seemed to humble her and as the group left the room she apologized and thanked each of them for "caring enough" to help her. In subsequent sessions Miss Prejudice, and others, initiated discussions relative to patients who might be "different" from them. At one session Miss Prejudice became tearful as she spoke of her "favorite" patient ( a young black woman ) who had expired the day before. The group was quick to respond favorably and understandably to her empathy. The investigator followed this student's pre- and posttests critically and has been reassured at progress she has made over the three year period. It appears that the group counseling experience aided this student's position in her striving toward her optimum functioning.

The permissive and unstructured climate of the group sessions was in contrast to what is normally found in a classroom or the nursing education situation. The counseling situation required an atmosphere wherein the

students could be allowed the opportunity to work through attitudes and feelings. This approach was free from the normal restrictions of the school environment. The counselor-investigator was not an authoritarian figure who judged what was said or not said, done or not done. As counseling progressed the counselees assumed the major responsibility for what was said, how it was said, who said it and, just as important, what was not said. Silences were occasionally as valuable as talk: non-verbal communication as valuable as verbal. There was, in the counseling sessions, just as much right not to talk as to talk. When counseling was first begun these freedoms were not always accepted--occasionally were mistrusted, i.e. , sometimes a student remained silent throughout a session but her peers would express resentment for they felt she had as much to contribute as they--and should allow herself to become as vulnerable as they--and owed it to herself as well as to the group to participate actively. Each expressed her feelings on this issue. Students were left with the prerogative to exert themselves or not, but to expect reactions from group members as they saw fit.

As counseling sessions continued there was an air of trust in the environment, relationships were established, and the freedoms of the group were adopted as the climate in which progress could be made. The effects of the counseling experience were often carried over into other aspects of the student's life situation. Some instructors and head nurses reacted to the class as the "most outspoken" with which they had worked, but also it was "one of the best group of nursing students we've had."

The investigator asks: how provocative were the sessions and what transpired when the nursing students returned to their dormitory and discussed the group counseling sessions? Did the group benefit measurably from these "gab fests" after counseling?

### Implications

From the findings to which the investigator has previously alluded, a number of conclusions may be drawn. The first conclusion is that group counseling can be, and in this study was, effective in stimulating growth among beginning nursing education students in the areas of critical thinking, individual social adjustment, receptivity to new ideas, and in improving self-concepts. It can further be stated that the interaction dynamics inherent in the nursing classroom does not provide significant improvement in students' attitudes toward patient, peers, faculty and toward themselves if counseling is not provided. The emphasis placed on the mastery of principles and concepts in nursing which were derived from lectures and readings is not the reason for the improvement in the students' attitudes and behaviors. Group counseling is more effective than no counseling in reducing the degree of dogmatism in beginning nursing education students. Client-centered counseling in a group setting proved to be more effective than no counseling in increasing the level of personal adjustment of the nursing students and it was more effective than no counseling in stimulating growth and improved self-concepts.

Dogmatism, a form of resistance to change, has been defined as a positiveness in the assertion of unwarranted opinion. The inner directed "high dogmatic" is characterized by a lack of "openmindedness" and cannot easily tolerate ambiguity. In nursing such a condition could well prove fatal to both the closed-minded nurse and the patients, peers, and personnel with whom she comes in contact. There is little doubt that educators of nurses, in all programs, have long realized the danger of producing nurses who are unrecaptive to new ideas and different points of view, but instead of resorting to procedures which would lower dogmatism, nursing educators have been content to verbalize distress they feel over the dogmatic tendencies of nursing students.

It is understood that attitudes, beliefs and behavior patterns which are deeply rooted in the individual's emotional life are most resistant to change. When a certain belief is emotionally interwoven with other beliefs and attitudes, it is most difficult for a person to alter his system of beliefs without also reorganizing most of the other beliefs that he holds.

All the argumentation and polemics that can be mustered in a classroom setting may not affect such a belief unless the psychological climate of the classroom makes a complete reorganization of the belief system possible. In the traditional nursing classroom situation where there is little sympathy for an individual's undesirable status and even less group cohesiveness,

the nursing student normally, through fear and anxiety, would take steps to shield and protect a complicated system of related beliefs from vulnerability.

Nursing education is unusual because it requires professional responsibility of its students before their program is completed. Many students find such responsibility stressful. This stress may be intensified by the sometimes rapid adjustment required as the student changes from one study area to another. Groups directed toward developing social and/or nursing skills can provide a setting in which stress-preventing techniques are discussed and practiced.

Because there was no revealed research or literature which suggests a difference in nursing students' attitudes, views and self-concepts on admission to baccalaureate diploma or associate degree programs, conclusions emanating from this investigation lend credence to the probability that the study group members are representative of first year nursing students. Results of the study are valid to the degree to which the instruments employed measure what they purport to measure.

The findings from research are fairly convincing with regard to demonstrating that students learn in counseling groups to accept and live more comfortably with themselves. There is reason to accept the hypothesis that nursing students can learn to accept, respect and value other people as a result of successful counseling.

One value in group counseling is that the counselor may discern individual student's needs. The professional counselor is particularly useful as a consultant for the faculty. Because of their positions, faculty members are often first to be aware of a student's problems and the counselor can frequently offer the faculty guidance to assist them in their work with the nursing students. Presenting faculty with alternative approaches has been useful in rethinking policy that governs student evaluation and assessment.

It was hypothesized that nursing students who work out their own anxieties in group counseling learn more about peer relationships, and become more effective with relationships with others and in self-understanding. This postulation received support in this study.

Statistical analysis of results supported the following conclusions: The students in the group counseling program became less rigid in their attitudes and beliefs. They became more realistic in their conceptions of themselves, of their patients and of their co-workers. Group counseling helped them to use the experience effectively. It helped them to recognize and accept their own feelings of fear, anger, inferiority, anxiety--to learn that it's all right to have feelings--and to express them.

The investigator, after examination of statistically analyzed material of this study, purports that constructive attitudinal, behavioral, inter-relationship, and self-concept change came about, at least in part, because the students perceived and experienced a certain psychological climate in

the relationships. During the twenty-five group counseling sessions, the elements of this climate consisted of feelings and attitudes which were experienced by the therapist, perceived by the students, and facilitated change. The elements of this climate were congruent with Rogers' realness, genuineness or congruence of the therapist, a warm acceptant prizing of the client, a positive regard for the students, and a sensitive empathic understanding of their feelings which was communicated to them. This study demonstrated that group counseling may be a generally useful tool within nursing programs and that effects may be long lasting.

The nursing student, as is distinctive to all humanity, will continue to have decisions to make, problems to face, and difficulties to endure when counseling sessions are completed. The evaluation of how successful the exposure to group counseling has been will more legitimately rest not on whether the issues he brought into counseling have been comfortably resolved, but on whether the person he takes away from it looks toward the future, problem-filled and resolution-ridden as it is likely to be, with a new savor and self-assurance elicited from a growth experience.

#### Investigator Suggestions

The investigator suggests: Preventive activities, in the form of group counseling, will benefit all nursing students whether in baccalaureate, diploma, or associate degree programs. Basic research, complementary to preventative programs should be undertaken. Student satisfaction with



nursing, the role of the faculty and administration are research areas that merit attention and perhaps a consequent change.

Counseling should be an integral part of all total nursing education programs. With a comparison of the two schools of nursing, one which had available regular group counseling, and the other, none, it may be hypothesized that change in attitude and behavior will not occur from the curriculum alone. It appears to the investigator that a basic goal of education in the nursing profession is the improvement of attitudes toward patients and self. The counselor's function is seen as:

- Counseling students
- Consulting with faculty and administration
- Conducting research

The counselor is independent of faculty and administration and assures the student freedom of access and strict confidentiality and can give priority to the needs of the students and faculty.

There is need for a group dynamics or counseling program in each nursing program with research into the drop-out problem, the Grade Point Average problem, and inservice training of staff in communications and evaluation skills.

One hour's time was all that was provided by the school of nursing for the students' schedule was compactly planned. An hour and a half would have been more acceptable to students and the researcher.

As participant-observer the investigator avers that the period and extent of group counseling could have well been extended to cover at least the first year of school for the nursing students, and more effectively,

during the entire course of study.

Concurrently with group counseling for the nursing students the nursing faculty and nursing administrators should be engaged in sensitivity or group counseling sessions to aid them in better understanding their relationships with students and colleagues.

A therapist's judgment about a case is probably the most frequently used criterion of therapeutic outcome. Not only is it a readily available criterion, but also, on logical grounds, it is a sensible one to use. For the counselor is a close and constant witness to the therapeutic or counseling process and, further, a person whose training should equip him to select the appropriate kind of data on which to base his judgment. Whether this is actually so remains to be seen in cross-validation studies; in any case, the logical arguments make counselor judgment a likely candidate for study as another criterion measure of change.

Seeman's<sup>1</sup> Rating Scale to personally evaluate the experimental group was utilized by the counselor-investigator prior to the last posttesting period and before any data was analyzed. The investigator felt that the group counseled members, with one exception, changed their self-concepts in the direction of greater sophistication, and they set less rigid standards for themselves. They became more realistic in their conceptions of themselves

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<sup>1</sup>Julius Seeman. "Counselor Judgments of Therapeutic Process and Outcome." In Psychotherapy and Personality Change. Ed. by C. Rogers, Chicago: University of Chicago Press, 1954, p. 101. See Appendix.

and of their patients, co-workers and classmates. The students became more effective as nurses ~~and~~ persons when they could drop professional defenses and look at themselves as persons. The researcher portends that the group sessions were most effective in aiding the nursing students to ventilate and to work through negative and stressful attitudes. In voluntary interviews with students, faculty, head nurses, team leaders and auxiliary personnel, it became known that a definite improvement in rapport had occurred. It is accepted that these are subjective findings and intuitive observations, are open to generalization and are a part of this study. Each of the four groups from Mount Sinai Medical Center School of Nursing expressed disappointment that the counseling sessions could not be continued. Many from the counseled groups continued to seek counseling in small groups and individually until the date of graduation. At the completion of the study several students from the control group expressed resentment that they could not avail themselves to an individual or group counseling program.

Increasingly large numbers of nursing students place considerable stress on counselors' time, and since predictions are that the situation is becoming more critical, it seems imperative that we look ahead to the ultimate value of counseling in group situations. If, indeed, outcomes of individual can be achieved through counseling in groups, it would be reasonable that group counseling should be employed. Wrenn<sup>1</sup> has admonished that

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<sup>1</sup>C. Gilbert Wrenn. Student Personnel Work in College. New York: The Ronald Press, 1951.

counselors cannot afford to be encapsulated; they cannot afford to be tied to the old approaches that have proven to be effective. The counselors must constantly strive, through experimentation and research, to extend his services to every student who needs them.

### Recommendations

This study gives rise to significant evidence that justify a counseling service in departments of nursing education and to problems which, hopefully, further research can answer. It is recommended by the investigator that further research be concerned with the following problems:

1. To what extent is group counseling an effective prelude to effective individual counseling of nursing students?
2. To what extent do nursing students retain gains over the three year period of nursing education?
3. Do nursing students who are satisfied with the counseling experience evidence more growth in personal adjustment than dissatisfied counselees?
4. What counselor characteristics ( personalities ) are conducive to growth of students in group counseling?
5. Would nursing students do as well--or better--with individual counseling?
6. Would sortings of the Q Sort show a significant difference between how students see themselves and how they would like to be before and after counseling?

7. Would comprehensive group counseling prior to matriculation to the school of nursing be effective in decreasing dogmatism and improving self concepts?
8. Would the same hypotheses be rejected or accepted if this study were replicated using freshmen classes at two university schools of nursing? Would they be accepted or rejected if a comparable study were done with nursing students from a Diploma, a Collegiate and an Associate Degree Program?
9. What systematic selective differences between the two student bodies would be revealed if the nursing students from both schools of nursing had been assigned at random to experimental and control groups?
10. If group counseling is to be used in nursing education is it more effective if it is used continuously throughout the entire program?
11. Would a counselor of different theoretical orientation have been more, or less successful in helping the nursing students attain ends hypothesized?
12. Would group counseling results be different with nursing students if nursing instructors were engaged in sensitivity or group counseling sessions also?

Although attrition rate and grade point averages were not significantly affected, the investigator feels justified in recommending that the group

counseling process used in this study be made a part of the regular curriculum in all departments of nursing education. It has been shown both objectively and subjectively that attitudes, interpersonal relationships and self-concepts were positively affected by group counseling. The content of the sessions revealed that there originally existed, in freshmen nursing students in the experimental and control groups, a negative relational situation between students, patients, instructors, and within themselves, all which seems to be amenable to the group approach to counseling.

## BIBLIOGRAPHY

- Allport, Gordon. "Attitudes." In C. Murchison, Handbook of Social Psychology. Worcester, Mass.: University Press, 1935, P. 810.
- Anderson, Robert. "An Experimental Investigation of Group Counseling With Freshmen in a Women's College." Unpublished doctoral dissertation, New York University, 1955.
- Arnold, Helen. "I-thou." American Journal of Nursing, Vol. 70, No. 12, December, 1970, pp. 2554-2556.
- Benjamin, Nancy and Patricia Cicatiello. "Needed: Career Counseling for Nursing Students." Nursing Outlook, Vol. 12, October, 1964, pp. 55-57.
- Bennett, Margaret. Guidance and Counseling in Groups. New York: McGraw-Hill, 1963.
- Berne, Eric. Group Treatment. New York: Grove Press, Inc., 1966.
- Bilovsky, David; William Mc Masters; Joseph Shorr and Stanley Singer. "Individual and Group Counseling." Personnel and Guidance Journal, Vol. 31, March 1953, pp. 363-365.
- Bonney, Warren C. "Pressure Toward Conformity in Group Counseling." Personnel and Guidance Journal, Vol. 43, June, 1965, pp. 970-973.
- Boyle, Rena. "A Study of Student Nurses' Perception of Patient Attitudes." Public Health Service Publication. No. 769, 1960.
- Brammer, Lawrence, and Everett Shostram. Therapeutic Psychology. Englewood Cliffs, New Jersey: Prentice-Hall, 1960.
- Brayfield, Arthur. Readings in Modern Methods of Counseling. New York: Appleton-Century-Crofts, 1950, p. 3.



- Broedel, John. "A Study of the Effects of Group Counseling on the Academic Performance and Mental Health of Underachieving Gifted Adolescents." Unpublished Ph.D. dissertation, University of Illinois, 1958.
- Brooks, Beatrice. "Change in Attitude of Basic Nursing Students: An Investigation of Selected Attitudes of Students Enrolled in Basic Nurse Education Program at Beginning and at End of One Academic Year." Unpublished Ph.D. dissertation, New York University, 1959.
- Butler, John and Haigh, Gerard. "Changes in Relation Between Self-Concepts and Ideal Concepts Consequent upon Client-centered Counseling," In Psychotherapy and Personality Change, Ed. by Carl Rogers and Rosalind Dymond, Chicago: University of Chicago Press, 1954, pp. 55-75.
- Caplan, Stanley, W. "The Effects of Group Counseling on Junior High School Boys' Concepts of Themselves." Journal of Counseling Psychology, Summer, 1957, pp. 124-128.
- Churchill, Sallie. "Teenagers and We, Their Advisors." Nursing Outlook, Vol. 11, February, 1958, pp. 126-128.
- Cohn, Benjamin; Combs, Charles; Gibian, Edward; and Sniffen, A. Mead. "Group Counseling and Orientation." Personnel and Guidance Journal, Vol. 42, December, 1963, pp. 355-358.
- Corwin, Ronald; Taves, Marvin; and Haas, Eugene. "Professional Disillusionment." Nursing Research, Vol. 10, Spring, 1961, pp. 141-144.
- Craig, Virginia and Brown, William. "Group Counseling for Administrative Personnel." Nursing Outlook, Vol. 4, July, 1956, pp. 378-380.
- Crow, Lester and Crow, Alice. ed. Readings in Guidance. New York: David McKay Co., 1962, Ch. 6.
- Cronbach, Lee J. "Correlation between Persons as a Research Tool." Unpublished paper read at symposium on research method in clinical psychology at Washington University, St. Louis, Missouri, March, 1951.

- Curran, Charles. Counseling and Psychotherapy: the Pursuit of Values. New York: Sheed and Ward, 1968, Ch. 12.
- Davis, Donald. "Effect of Group Guidance and Individual Counseling on Citizenship Behavior." Personnel and Guidance Journal, Vol. 38, May, 1962, pp. 142-145.
- Davis, Fred and Olesen, Virginia. "Baccalaureate Students' Image of Nursing." Nursing Research, Vol. 13, Winter, 1964, pp. 8-13.
- Dickenson, Walter, A. and Truax, Charles B. "Group Counseling with College Underachievers." Personnel and Guidance Journal, Vol. 45, June, 1967, pp. 1031-1032.
- Dobb, L. W. "The Behavior of Attitudes." Psychological Review, Vol. 54, ( May 1947 ) pp. 135-136.
- Dodge, Joan. "Age of Nurse Helps Determine Her Attitude Toward Patients." The Modern Hospital, Vol. 95, November, 1965, p. 116.
- Driver, Helen. "Gripe Sessions Lead to Better Understanding." Wisconsin Journal of Education, Vol. 85, October, 1952, pp. 7-9.
- Driver, Helen. "Small Group Discussion." Personnel and Guidance Journal, Vol. 31, December, 1952, pp. 173-175.
- Dymond, Rosalind. "Adjustment Changes over Therapy from Self-Sorts." In Psychotherapy and Personality Change, ed. by Carl Rogers and Rosalind Dymond, Chicago: University of Chicago Press, 1954, pp. 76-84.
- Eron, Leonard. "The Effect of Nursing Education on Attitudes." Nursing Research, Vol. 4, June, 1955, pp. 24-27.
- Ewing, Thomas. "Changes in Attitude During Counseling." Journal of Counseling Psychology, Spring, 1954, pp. 231-239.
- Fein, Leah. "The Use of Psychodrama to Strengthen Self Concepts of Student Nurses." Group Psychotherapy, Vol. 16, 1963.

- Felton, Joan. "Resolving Stresses of Affiliating Students." Nursing Outlook, Vol. 6, January, 1958, pp. 25-28.
- Fox, David and Knopf, Lucille et al. "Can Just Talking Be Planned." The American Journal of Nursing, Vol. 63, August, 1963, pp. 107-110.
- Froehlich, Clifford. "Must Counseling Be Individual." Educational and Psychological Measurement, Vol. 18, May, 1958, pp. 681-689.
- Gazda, George and Ohlsen, Merle. "The Effects of Short Term Group Counseling." Personnel and Guidance Journal, Vol. 39, May, 1961, pp. 280-292.
- Gazda, George. Ed. Theories and Methods of Group Counseling in the Schools. Charles C. Thomas, 1969.
- Glanz, Edward. Groups in Guidance. Boston: Allyn and Bacon, 2nd. ed., 1967.
- Goldsborough, Judith. "On Becoming Nonjudgmental." American Journal of Nursing, Vol. 70, November, 1970, pp. 2340-2343.
- Gordon, Thomas and Cargwright, Desmond. "The Effect of Psychotherapy upon Certain Attitudes toward Others." In Psychotherapy and Personality Change, ed. by Carl Rogers and Rosalind Dymond, Chicago: The University of Chicago Press, 1954, pp. 167-195.
- Hahn, Milton E. "Conceptual Trends in Counseling." Personnel and Guidance Journal, Vol. 31, January, 1953, pp. 231-235.
- Hartley, Margaret. "A Q-Technique Study of Changes in the Self Concept During Psychotherapy." Unpublished Ph.D. dissertation, University of Chicago, 1951, p. 6.
- Hewer, Vivian. "Group Counseling, Individual Counseling and a College Class in Vocations." Personnel and Guidance Journal, Vol. 37, May, 1959, pp. 660-665.
- Hewer, Vivian and Volsky, Theodore. "A Program of Good Counseling." Journal of Counseling Psychology, Vol. 7, Spring, 1960, pp. 71-73.

- Hewer, Vivian. "Evaluation of Group and Individual Counseling: A Follow-up." Journal of College Student Personnel, Vol. 8, July, 1967, pp. 265-270.
- Hickok, Florence. "How They Reorganized Their Guidance Program." Nursing World, Vol. 132, October, 1958, pp. 10-12.
- Ingles, Thelma and McKinney, John. "The Professionalization of Nurses." Nursing Outlook, Vol. 7, June, 1959, pp. 365-366.
- Jahoda, Marie; Selltiz, Claire; Deutsch, Morton; and Cook, Stuart. Research Methods in Social Relations, Part one: Basic Procedures. New York: The Dryden Press, 1951.
- Jennings, Muriel. "On the Job Counseling." The American Journal of Nursing, Vol. 61, March, 1961, pp. 67-70.
- Kaback, Goldie. "Guidance and Counseling in Nursing Schools." Nursing Outlook, Vol. 6, September, 1958, pp. 532-533.
- Katz, Elihu and Lazarsfeld, Paul. Personal Influence. Glencoe, Illinois: The Free Press, 1955.
- Kemp, C. Gratton. "Influence of Dogmatism on Counseling." Personnel and Guidance Journal, Vol. 39, April, 1961, pp. 662-665.
- Kemp, C. Gratton. "Behaviors in Group Guidance and Group Counseling." Journal of Counseling Psychology, Vol. 10, Winter, 1963, pp. 373-377.
- Kilbrick, Anne. "Drop-Outs in Schools of Nursing: The Effect of Self and Role Perception." Nursing Research, Vol. 12, Summer, 1963, pp. 140-149.
- Kirby, Jonell. "Group Guidance." Personnel and Guidance Journal, Vol. 49, April, 1971, pp. 593-599.
- Klein, P. and Moffitt, R. Counseling Techniques in Adult Education. 1st. ed. New York: McGraw-Hill, 1946.
- Korzybsky, Alfred. In People in Quandaries, by Wendell Johnson. New York: Harper and Row, 1946.

- Lifton, Walter. "Group Therapy in Educational Institutions." Review of Educational Research, Vol. 24, April, 1954, pp. 156-165.
- Luchins, Abraham. Group Therapy: A Guide. New York: Random House, 1964.
- McKinney, Fred. Counseling for Personal Adjustment. Boston: Houghton Mifflin Co., 1958.
- Meyer, Genevieve. "The Attitude of Student Nurses Toward Patients." Nursing Research, Vol. 7, October, 1958, pp. 126-130.
- Meyer, Genevieve. "Conflicts and Harmony in Nurses' Values." Nursing Outlook, Vol. 7, July, 1959, pp. 398-399.
- Meyer, Peter. "Effects of Group Counseling on First Year Nursing Students." Unpublished Ph.D. dissertation, New York University, 1963.
- Miller, K.M., and Biggs, J.B. "Attitude Change Through Undirected Group Discussion." Journal of Educational Psychology, Vol. 49, August, 1958, pp. 224-228.
- Moreno, Jacob. Psychodrama. New York: Beacon House. 1946.
- Mowrer, O. Hobart. The New Group Therapy. Princeton, New Jersey: D. Van Nostrand Co., Inc., 1964.
- Nathanson, Leanore. "Nurses Talk It Out." Nursing Outlook, Vol. 4, December, 1956, pp. 681-683.
- Norms, Catherine. "The Nurse and the Dying Patient." American Journal of Nursing, Vol. 55, October, 1955, pp. 1214-1215.
- Novak, Benjamin. "Guidance in Schools of Nursing." Nursing World, Vol. 133, March, 1959, pp. 15-33.
- Oelke, Merritt and Ohlsen, Merle. "An Evaluation of Discussion Topics in Group Counseling." Journal of Clinical Psychology, Vol. 18, July, 1962, pp. 317-322.
- Ofman, William. "Evaluation of a Group Counseling Procedure." Journal of Counseling Psychology, Vol. 11, Summer, 1964, pp. 152-159.

- Ogston, Donald and Ogston, Karen. "Counseling Students in a Hospital School of Nursing." Canadian Nurse, April, 1970, P. 52.
- Ohlsen, Merle. "Counseling Within a Group Setting." Journal of National Association of Women Deans and Counselors, Vol. 23, April, 1960, pp. 104-109.
- Pearl, David. "Ethnocentrism and the Concept of Self." Unpublished Ph.D. dissertation, University of Chicago, 1950.
- Pepinsky, Harold. "Measuring Outcomes of Classroom Therapy." Educational and Psychological Measurement. Vol. 7, Winter, 1947, pp. 713-724.
- Perlmutter, Beátrice. Perceptions of Registered Nurses Relating to the Status of Nursing." Unpublished Ph.D. dissertation, New York University, 1961.
- Phillips, E. Lakin. "Attitudes Toward Self and Others: A Brief Questionnaire Report." Journal of Consulting Psychology, Vol. 15, 1951, pp. 79-81.
- Racy, John. "How a Group Grows." American Journal of Nursing, November, 1969, pp. 2396-2400.
- Redman, Barbara. "Clinical Nursing Instructors' Perceptions of Students' Attitudes Toward Selected Interpersonal Relationships." Unpublished Ph.D. dissertation, University of Minnesota, 1964.
- Rogers, Carl. Client-Centered Therapy. Boston: Houghton-Mifflin. 1951.
- Rogers, Carl and Dymond, Rosalind. Psychotherapy and Personality Change. Chicago: The University Press, 1954.
- Rokeach, Milton. The Open and Closed Mind. New York: Basic Books, Inc., 1960, Ch. 4.
- Rosenberg, Pearl and Fuller, Myrtice. Seminar in Student Nurses' Safety Valve. The Modern Hospital, Vol. 85, July, 1955, pp. 53-57.



- Ross, Elizabeth. "What is it like to be Dying?" American Journal of Nursing, January, 1971, pp. 54-61.
- Roth, Robert M., et al. "Non-achievement Syndrome, Group Therapy and Achievement Change." Personnel and Guidance Journal, Vol. 46, December, 1967, pp. 393-398.
- Rudikoff, Esselyn. "A Comparative Study of the Changes in the Concepts of the Self, the Ordinary Person, and the Ideal in Eight Cases." In Psychotherapy and Personality Change, ed. by Carl Rogers and Rosalind Dymond, Chicago: The University of Chicago Press, 1954, pp. 85-98.
- Schmidt, Lyle and Pepinsky, Harold. "Counseling in Research in 1963." Journal of Counseling Psychology, Vol. 12, 1965.
- Schultz, Charlotte. "New Dimensions in a Guidance Program." Nursing Outlook, Vol. 14, May, 1966, pp. 56-57.
- Sheerer, Elizabeth. "An Analysis of the Relationship Between Acceptance of and Respect for Self and Acceptance of and Respect for Others in Ten Counseling Cases." Journal of Consulting Psychology, Vol. 13, 1949, pp. 169-175.
- Shertzer, Bruce. Fundamentals of Guidance. Boston: Houghton-Mifflin, 1966, Ch. 7.
- Shertzer, Bruce. Fundamentals of Guidance. Boston: Houghton-Mifflin, 1968, Ch. 15.
- Slavson, S. R. "Parallelisms in the Development of Group Psychotherapy, a Fresh Historic Approach." International Journal of Group Psychotherapy. Vol. 9, ( January, 1969 ) pp. 451-462.
- Sorenson, Gladys. "Guidance at the University of Arizona School of Nursing." Journal of Nursing Education, Vol. 1, December, 1962, pp. 15-18.
- Spaights, Ernest. "Social Reinforcement in the Individual and Multiple Counseling of College Students." Unpublished Ph.D. dissertation, The Ohio State University, 1966.



Stevenson, William. Q-Technique and Its Methodology. Chicago: University of Chicago Press, 1953.

Stock, Dorothy. "An Investigation into the Interrelations Between the Self-Concept and Feelings Directed Toward Other Persons and Groups." Journal of Consulting Psychology, Vol. 13, 1949, pp. 176-180.

Thursdon, John, Finn, Patricia, and Brunclik, Helen. "A Method for Evaluating the Attitudes of Prospective Nursing Students." Journal of Nursing Education, Vol. 2, 1965, pp. 3-7.

Valentine, Lois. "Self-care Through Group Learning." American Journal of Nursing, Vol. 70, October, 1970, pp. 2140-2142.

Volsky, Theodore and Hewer, Vivian. "A Program of Group Counseling." Journal of Counseling Psychology, Vol. 7, Spring, 1960, pp. 71-73.

Warters, Jane. Techniques of Counseling. New York: McGraw-Hill, 1954.

Wood, Vivian. "Examining Student Nurses' Problems by the Case Method." Canadian Nurse, February, 1970, p. 31.

Wrenn, C. Gilbert. Student Personnel Work in College. New York: The Ronald Press, 1951.

Wright, E. Wayne. "Multiple Counselings; Why? When? How?" Personnel and Guidance Journal, Vol. 37, April, 1959, pp. 551-557.

Yap, Matilde. "A Counseling Program: Luxury or Necessity?" Canadian Nurse, Vol. 60, December, 1964, pp. 1178-1180.

Zeran, Franklin R. and Riccio, Anthony. Organization and Administration of Guidance Services. Chicago: Rand McNally, 1962, p. 105.

## APPENDIX

MOUNT SINAI HOSPITAL

948 North Twelfth Street, Milwaukee, Wisconsin 53233  
Area Code 414/271-2174

September 6, 1968

GOOD MORNING

We hope you have set aside time assigned you ( on Tuesday or Thursday ) to sit around the table and talk about some of the concerns important to us all.

It's your hour.....10:00 A.M. to 11:00 A.M. !  
See you then in "E" Building, Room 208, within the Personnel Office.

Your Class Mates and Mrs. Cohn will join you.

# ROKEACH DOGMATISM SCALE

The following is a survey of the opinions of people in general about a number of social and personal questions. Of course there are many different answers. The best answer to each statement below is your personal opinion. We have tried to cover many different and opposing points of view. You may find yourself agreeing strongly with some of the statements, disagreeing just as strongly with others, and perhaps uncertain about others; whether you agree or disagree with any statement, you can be sure that many other people feel the same as you do.

Mark each statement on the answer sheet according to how much you agree or disagree with it. Please mark every one. Write /1, /2, /3, or -1, -2, -3 depending on how you feel in each case.

/1: I AGREE A LITTLE

/2: I AGREE ON THE WHOLE

/3: I AGREE VERY MUCH

-1: I DISAGREE A LITTLE

-2: I DISAGREE ON THE WHOLE

-3: I DISAGREE VERY MUCH

- \_\_\_ 1. A person who thinks primarily of his own happiness is beneath contempt.
- \_\_\_ 2. The main thing in life is for a person to want to do something important.
- \_\_\_ 3. I wish people would be more definite about things.
- \_\_\_ 4. In a discussion I often find it necessary to repeat myself several times to make sure I am being understood.
- \_\_\_ 5. Most people just don't know what's good for them.
- \_\_\_ 6. A person who has bad manners, habits, and breeding can hardly expect to get along with decent people.
- \_\_\_ 7. In times like these, a person must be pretty selfish if he considers his own happiness primarily.
- \_\_\_ 8. A man who does not believe in some great cause has not really lived.
- \_\_\_ 9. I work under a great deal of tension at times.
- \_\_\_ 10. I'd like it if I should find someone who would tell me how to solve my personal problems.
- \_\_\_ 11. Of all the different philosophies which have existed in this world there is probably only one which is correct.

plus 1: I AGREE A LITTLE

-1: I DISAGREE A LITTLE

plus 2: I AGREE ON THE WHOLE

-2: I DISAGREE ON THE WHOLE

plus 3: I AGREE VERY MUCH

-3: I DISAGREE VERY MUCH

- \_\_\_ 12. Whether it's alright to manipulate people or not, it is certainly alright when it's for their own good.
- \_\_\_ 13. It is when a person devotes himself to an ideal or cause that his life becomes meaningful.
- \_\_\_ 14. In this complicated world of ours the only way we can know about what is going on is to rely upon leaders or experts who can be trusted.
- \_\_\_ 15. If people would talk less and work more, everybody would be better off.
- \_\_\_ 16. There are a number of persons I have come to hate because of the things they stand for.
- \_\_\_ 17. There is so much to be done and so little time to do it in.
- \_\_\_ 18. It is when a person devotes himself to an ideal or cause that he becomes important.
- \_\_\_ 19. It is better to be a dead hero than a live coward.
- \_\_\_ 20. A group which tolerates too much difference of opinion among its own members cannot exist for long.
- \_\_\_ 21. The businessman and manufacturer are much more important to society than the artist and the professor.
- \_\_\_ 22. It is only natural that a person should have a much better acquaintance with ideas he believes in than with ideas he opposes.
- \_\_\_ 23. While I don't like to admit this even to myself, I sometimes have the ambition to become a great man, like Einstein, or Beethoven, or Shakespeare.
- \_\_\_ 24. Plain common sense tells you that prejudice can be removed by Education, not legislation.
- \_\_\_ 25. Even though freedom of speech for all groups is a worthwhile goal, it is unfortunately necessary at times to restrict the freedom of certain political groups.

plus 1: I AGREE A LITTLE

-1: I DISAGREE A LITTLE

plus 2: I AGREE ON THE WHOLE

-2: I DISAGREE ON THE WHOLE

plus 3: I AGREE VERY MUCH

-3: I DISAGREE VERY MUCH

- 
- \_\_\_ 26. If a man is to accomplish his mission in life it is sometimes necessary to gamble "all or nothing at all".
- \_\_\_ 27. A person must be pretty stupid if he still believes in differences between races.
- \_\_\_ 28. Most people just don't give a "damn" about others.
- \_\_\_ 29. A person who gets enthusiastic about a number of causes is likely to be a pretty "wishy-washy" sort of person.
- \_\_\_ 30. Do unto others as they do unto you.
- \_\_\_ 31. To compromise with our political opponents is dangerous because it usually leads to the betrayal of our own side.
- \_\_\_ 32. If given the chance I would do something that would be of great benefit to the world.
- \_\_\_ 33. The trouble with many people is that they don't take things seriously enough.
- \_\_\_ 34. In times like these it is often necessary to be more on guard against ideas put out by certain people or groups in one's own camp than by those in the opposing camp.
- \_\_\_ 35. In a heated discussion I generally become so absorbed in what I am going to say that I forget to listen to what the others are saying.
- \_\_\_ 36. It bothers me when something unexpected interrupts my daily routine.
- \_\_\_ 37. Once I get wound up in a heated discussion I just can't stop.
- \_\_\_ 38. There are two kinds of people in this world: those who are on the side of truth and those who are against it.
- \_\_\_ 39. What the youth needs is strict discipline, rugged determination, and the will to work and fight for family and country.

plus 1: I AGREE A LITTLE

-1: I DISAGREE A LITTLE

plus 2: I AGREE ON THE WHOLE

-2: I DISAGREE ON THE WHOLE

plus 3: I AGREE VERY MUCH

-3: I DISAGREE VERY MUCH

- \_\_\_ 40. Man on his own is a helpless and miserable creature.
- \_\_\_ 41. The United States and Russia have just about nothing in common.
- \_\_\_ 42. I set a high standard for my-self and I feel others should do the same.
- \_\_\_ 43. In the history of mankind there have probably been just a handful of really great thinkers.
- \_\_\_ 44. The highest form of government is a democracy and the highest form of democracy is a government run by those who are most intelligent.
- \_\_\_ 45. Appreciation of others is a healthy attitude, since it is the only way to have them appreciate you.
- \_\_\_ 46. The present is all too often full of unhappiness. It is the future that counts.
- \_\_\_ 47. Unfortunately, a good many people with whom I have discussed important social and moral problems don't really understand what is going on.
- \_\_\_ 48. People who seem unsure and uncertain about things make me feel uncomfortable.
- \_\_\_ 49. Fundamentally, the world we live in is a pretty lonely place.
- \_\_\_ 50. It is often desirable to reserve judgment about what's going on until one has had a chance to hear the opinions of those one respects.
- \_\_\_ 51. In general, full economic security is bad; most men wouldn't work if they didn't need the money for eating and living.
- \_\_\_ 52. The worst crime a person can commit is to attack publicly the people who believe in the same thing he does.
- \_\_\_ 53. In the long run the best way to live is to pick friends and associates whose tastes and beliefs are the same as one's own.



plus 1: I AGREE A LITTLE

-1: I DISAGREE A LITTLE

plus 2: I AGREE ON THE WHOLE

-2: I DISAGREE ON THE WHOLE

plus 3: I AGREE VERY MUCH

-3: I DISAGREE VERY MUCH

- 
- \_\_\_ 54. The American re-armament program is clear and positive proof that we are willing to sacrifice to preserve our freedom.
- \_\_\_ 55. Most of the ideas which get published nowadays aren't worth the paper they are printed on.
- \_\_\_ 56. It is only natural for a person to be rather fearful of the future.
- \_\_\_ 57. Most of the arguments or quarrels I get into are over matter of principle.
- \_\_\_ 58. My blood boils whenever a person stubbornly refuses to admit he's wrong.
- \_\_\_ 59. When it comes to differences of opinion in religion we must be careful not to compromise with those who believe differently from the way we do.
- \_\_\_ 60. America may not be perfect, but the American way has brought us about as close as human beings can get to a perfect society.

NAME \_\_\_\_\_

## OPINIONNAIRE

## ANSWER SHEET

- |           |           |           |
|-----------|-----------|-----------|
| 1. _____  | 21. _____ | 41. _____ |
| 2. _____  | 22. _____ | 42. _____ |
| 3. _____  | 23. _____ | 43. _____ |
| 4. _____  | 24. _____ | 44. _____ |
| 5. _____  | 25. _____ | 45. _____ |
| 6. _____  | 26. _____ | 46. _____ |
| 7. _____  | 27. _____ | 47. _____ |
| 8. _____  | 28. _____ | 48. _____ |
| 9. _____  | 29. _____ | 49. _____ |
| 10. _____ | 30. _____ | 50. _____ |
| 11. _____ | 31. _____ | 51. _____ |
| 12. _____ | 32. _____ | 52. _____ |
| 13. _____ | 33. _____ | 53. _____ |
| 14. _____ | 34. _____ | 54. _____ |
| 15. _____ | 35. _____ | 55. _____ |
| 16. _____ | 36. _____ | 56. _____ |
| 17. _____ | 37. _____ | 57. _____ |
| 18. _____ | 38. _____ | 58. _____ |
| 19. _____ | 39. _____ | 59. _____ |
| 20. _____ | 40. _____ | 60. _____ |

SCORE \_\_\_\_\_

## COUNSELED GROUP

Raw Scores and Mean on Dogmatism Scale - Group I

Student No.	Sept. 1968 Pre-test	Feb. 1969 Post-test	Sept. 1969 Post-test	Sept. 1970 Post-test	June 1971 Follow-up
1a	133	125	102	118	107
2a	131	118	100	99	102
3a	111	98	102	106	100
4a	133	130	103	129	132
5a	142	128	126	120	129
6a	145	120	100	108	89
7a	131	118	110	114	118
8a	171	146	134	128	130
9a	162	140	130	131	137
10a	148	126	118	124	120
11a	127	112	100	101	98
12a	141	122	123	116	115
13a	126	100	99	106	108
14a	124	102	100	98	97
15a	98	105	94	82	83
16a	126	108	90	98	92
17a	130	105	131	118	120
18a	126	101	98	100	96
TOTAL	2,405	2,105	1,960	1,996	1,973
MEAN	133.60	116.94	108.88	110.88	109.61

## NON-COUNSELED GROUP

Raw Scores and Means on Dogmatism Scale - Group II

Student No.	Sept. 1968 Pre-test	Feb. 1969 Post-test	Sept. 1969 Post-test	Sept. 1970 Post-test	June 1971 Follow-up
1b	89	109	103	100	93
2b	178	163	174	163	177
3b	105	113	110	124	122
4b	119	102	126	120	120
5b	132	129	128	130	123
6b	126	126	120	119	115
7b	133	131	141	134	130
8b	167	156	163	161	150
9b	161	133	158	149	143
10b	111	115	117	112	103
11b	126	121	134	125	128
12b	129	129	131	126	124
13b	157	159	162	160	177
14b	128	133	129	119	120
15b	141	161	152	140	145
16b	155	166	161	152	136
17b	141	128	138	133	130
18b	117	127	110	124	123
19b	126	125	128	121	127
20b	99	106	112	129	146
21b	125	134	126	122	109
22b	162	121	167	154	140
TOTAL	2,927	2,887	2,990	2,917	2,881
MEAN	133.05	131.22	135.90	132.59	130.95

ITEMS OF BUTLER-HAIGH Q SORT

1. I feel uncomfortable while talking with someone.
2. I put on a false front.
3. I am a competitive person.
4. I make strong demands on myself.
5. I often kick myself for the things I do.
6. I often feel humiliated.
7. I doubt my sexual powers.
8. I am much like the opposite sex.
9. I have a warm emotional relationship with others.
10. I am an aloof reserved person.
11. I am responsible for my troubles.
12. I am a responsible person.
13. I have a feeling of hopelessness.
14. I live largely by other people's values and standards.
15. I can accept most social values and standards.
16. I have few values and standards of my own.
17. I have a hard time controlling my sexual desires.
18. It's difficult to control my aggression.
19. Self control is no problem for me.
20. I am often down in the dumps.
21. I am really self-centered.
22. I usually like people.
23. I express my emotions freely.
24. Usually in a mob of people I feel a little bit alone.
25. I want to give up trying to cope with the world.
26. I can live comfortably with the people around me.
27. My hardest battles are with myself.
28. I tend to be on my guard with people who are somewhat more friendly than I had expected.
29. I am optimistic.
30. I am just short of stubborn.
31. I am critical of people.
32. I usually feel driven.
33. I am liked by most people who know me.
34. I have an underlying feeling that I'm not contributing enough to life.
35. I am sexually attractive.
36. I feel helpless.
37. I can usually make up my mind and stick to it.
38. My decisions are not my own.
39. I often feel guilty.
40. I am a hostile person.
41. I am contented.
42. I am disorganized.
43. I feel apathetic.
44. I am poised.
45. I just have to drive myself to get things done.
46. I often feel resentful.
47. I am impulsive.

48. It's important for me to know how I seem to others.
49. I don't trust my emotions.
50. It is pretty tough to be me.
51. I am a rational person.
52. I have the feeling I'm just not facing things.
53. I am tolerant.
54. I try not to think about my problems.
55. I have an attractive personality.
56. I am shy.
57. I need somebody else to push me through on things.
58. I feel inferior.
59. I am no one. Nothing really seems to be me.
60. I am afraid of what other people think of me.
61. I am ambitious.
62. I despise myself.
63. I have initiative.
64. I shrink from facing a crisis or difficulty.
66. I am a dominant person.
67. I take a positive attitude toward myself.
68. I am assertive.
69. I am afraid of a full-fledged disagreement with a person.
70. I can't seem to make up my mind one way or another.
71. I am confused.
72. I am satisfied with myself.
73. I am a failure.
74. I am likeable.
75. My personality is attractive to the opposite sex.
76. I am afraid of sex.
77. I have a horror of failing in anything I want to accomplish.
78. I feel relaxed and nothing really bothers me.
79. I am a hard worker.
80. I feel emotionally mature.
81. I am naturally nervous.
82. I really am disturbed.
83. All you have to do is just insist with me and I give in.
84. I feel insecure within myself.
85. I have to protect myself with excuses, with rationalizing.
86. I am a submissive person.
87. I am intelligent.
88. I feel superior.
89. I feel hopeless.
90. I am self-reliant.
91. I often feel aggressive.
92. I am inhibited.
93. I am different from others.
94. I am unreliable.
95. I understand myself.
96. I am a good mixer.
97. I feel adequate.
98. I am worthless.
99. I dislike my own sexuality.
100. I am not accomplishing.

## COUNSELED GROUP

Raw Scores and Mean on Self-Concept Scale - Group I

Student No.	Sept. 1968 Pre-test	Feb. 1969 Post-test	Sept. 1969 Post-test	Sept. 1970 Post-test	June 1971 Post-test
1a	32	45	41	44	45
2a	26	41	39	37	41
3a	35	58	52	55	54
4a	31	53	47	50	53
5a	29	42	45	40	42
6a	37	52	60	56	55
7a	27	40	42	39	40
8a	29	49	50	54	52
9a	31	30	46	43	44
10a	25	35	44	39	40
11a	29	45	38	42	44
12a	22	39	45	41	40
13a	25	38	48	45	46
14a	28	48	52	47	50
15a	30	45	43	44	47
16a	23	51	49	50	48
17a	19	48	51	46	53
18a	24	46	53	51	50
TOTALS	502	805	845	823	844
MEAN	27.88	44.72	46.94	45.72	46.88



## NON-COUNSELED GROUP

Raw Scores and Mean on Self-Concept Scale - Group II

Student No.	Sept. 1968 Pre-test	Feb. 1969 Post-test	Sept. 1969 Post-test	Sept. 1970 Post-test	June 1971 Post-test
1b	23	28	30	25	31
2b	20	20	18	23	24
3b	22	19	26	28	26
4b	31	37	34	35	35
5b	27	26	30	33	30
6b	26	32	29	30	29
7b	21	20	25	27	28
8b	28	31	33	34	32
9b	26	30	27	29	30
10b	32	34	37	35	36
11b	30	27	31	35	34
12b	26	22	25	26	31
13b	35	40	37	39	36
14b	31	30	28	30	32
15b	25	34	31	34	33
16b	30	28	40	36	35
17b	35	37	32	39	37
18b	26	30	27	33	31
19b	31	29	36	26	30
20b	30	33	25	35	38
21b	20	24	26	22	19
22b	21	29	30	28	30
TOTAL	596	638	657	682	687
MEAN	27.09	29.0	29.8	31.0	31.22

Mount Sinai Hospital  
948 North Twelfth Street, Milwaukee, Wisconsin 53233  
Area Code 414/271-2174

August 20, 1969

Dear

Once again I'm asking for a few minutes of your time. It has been six months since you last completed forms identical to these enclosed.

Please reply to statements of the Rokeach Dogmatism Scale on the answer sheet provided ( with your name on the answer sheet only ) .

I shall contact you this week in regard to another follow-up of the Butler-Haigh Q Sort.

Envelopes may be sealed and left at your House Mother's Desk or sent to the Counselor's Office.

Thanks so much,

*Mrs. Lucile Cohn*

Mrs. Lucile Cohn, R.N. , Employee Counselor

# COUNSELED GROUP

## Grade Point Averages and Means

Student No.	Ent. Age	Sept. '68	Jan. - June '69	June 16 Aug. 69	Sept. '69 Dec. '69	Dec. 29'70 Mar. 1970	Mar. 30'70 June 12'70	July '70 Sept. '70	Dec. 20'70 Mar. 20'71	August June 1971
1a	19	2.2	2.4	2.3	2.4	2.6	2.6	2.6	2.7	2.7
2a	18	2.1	2.3	2.1	2.1	2.1	2.1	2.3	2.3	2.4
3a	26	2.3	2.4	2.3	2.2	2.2	2.3	2.3	2.3	3.1
4a	18	2.5	2.5	2.3	2.3	2.4		2.3	2.4	2.5
5a	18	3.3	3.3	3.2	3.1	3.1	3.1	3.1	3.2	3.1
6a	19	2.3	2.3	2.4	2.5	2.5	2.5	2.4	2.5	2.5
7a	18	1.7	2.0	1.9	2.0	2.1	2.1	2.1	2.2	2.3
8a	18	2.2	2.2	2.3	2.7	2.3	2.3	2.3	2.4	2.4
9a	18	2.4	2.4	2.4	2.5	2.7	2.7	2.7	2.7	2.7
10a	19	2.0	2.3	2.2	2.1	2.2	2.3	2.3	2.4	2.6
11a	19	2.1	2.6	2.8	2.8	2.8	2.7	2.7	2.6	2.6
12a	18	2.4	2.1	2.2	2.3		2.3	2.3	2.5	2.5
13a	19	2.8	2.9	2.9	2.9	3.0	3.0	3.0	3.0	3.0
14a	18	2.7	2.8	2.8	2.8	2.7	2.7	2.8	2.9	2.9
15a	18	2.9	2.7	2.7	2.8	2.8	2.9	2.9	2.9	2.9
16a	18	2.0	2.0	1.9	1.9	1.9	2.0	2.1	2.1	3.1
17a	18	3.2	3.3	3.0	3.0	3.0	3.0	3.0	3.0	3.0
18a	19	2.4	2.1	2.3	2.2	2.2	2.3	2.2	2.4	2.3
<b>TOTAL</b>	<b>339</b>	<b>43.5</b>	<b>44.6</b>	<b>44.0</b>	<b>44.6</b>	<b>42.6</b>	<b>42.9</b>	<b>45.4</b>	<b>46.5</b>	<b>48.6</b>
<b>MEAN</b>	<b>18.2</b>	<b>2.41</b>	<b>2.47</b>	<b>2.44</b>	<b>2.47</b>	<b>2.37</b>	<b>2.52</b>	<b>2.52</b>	<b>2.58</b>	<b>2.70</b>

NON-COUNSELED GROUP  
Grade Point Averages and Means

Student	Ent.	Sept. 1968	Jan- June '69	June- Sept. '69	Sept. 22 '69 Dec. '69	Dec. 29 '70 Mar. 1970	Mar. 22 '70 June 12 '70	Psych. Dec. '70 July '70	Mar. '71	Mar. 1971 June 1971
1b	18	2.0	2.2	2.3	2.3	2.7	3.1	2.5	2.7	2.5
2b	18	2.0	2.5	2.4	2.8	2.1	2.4	2.0	2.6	2.2
3b	18	1.1	2.2	2.6	2.3	2.2	2.6	2.0	3.1	3.0
4b	19	2.0	1.5	2.8	2.6	3.2	3.0	3.0	2.6	2.4
5b	20	2.8	4.0	2.5	3.3	2.6	3.1	2.8	3.0	2.5
6b	18	1.8	2.0	1.8	2.5	1.7			2.9	2.0
7b	21	3.0	4.0	3.6	3.8	3.2	3.1	4.0	3.8	3.1
8b	19	2.0	2.3	1.8	2.4	2.1	2.4	2.0	2.4	2.3
9b	18	2.8	3.0	3.5	3.1	2.6	2.7	2.5	2.9	2.5
10b	18	3.0	2.8	2.6	2.6	3.3	3.6	3.0	3.4	2.8
11b	18	1.8	2.0	2.5	1.8	3.2	3.0	3.5	2.3	2.7
12b	18	2.5	2.5	2.7	2.6	2.6	2.8	2.0	3.1	3.1
13b	18	2.2	3.0	2.7	3.0	2.4	3.2	3.0	3.0	3.0
14b	19	2.5	2.0	2.8	2.9	2.6	3.0	2.0	3.4	3.0
15b	18	1.8	2.0	1.8	2.2	2.0	2.5	2.5	2.4	2.4
16b	18	3.0	3.2	2.6	3.5	2.9	2.7	3.5	2.4	2.4
17b	18	2.8	2.8	2.8	3.3	2.9	2.8	2.0	2.9	3.1
18b	19	2.8	3.7	3.1	3.3	3.4	3.2	3.0	3.8	2.9
19b	19	2.8	2.8	2.7	3.0	3.1	2.9	3.0	3.0	3.1
20b	18	2.5	2.8	3.0	2.7	3.4	3.2	3.0	3.1	3.0
21b	18	2.2	2.2	2.3	2.4	3.0	2.9	3.5	3.2	2.9
22b	18	3.8	3.8	3.0	3.5	2.8	3.2	3.0	3.2	3.1
TOTAL	406	53.1	59.3	48.2	61.9	60.6	61.4	57.8	65.2	60.0
MEAN	18.4	2.36	2.6	2.2	2.8	2.7	2.9	2.6	2.9	2.7

Mount Sinai Hospital  
948 North Twelfth Street, Milwaukee, Wisconsin 53233  
Area Code 414/271-2174

May 20, 1971

Dear

Some months ago you again completed answers to the enclosed questionnaires .  
And now--we're asking you to please do so for the final time--that our study  
may be completed and evaluated.

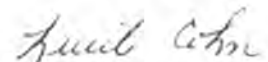
Your prompt return of the material will be greatly appreciated.  
For your convenience an addressed envelope is enclosed.

Please use the answer sheet for the four page questionnaire and return  
all material as enclosed.

We will again work individually or in small groups to complete the  
final Q Sorts.

Thank you again for your patience and tolerance. May you continue to  
enjoy your nursing education in good health and happiness. Good luck, future  
nurses !

Sincerely yours,



Lucile Cohn, R.N.  
Employee Counselor

Mount Sinai Hospital  
948 North 12th Street  
Milwaukee, Wisconsin 53233

June 1, 1971

Dear

As you may recall, in September of 1968 , a counseling study was begun with freshmen nursing students of Deaconess Hospital School of Nursing ( Control Group ) and Mount Sinai Medical Center School of Nursing ( Experimental Group ).

Students were each given the same pretests ( Rokeach's Dogmatism Scale and the Butler-Haigh Q Sort ) and six months later the tests were again administered. In 1969, 1970 and 1971 there has been a follow-up.

Data is now to be evaluated and when completed you will be apprised as to the significance of the study.

It would be appreciated if you, as an instructor who has known and worked with the students throughout the three years, would answer the questions on the enclosed Evaluation Sheet as objectively as possible. Please return to me in the self-addressed envelope included for your convenience.

It is with gratitude that I again extend my sincere thanks for your courtesy in helping to make this study possible.

Sincerely yours,

*Mrs. Lucile Cohn*

Mrs. Lucile Cohn, R.N.  
Counselor

cc: Mrs. Evelyn Rouse





INSTRUCTORS' EVALUATIONS OF  
STUDENTS' PROGRESS IN  
INTERRELATIONSHIPS

Non-Counseled Group

Student's Relationship with Patients: A=Remained the Same B=Improved C=Became Less Satisfactory				Student's Relationship with Peers and Personnel: A=Remained the Same B=Improved C=Became Less Satisfactory		
Student No.	A	B	C	A	B	C
1b		11/11			1111	1
2b	11	111			11/11	
3b		11/11			11/11	
4b	1	1111		1	1111	
5b		1111	1	1	111	1
6b	111		11	11		111
7b		11/11			11/11	
8b	11	111		1	1111	
9b	11	11	1	11	111	
10b	1	1111			11/11	
11b	111	11		111	11	
12b		11/11			11/11	
13b		11/11		1	1111	
14b	11	111		1	1111	
15b	111	1	1	111	1	1
16b	1	11	11	1	11	11
17b	1	1111		11	111	
18b	111	11		1	1111	
19b		11/11		1	1111	
20b		11/11		1	1111	
21b		11/11			11/11	
22b	1	1111			11/11	
Totals	25	78	7	21	81	8

INSTRUCTORS' EVALUATIONS OF  
STUDENTS' PROGRESS IN  
INTERRELATIONSHIPS  
Counseled Group

Student's Relationship with Patients: A=Remained the Same B=Improved C=Became Less Satisfactory				Student's Relationship with Peers and Personnel: A=Remained the Same B=Improved C=Became Less Satisfactory		
Student No.	A	B	C	A	B	C
1a		1✓11			1✓11	
2a	1	1111		111	11	
3a		1✓11		1	1111	
4a		1✓11			1111	1
5a		1✓11		1	1111	
6a		1✓11		1	1111	
7a		1✓11			1✓11	
8a		1✓11			1✓11	
9a		1✓11		11	111	
10a		1✓11		1	1111	
11a		1✓11		1	1111	
12a		1✓11			11✓1	
13a		1✓11			1✓11	
14a		1✓11			1✓11	
15a		1✓11			1✓11	
16a		1✓11			1✓11	
17a		1✓11			1✓11	
18a		1✓11			1✓11	
TOTALS	1	89	0	10	79	1

# NURSING STUDENT RATING SCALE

Name of Student \_\_\_\_\_

Counselor-Investigator \_\_\_\_\_

Date May 1971

There will be two ratings for each item of this scale: A B beneath the appropriate number for the beginning phase of the case and an E under the appropriate number for the end of the case.

## THE PROCESS

1. Degree to which therapy was an intellectual-cognitive process for the client.

1      2      3      4      5      6      7      8      9

Little or none

Maximally or exclusively

2. The degree to which therapy was an emotional experiential process for the client.

1      2      3      4      5      6      7      8      9

Little or none

Maximally or exclusively

3. The degree to which the client perceived therapy as a process of personal exploration or as specific analysis of life-situations.

1      2      3      4      5      6      7      8      9

Situational

Personal exploration

## THE RELATIONSHIP

4. The degree to which the client has used the relationship itself as a focus for therapy.

1      2      3      4      5      6      7      8      9

Negligible extent

Maximally

5. Estimate of the client's attitude toward counselor during the course of therapy.

1      2      3      4      5      6      7      8      9

Strong dislike

Strong liking or respect

6. Estimate of counselor toward the client.

1      2      3      4      5      6      7      8      9

Strong dislike

Strong liking or respect

## THE OUTCOME

7. The degree of personal integration of the client.

1      2      3      4      5      6      7      8      9

Highly disorganized or  
defensively organized

Optimally integrated

8. The life-adjustment of the client.

1      2      3      4      5      6      7      8      9

Low

High

9. Degree of satisfaction of the client with the outcome of therapy.

1      2      3      4      5      6      7      8      9

Strongly dissatisfied

Extremely satisfied

10. Counselor rating of the outcome of therapy.

1      2      3      4      5      6      7      8      9

Complete failure

Marked success