

**PSYCHOSOCIAL PERFORMANCE OF
NURSING STUDENTS AS A FUNCTION
OF SOCIAL INSIGHT**

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PSYCHOSOCIAL PERFORMANCE OF NURSING STUDENTS
AS A FUNCTION OF SOCIAL INSIGHT

An Abstract
Presented to
the Graduate Council of
Austin Peay State University

In Partial Fullfillment
of the Requirements for the Degree
Master of Arts
in Psychology

by
Lynn M. Gulick

March, 1980

ABSTRACT

This study was undertaken to test the construct validity of the Chapin Social Insight Test (CSIT) and to determine the predictive and discriminant capabilities of the CSIT in relation to the needed interpersonal qualities of a nurse.

Forty-eight nursing students participated in the study. Discriminant validity was established by correlating the CSIT with medical-surgical subtests of the State Board Nursing Examination and the NLN achievement test. Predictive validity was determined by correlating the CSIT with the psychiatric subtests of the state board examination and the NLN achievement test. The correlations obtained suggest that the CSIT may serve to discriminate social insight from technical knowledge required for nursing. However, the utility of the CSIT as a predictive instrument for selecting student nurses does not seem warranted.

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To the Graduate Council:

I am submitting herewith a thesis written by Lynn M. Gulick entitled "Psychosocial Performance of Nursing Students as a Function of Social Insight". I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

April J. Sadowski
Major Professor

We have read this thesis and
recommend its acceptance.

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CHAPTER I

INTRODUCTION

This study has a two-fold purpose. The first and primary objective is to test the construct validity of the Chapin Social Insight Test (CSIT). Secondly, and as a corollary of the first objective, the predictive and discriminant validity of the CSIT will be tested.

The purpose of the CSIT is to assess an individual's ability to appraise others, to sense what they think or feel, and to predict what they may say or do (Gough, 1965, 1968). Chapin (1942) defines social insight as "the capacity to see into a social situation, and to appreciate the implications of things said and to interpret effectively the attitudes expressed so as to appreciate the significance of past behavior, or to estimate the trend of future behavior" (p. 215).

Although the CSIT is over thirty years old, there is only limited evidence directly regarding its validity. However, a number of studies using a variety of validation criteria provide convergent evidence which suggests that the CSIT may be a valid measurement of social insight.

In one validation study, Mackinnon (cited in Gough, 1968) hypothesized that social insight would be a necessary characteristic

of individuals who were in positions which emphasized interpersonal relations. MacKinnon correlated scores on the CSIT with psychologists' ratings of 100 military commissioned officers who were intensely studied over a five day period. Moderate correlations (+.26 to +.31) were obtained between test scores and four qualities usually associated with interpersonal sensitivity: leadership, ability to communicate, ability to evaluate ideas, and good judgement.

Similar evidence comes from a known-groups comparison of occupations which could be considered to require different degrees of social insight (Gough, 1968). The order of the CSIT means was in substantial accord with expectations for the types of groups studied. Managers and graduate psychology students ranked high while medical students and military officers ranked low. College students as a whole were intermediate.

These studies indicated persons seen as leaders or in positions which require manipulating others tend to be higher in social insight. Vergari (Reference Note 1) undertook a study to discriminate between social insight and manipulateness in effective communication. She asked subjects to complete four tasks: the CSIT, a measure of role taking, the Machiavellan scale (Mach IV), and a projective test of manipulateness. It was reasoned that if social insight reflected the ability to understand others, the CSIT would correlate positively with the role-taking. The results of her study provided support for this position, but the relationships were weak.

It is apparent that further evidence is needed to validate the construct validity of the CSIT. Moreover, a satisfactory test would necessitate establishing both the predictive and discriminant validity of the measure. Understanding others might demand social insight, but it might also reflect a person's general aptitude.

Nursing is one occupational role which requires knowledge of interpersonal skills as well as knowledge of technical skills. A skillful nurse does not attempt to treat a disease while ignoring the patient who has it. Moreover, effectiveness depends, to a large extent, on how well the relationships with patients are managed, both in general medical nursing and in psychiatric nursing.

In her book The Interpersonal Basis of Psychiatric Nursing, Chapman (1972) finds nurses must deal with many kinds of emotional dilemmas in patients, and it is the nurse's task to understand and help with these dilemmas. Psychological insight and understanding of interpersonal relationships equips the nurse to deal with patients comfortably and effectively.

Burton (1977) also notes that increased social insight and understanding will lead to improved interpersonal relations. In many situations the nurse could help if he or she had the necessary knowledge and understanding of the way in which problems develop, of the needs of the patient, and of simple counseling skills. In addition, the nurses need an understanding of their own motivations and emotions, sensitivity to

the feelings of others, a knowledge of the dynamic interaction between themselves and those they are trying to help, and willingness to give of themselves in helping others.

Defective communication is a common problem in modern medical care. In Developing the Art of Understanding, A Guide for Nursing Students, Johnson (1967) states that skill in communication is an essential aspect in good nursing care. Besides being a good listener, it is important that the nurse be able to communicate with the patient at a level which he can both understand and accept. Unless the nurse takes the time to converse with the patients and to listen to them, the nurse will lose his or her role as a supportive person. This is a tragedy, for a good nurse-patient relationship is often just as important to the patients' recovery as any of the technical aspects of their care.

It is apparent that a number of nursing authorities consider developing the art of understanding to be one of nursing's greatest needs as well as one of its greatest challenges. The power of understanding gives the nurse the capacity to truly empathize with patients, and is certainly as important as having requisite technical knowledge.

Licensing examinations for nurses attempt to assess applicants' knowledge of the psychological aspects of nursing as well as their technical knowledge. Since the CSIT is thought to be an index of insight or psychological understanding, it is hypothesized that the CSIT would

predict scores on the applicants' psychological knowledge test better than it would predict scores on a test of technical knowledge.

CHAPTER II

METHOD

Subjects

The participants in this study were 48 Associate Degree nursing students from Austin Peay State University. There were 22 students from the class of 1978 and 26 from the class of 1979.

Materials

Chapin Social Insight Test (CSIT). The CSIT is designed to measure social insight among subjects of either sex, ages 13-14 and over. It consists of 25 situations, each having four responses from which to choose, with one response designated as correct. The responses are weighted, and total scores can range from a possible low of 0 to a possible high of 41.

Split-half reliability of the CSIT was established on a sample of 100 males (Gough, 1968). A corrected correlation coefficient of $+ .78$ was obtained. Using samples of 494 males and 215 females, item-versus-total-score correlations (point biserial) were computed. Coefficients of $+ .71$ were obtained for males and $+ .68$ for females after a correction-for-length method was applied.

Validation methods used include correlations of CSIT scores

with several different criteria, including supervisory aptitude, leadership, communication skills and creativity. Further information regarding the scale can be found in Gough (1968).

National League for Nursing Achievement Tests (NLN's). NLN achievement tests are nationally standardized tests covering a variety of content areas in nursing. Designed to measure individual achievement in nursing programs, these tests also enable faculties to evaluate specific course or program objectives in terms of nationally accepted objectives in nursing. The comparison of scores of students in one program with those of students throughout the country makes this possible.

Developed in cooperation with faculty members throughout the country, these tests reflect the objectives and subject matter emphases of teachers from various geographic areas. Before publication, a test is reviewed by faculty from programs of the type for which the test was designed. This test is then given experimentally to a representative sample of students, and norms are derived from the experimental group.

Some NLN achievement tests are designed primarily for administration at the end of a course, some are to be given at the end of a major learning experience that may cut across more than one course, and others are designed to be administered toward the end of their program. The timing of the test is dependent upon the individuals school curriculum organization.

An achievement test containing between 90 and 120 questions can generally be completed in one and one-half to two hours. Suggested time allotments are indicated with the description of each test. Raw scores and percentiles based on the normative groups identified are reported for each student who took a given test, and each report is accompanied by interpretive material. Most of the tests are scored using a formula that corrects for guessing. For the remaining tests, the raw score reported is equal to the number of items answered correctly. Higher scores indicate greater achievement. Sample questions are included in Appendix B.

Data on the relationship between theory and practice course grades and scores received on NLN achievement tests indicate that, on the whole, theory course grades were related to scores on the achievement test. Grades received in nursing practice courses disclosed little relationship to NLN scores.

A study done by Taylor (cited in Brandt, 1966), reports that the overall relationship between NLN achievement tests and the state board examination reached a level of .82 and .83, but only a trend toward such a correlation was evident in a study done by Brandt, Hastie, and Schumann (1966).

State Board Examinations. The State Board Test Pool Examination is prepared in cooperation with the American Nurses' Association and the National League of Nursing. The exam is used to determine the

professional competence of graduate nurses in all 50 states, the District of Columbia, and the Virgin Islands. The test scores permit a direct comparison of the performance of each candidate with that of a large representative sample of all candidates seeking licensure. It allows programs to identify weaknesses and strengths, to facilitate mobility of nurses, and it helps in establishing minimum standards necessary to provide good patient care.

The state board exams consist of five tests, one in each of the major clinical fields: medical, surgical, pediatric, obstetric and psychiatric nursing. Most of the questions in each test are concerned with the nursing care of particular patients described therein. The questions are designed to evaluate candidates' skill in recognizing and utilizing pertinent principles of the physical, biologic and social sciences, as well as their knowledge of specific nursing skills and abilities involved in meeting the needs of a patient safely and effectively. Most questions are based on nursing situations similar to those with which candidates have had experience. Some, however, require candidates to apply basic principles and techniques to clinical situations with which they have had little or no experience. All the tests are objective in form (multiple choice) and are given over a one and one-half to two day period. Higher scores indicate greater competence in each area. Sample questions are included in Appendix C.

Administration

It was hoped that the CSIT, if correlated with the NLN's and state board exams, would provide information regarding future students' chances of success on the exams, particularly on the psychiatric subtests. To test this hypothesis the CSIT was administered to two groups of Austin Peay State University Associate Degree nursing students just prior to graduation.

While no time limit was placed on the students, the tests were administered during a 50 minute class period allowing the individual ample time to complete the test.

The State Board Exam was given in July, just after graduation, over a two day period. The three part comprehensive medical-surgical NLN achievement test was administered just prior to graduation. Only the medical-surgical sections were used as a measure of technical competence because these are logically least similar to the psychiatric sections. Also, using a large number of interrelated measures introduces the problem of multicollinearity. By only using one set of scales to measure technical competence, this problem was eliminated.

CHAPTER III

RESULTS

The 1978 sample consisted of 22 participants. The mean CSIT score was 22 with a standard deviation of 6.23. Scores ranged from 13-31. Possible and obtained ranges on the other tests are presented in Table 1. Due to the **small sample size**, the sample was divided at the CSIT median score, Mdn = 23, and all further analyses are based on this dichotomy. Means and standard deviations of scores on the other relevant variables for the high and the low CSIT group are presented in Table 2.

Table 3 presents the correlations between the variables. Consistent with the major hypothesis, significant positive correlations were obtained between CSIT levels and scores on both the state board and the NLN psychiatric sections. Moreover, the CSIT levels did not correlate significantly with either measure of surgical nursing competence.

CSIT levels might reflect, to some extent, general intelligence or intellectual competence. Therefore, partial correlations between the CSIT and nursing scores were calculated controlling A.C.T. scores as the index of intellectual competence.

TABLE 1

POSSIBLE AND OBTAINED RANGES OF A. C. T.,
STATE BOARD EXAMINATIONS (SBE) AND NATIONAL
LEAGUE OF NURSING (NLN) SCORES FOR SAMPLE 1

MEASURE	RANGE	
	POSSIBLE	OBTAINED
A. C. T.	0-36	11-26
SBE PSY	0-800	304-696
SBE SURG	0-800	473-687
NLN PSY	0- 130	43-11
NLN M-S II	0-115	64-95

Note. N = 22.

TABLE 2

MEANS AND STANDARD DEVIATIONS OF HIGH AND LOW CSIT GROUPS ON A. C. T., STATE BOARD EXAMINATIONS (SBE), AND NATIONAL LEAGUE OF NURSING (NLN) TESTS FOR SAMPLE 1

MEASURE	HIGH CSIT	LOW CSIT
A. C. T.	21.36 3.52	19.27 4.17
SBE PSY	561.23 74.74	455.64 110.74
SBE SURG	585.27 81.46	558.00 60.33
NLN PSY	92.36 9.46	79.09 16.58
NLN M-S II	82.00 9.12	78.73 8.53

Note. N =22, Standard deviations are presented below the means.

TABLE 3
CORRELATIONS BETWEEN VARIABLES FOR SAMPLE 1

MEASURE	2	3	4	5	6
1. A. C. T.	.513*	.380	.449*	.420	.325
2. SBE PSY	-	.628**	.764**	.611**	.541*
3. SBE SURG		-	.530*	.710**	.196
4. NLN PSY			-	.532*	.458*
5. NLN M-S II				-	.191
6. CSIT					-

Note. N = 22.

*p<.05.

**p<.01.

TABLE 4

PARTIAL CORRELATIONS BETWEEN SOCIAL INSIGHT AND
NURSING SCORES CONTROLLING A. C. T. SCORES FOR SAMPLE 1

MEASURE	PARTIAL r
SBE PSY	.461*
SBE SURG	.083
NLN PSY	.369*
NLN M-S II	.064

Note. $N = 22$.

* $p < .05$.

These partial correlations are presented in Table 4. Controlling for the A. C. T. variability did not affect the pattern of the correlations. As before, the CSIT levels correlated significantly with scores on psychiatric nursing competence but did not correlate with the measure of surgical competence.

To cross-validate these findings, the study was replicated with 26 students from the class of 1979. The mean CSIT score was 24 and the standard deviation was 4.77. Scores ranged from 17-32. As before, the sample was divided at the median CSIT score, Mdn = 26 and all further analyses are based on this dichotomy. Possible and obtained ranges of scores on the other tests are presented in Table 5. Means and standard deviations of scores on the other variables for the high and low CSIT groups are presented in Table 6.

The correlations between the variables are presented in Table 7. Contrary to the results obtained with the first sample, CSIT levels did not correlate significantly with the nursing scores, nor did the pattern of correlations discriminate prediction of psychiatric and surgical nursing competence.

Table 8 presents the partial correlations between the CSIT groups and the nursing measures controlling A. C. T. scores. This adjustment did not increase the predictiveness of the CSIT levels.

Examination of the scores ranges in Tables 1 and 5 indicates the distribution of scores in the two samples seem to differ. The

TABLE 5

POSSIBLE AND OBTAINED RANGES OF A. C. T., STATE BOARD EXAMINATIONS (SBE), AND NATIONAL LEAGUE OF NURSING (NLN) SCORES FOR SAMPLE 2.

MEASURE	RANGE	
	POSSIBLE	OBTAINED
A. C. T.	0-36	12-27
SBE PSY	0-800	340-638
SBE SURG	0-800	334-646
NLN PSY	0-130	60-101
NLN M-S II	0-115	45-90

Note: N = 26.

TABLE 6

MEANS AND STANDARD DEVIATIONS OF HIGH AND LOW CSIT
GROUPS ON A. C. T., STATE BOARD EXAMINATIONS (SBE), AND
NATIONAL LEAGUE OF NURSING (NLN) TESTS FOR SAMPLE 2

MEASURE	HIGH CSIT	LOW CSIT
A. C. T.	20.31 3.33	16.53 3.93
SBE PSY	502.69 94.14	490.85 97.48
SBE SURG	524.15 78.62	486.54 82.22
NLN PSY	85.23 8.94	78.62 7.60
NLN M-S II	75.31 12.57	70.08 10.00

Note. N = 26.

TABLE 7
CORRELATIONS BETWEEN VARIABLES FOR SAMPLE 2

MEASURE	2	3	4	5	6
1. A. C. T.	-.134	.088	.034	-.157	.187
2. SBE PSY	-	.393*	.317	.796**	.168
3. SBE SURG		-	.710	.340	.294
4. NLN PSY			-	.393*	.171
5. NLN M-S II				-	.048
6. CSIT					-

Note. $N = 26$.

* $p < .05$.

** $p < .01$.

TABLE 8

PARTIAL CORRELATIONS BETWEEN SOCIAL INSIGHT AND
NURSING SCORES CONTROLLING A. C. T. SCORES FOR SAMPLE 2

MEASURE	PARTIAL <u>r</u>
SBE PSY	.076
SBE SURG	.156
NLN PSY	.293
NLN M-S II	.207

Note. N = 26.

distribution of the psychology test scores in the 1978 sample appear to be more negatively skewed than the distributions in the 1979 sample. This might have resulted in the attenuated correlations obtained from the 1979 sample.

The partial correlations between the CSIT levels and the nursing scores from both samples were compared to determine if they came from different populations. None of the correlations differed significantly.

As the correlations appear to be from the same population, average partial correlations between CSIT levels and the nursing measures were calculated to determine a more stable estimate (Snedecor & Cochran, 1967). These are presented in Table 9. The average correlations indicate that CSIT levels correlate significantly with psychiatric nursing competence but not with surgical nursing competence for both sets of nursing measures.

TABLE 9
AVERAGE PARTIAL CORRELATIONS BETWEEN
SOCIAL INSIGHT AND NURSING SCORES

MEASURE	AVERAGE PARTIAL r
SBE PSY	.260*
SBE SURG	.123
NLN PSY	.316*
NLN M-S II	.143

Note. $df = 42$.

* $p < .05$.

CHAPTER IV

DISCUSSION

In today's highly technical world the ability to communicate, to empathize, to understand oneself as well as others, and to use social insight to solve problems is an important asset. In medical fields, such as nursing, this is especially true. Everyday the nurse is faced with the difficult task of caring for and comforting people who are not only sick but are thrown into unfamiliar surroundings and deprived of the security and support of family and friends at a time when it is needed more than ever.

Meeting these needs is not a simple matter. The complexity of one's emotional and physical being continually challenges one's skills as a "health provider". Over the past years studies have been undertaken to best determine essential components needed to meet the challenge as well as how to measure one's strengths and weaknesses in this area.

The goal is to incorporate this information into programs so as to improve the quality of care provided to the patient by better preparing nurses to meet these needs. Part of the difficulty lies in isolating different components and developing truly sensitive scales to accurately measure relevant attributes while controlling other variables. Developing

reliable instruments can only be done through testing and re-testing, structuring and re-structuring, until enough data are compiled to corroborate findings.

The CSIT is a test still in the research stage. Further testing will determine if it truly is an accurate and sensitive instrument able to measure social insight. Continued use of this scale or possibly the development of other tests is needed at this time.

It was hoped that if correlated significantly with results of the State Board Nursing Exam and the NLN Achievement Tests the CSIT could be used not only as a predictor of success on the psychiatric sub-test of the State Board Exam but also to identify persons who are weak in this area and need help in correcting this deficit.

As hypothesized, the results of this study indicated that social insight appears to be correlated with one's ability to meet the psychological aspects of nursing but not with the technical aspects. This reflects positively on the construct and discriminant validity of the CSIT. The results, however, were not strong enough to indicate that the CSIT could be used as an effective predictor. Increased predictiveness might result if larger samples were used. Also, it is possible that the CSIT is not a sufficiently sensitive instrument. Therefore, a different scale might better measure a person's capabilities to relate to others.

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APPENDICES

APPENDIX A

Chapin Social Insight Test - Sample Item

In this test 25 "problem situations" will be presented. For each situation the Response Booklet provides four comments that seem to offer alternative explanations. You are asked to consider each situation on its own merits. Then, in the response booklet blacken in the box beside the statement (a, b, c, d) that in your judgement presents the MOST appropriate, intelligent, or logical comment on the situation. There are no absolutely right or wrong answers-each problem is a matter for analysis and inference, and judgements by different persons on the same questions may differ.

1. A young man reacted with intense emotion to any indulgence in alcoholic drinks. If any of his friends as much as took a drink, he went out of his way to denounce them in emphatic terms. The explanation was:

- a. That his mother had been a leader in the Women's Christian Temperance Union.
- b. That his father had been a drunkard, who had treated his mother brutally and finally deserted her.
- c. He was himself a secret drunkard at late parties.
- d. His ancestors came from strict Puritan stock.

2. A boy, 10, dominated his brother, 12, and his sister, 14. When he was opposed in his domineering behavior, he became abusive and destructive. In school, he refused to abide by ordinary routine activities and directions and he:

- a. Asserted that teachers were picking on him.
- b. Said he had no interest in any of his school work.
- c. Would not play or take part in any competitive games in which he might be defeated.
- d. Was well behaved and did his work only in his manual training class.

3. During a conference, the discussion becomes so argumentative and heated that everyone seems to be angry at someone else.

Finally, one member seems to be getting the worst of the argument angrily stalks out. The chairman of the group should then:

- a. Immediately declare the meeting adjourned.
- b. Send someone to ask the departed member to return.
- c. Ask for a vote whether the meeting should be adjourned.
- d. Ignore the departure and continue with the order of business remaining.

APPENDIX B

NLN Achievement Tests - Sample Item

The following items are representative of those included in each of the categories identified.

MEDICAL

Mrs. Hardy has congestive heart failure. She is on a low sodium diet. A major responsibility of the nurse in implementing this order is to:

1. Observe the trays served and the foods brought by visitors to Mrs. Hardy.
2. Provide substitutes for foods served to her which she does not like.
3. Teach Mrs. Hardy which salt substitutes to use.
4. Determine whether Mrs. Hardy is financially able to afford this diet at home.

SURGICAL

All of the following factors should be considered by the nurse in making decisions relative to administration of narcotics for pain to post-operative patients. Which one is especially important in relation to patients who have had a mitral commissurotomy?

1. The individual pain threshold.
2. The effect of the drug upon respiration.
3. The degree of pain.
4. The patient's age.

Which statement that Mrs. Cole might make when she is emerging from depression should most certainly alert the nurse to the fact that Mrs. Cole may be contemplating suicide?

1. "I wish my husband would come to see me."
2. "Everything is going to be all right tomorrow."
3. "I wonder if I'll ever be well enough to go home for the weekend."
4. "I feel terrible today."

Which of these forms of occupational therapy is best described as a hostility-release activity?

1. Winding yarn onto a ball.
2. Sanding a breadboard.
3. Weaving a basket.
4. Making a bean bag.

(One of a group of questions pertaining to a patient with a paranoid reaction.) Situations that are most likely to be most threatening to

Mr. Stone will be those in which he is:

1. Allowed to express an opinion.
2. Permitted to work alone.
3. Given some responsibility.
4. Placed in close contact with others.

APPENDIX C

State Board Nursing Examinations - Sample Item

Read each of the following situations presented and the questions relating to them. From the choices listed pick the best answer and fill in the corresponding block on the answer sheet provided.

(The examples below were obtained from Mosby's Comprehensive Review of Nursing and are typical of questions found on the State Board Examination.)

Medical-Surgical Test

Mrs. August, a 44 year old female, is admitted to the hospital with a tentative diagnosis of hyperthyroidism.

The nurse would expect Mrs. August to exhibit:

1. Nervousness, weight loss, increased appetite.
2. Protruding eyeballs, slow pulse, sluggishness.
3. Increased appetite, slow pulse, dry skin.
4. Loss of weight, gastrointestinal disturbances, listlessness.

Diagnostic tests to confirm this diagnosis include:

1. Radioactive iodine uptake and T_3 .
2. Protein bound iodine and SMA 12.
3. T_4 and X-ray films.
4. Basal metabolism rate and pO_2 .

Postoperatively the nurse should be alert to observe for signs of "thyroid storm". These include:

1. Loss of consciousness
2. Elevated serum calcium
3. Rapid heart action and tremors.
4. Sudden drop in pulse.

Mr. Brown was admitted to the hospital with complaints of difficulty in sleeping and eating. He has lost a great deal of time from work because "he wasn't feeling well". Lately he has just sat in his room staring at the floor with a sad look on his face. His one wish is that he would die. Mr. Brown has been brought to the hospital after taking an overdose of phenobarbital. After a gavage, Mr. Brown states "Let me die, I'm no good." The nurses most appropriate response would be:

1. "Of course you're good, we'll take care of you."
2. "You must have been upset to try and take your life."
3. "Do you feel like telling me why you did that?"
4. "You have been through a rough time, let me take care of you."

A treatment program was developed for Mr. Brown. The staff made specific goals directed toward having the patient:

1. Develop trust in others.
2. Express his hostile feelings.
3. Set realistic life goals.
4. Get involved in activities.