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Home Economics

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CONSTRUCTION OF A PROBLEM CHECK LIST
FOR HOSPITAL DIETETIC INTERNS

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By

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* * * * * * *

The Ohio State University
1961

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CHAPTER I

OVERVIEW

As long as man lives he will encounter problems. He cannot avoid them; he can only learn to handle them. He will be able to do so most effectively when he understands himself. Many people live out their lives without ever trying to understand themselves, and are appalled and dismayed at some situations confronting them. It is sometimes difficult for the individual to take a close look at himself, and yet to do so is to take the first step toward solving his problems. Educators seeking to help the student will be able to assist him only when they too understand him. Since the individual's behavior is governed by his view of himself, the world in which he lives, and the meaning things have for him, the educator attempting to help him will need to seek an understanding of the individual's view. One of the newer approaches to helping both the individual and the teacher to better understand the former, is the use of problem check lists, through which the student reveals his views of himself, his environment, and his concerns. Such guidance tools can be used, not only with the high school and college students, but also with students in professional programs. For the student of hospital dietetics, the
Internship is a period requiring considerable adjustment, and it is thus one in which numerous problems may arise. The intern needs help in resolving many of these concerns. While there are a few standardized check lists available they do not seem adequately applicable to the interns' situation. Thus it was felt that there was a need for an instrument dealing directly with internship problems.

Statement of Problem

It was hypothesized that hospital dietetic interns have a sufficient number of concerns related to their educational program to warrant development of an instrument specific to hospital dietetics. In addition, since the graduate hospital dietitian, who guides the intern, usually has had limited academic preparation in education and psychology, it was felt that any guidance tool which the former might use needed to be one whose interpretation would not require her to have ability in statistical analysis or depth psychology. It needed to be a tool that dealt with the realities of the internship and

1 The majority of hospital dietitians attain membership in The American Dietetics Association by earning a bachelor's degree in foods and nutrition, and completing a one year program in an accredited hospital dietetic internship.
one that made sense to both the graduate dietitian and the intern. A problem check list seemed to meet these needs.

Procedure

There seemed no better source for identifying problems than the young women interning. Thus in August, 1958, the students in the nation's hospital dietetic internships were asked to participate in the development of a problem check list for hospital dietetic interns. In order to secure original statements of concerns from a large number of students at various stages of internship experience, each internship was asked to participate three times during a six- to seven-month period. During the first of the three surveys each intern was asked to list her current concerns and then to describe in detail one problem incident which she had experienced. Approximately twelve weeks later the interns repeated this performance and also marked a rough draft instrument developed primarily from their first contributions. The third survey, about twelve weeks later, provided the opportunity for the interns to mark a further revised instrument indicating the concerns they had experienced at any time during their internship.
Two groups of professional people also contributed to the development of the list. One group, consisting of some of the leaders in the field of hospital dietetics, reviewed the contents of the rough draft instrument. A second group, composed of educators and dietitians, classified the statements on both the rough draft and provisional instruments into major categories of problems, such as, instruction, environment, and patient relationships.

Description of the Check List

The finished instrument may be described as a list of phrases which express problems that a student may experience during her internship. The intern marking the list will read the phrases carefully. When she comes to one which reminds her of some problem or concern which she has, she is to underline that phrase. When she has read the entire list, she is to reread those she has underlined and to circle those which represent her greatest concerns. The number of items the intern marks in each of the categories may then be totaled, but this has value only in the sense that it helps to clarify her pattern of problems. There is NO score on this instrument. There are no right and no wrong answers. IT IS NOT A TEST. The interpretation of
an individual's completed instrument rests on direct analysis of the intern's markings and writings. It depends on the same qualities in interpretation as are used by the counselor in his everyday direct contacts with students.

A primary function of the problem check list is to help the intern in the expression of those problems related to her internship experiences. Essentially it might be considered a communication tool. The marking of it will give some picture of the intern's concerns which, studied by the graduate dietitian, will help the latter to better understand the intern, thereby enabling her more effectively to help that student.
CHAPTER II

PSYCHOLOGY OF PROBLEMS AND EDUCATION

The need for the dietitian to be interested in the problems which her students may experience in the internship is based on the fact that these problems, and how the intern deals with them, have a very intimate relationship with what and how the intern learns. Life is a continuous process of adjustment, and it is in making these adjustments that the individual learns. Thus it would seem that the dietetic profession, in seeking to provide for the education of its young, must consider its responsibility to help the intern with her problems and with the adjustments she will make, as well as to help her to learn, in the more usual connotation of the word. In the following pages the views of various authorities will be presented regarding problems, adjustments, learning, and the need for a guidance point of view on the part of the educator.

Adjustment and Learning

Adjustment is a universal process. Lehner and Kube indicate that it is not a one-way process in which man continually is forced to adjust to his environment,
but rather that man also can shape his environment.\(^1\) As the environment changes, man changes his behavior accordingly, and these modifications on his part influence the environment to change still further. Thus interaction occurs and adjustment is continual. Learning has been defined and analyzed in various ways by psychologists and educators. Blair et al. indicate, however, that nearly all authorities would agree that learning involves a change in behavior which causes a person to face later situations differently. By putting the several views of learning together, Blair et al. believe one can gain a composite view of the essential characteristics of learning.\(^2\) These elements also provide a view of the nature of adjustment. In the light of this it seems worth while to consider some major aspects of behavior: needs and motivation, and barriers to goals and the individual's responses.

### Needs and Motivation

Shaffer and Shoben say that all human beings have needs and that men spend most of their time and energy


trying to satisfy them. Authors such as Cronbach, Shaffer and Shoben, and Blair et al. would indicate that only a rough classification of needs is possible. They usually break them into two groups: (1) physical and (2) social. Shaffer and Shoben believe that in the lives of most people, the social adjustments are more significant than responses to physiological wants. While indicating that no comprehensive list can be compiled, these authors do identify some of the more common social needs. They note man's need for the approval of other people, his need to get attention, to gain sympathy, and his need to be identified as a person of worth. One might add, there is also the tendency to submit to the customs of one's group to conform, to do the expected thing. The American culture, unlike some, supports or cultivates needs for prestige, mastery, and self-realization. Maier points to man's need to be with others rather than alone, to his need for individual expression, and to his need to have a voice in matters.


5 Shaffer and Shoben, loc. cit., p. 85.

6 Blair, Jones, and Simpson, op. cit.

7 Shaffer and Shoben, loc. cit., p. 4.
affecting him. Bellows adds that man needs economic security and a sense of accomplishment.

Blair et al. say these needs are a product of stimuli both from within and from without, which literally push or motivate the person in the direction of the objects or situations which the individual sees as capable of fulfilling them. Thus needs are the mainspring of behavior. Shaffer and Shoben indicate that everyone responds to his environment as a whole person, that his needs operate not separately but as interacting systems. Perhaps this is why Combs and Snygg, rather than listing many needs, emphasize that there is but one need, the compelling need for man to "maintain and enhance his self." Perhaps these two views are not conflicting. One might consider the latter view as the main overall factor and that such needs as "being identified as a person of worth" and the need "to conform" are but sub-aspects of the main need. Combs

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11 Shaffer and Shoben, loc. cit., p. 92.

12 Arthur Combs and Donald Snygg, Individual Behavior (New York: Harpers and Brothers, 1959), p. 44.
and Snygg, however, feel it is better to speak of one need. They contend that belief in many needs may result in inadequate help for the individual as the educator singles out any given need for attention. They also feel that the educator can better understand the effect of need on perception when "maintaining and enhancing the self" is recognized as the only need. A consideration of this relationship will be developed at a later point in the writing.

Cronbach says that stemming from man's need all action is thus motivated and goal directed. Some wants are for immediate satisfaction, such as the relief of an assignment completed or the happiness of being accepted by one's supervisor. Others are long range, such as being admitted to professional membership. Blair et al. note that while motives are highly individualized, their surface manifestations may appear in different ways, and that no learning situation is fully understood without some knowledge of the forces which impel the person to act. They add that interpretation of behavior, without a knowledge of the need which gives rise to it, may lead to error as one tries to help the student.

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13Combs and Snygg, op. cit.
14Cronbach, loc. cit., p. 45.
Barriers to Goals and the Individual's Responses

Needs are not always easily met. Many are thwarted. Shaffer and Shoben say that there are two types of thwarting: frustration and conflict. They indicate that the former is an external circumstance, and that most often it is social and due to the demands of competing activities of others. A person thwarted in his efforts to achieve his goal may react in various ways. Blair et al. identify that the individual, with renewed energy or with a different approach, may try to overcome the obstacle and attain his goal; or he may give up and lapse into a state of anxiety and helplessness. Averill and Kempf feel that to any normal person, occasional failure is disheartening enough; but continuous or severe failure is overpowering. It makes little difference what age or what social setting is viewed, the truth is apparent that failure often acts negatively as a motive to discourage further effort and to sour and antagonize the individual concerned.

The above mentioned factors apply to learning as well as to adjustment, for here too, many tries are made.

16Shaffer and Shoben, loc. cit., p. 99.
Cronbach says no one makes them without some thwarting, and in learning difficult acts there may be long periods of frustration. The learner may become less efficient as he gets into difficulty. He may stubbornly repeat the same error. Cronbach says the student may be twisted with anger or embarrassment. He may just give up.

Shaffer and Shoben note that frustration may cause a person's behavior to become less mature, less constructive. The individual is apt to stand still or even regress. This does not imply the avoidance of all problems; for, as Blair et al. indicate, behavior, and consequently learning, occur only when there are unmet needs and motivation. The teacher has the responsibility to influence the environment in such a manner that desires are built up and are channeled in the direction of learning those skills and solving those problems which will lead to goal achievement. The teacher must create an environment for which the student finds his responses inadequate. The difficulty lies in creating the situation which thus challenges him to learn, but does not result in harmful effects by causing extreme frustration. While there are bound to be problems that cannot be eliminated from the path of the

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19 Cronbach, loc. cit., p. 521.
20 Shaffer and Shoben, loc. cit., p. 102.
21 Blair, Jones, and Simpson, op. cit.
student, and many which the educator would not remove if he could, it is equally true that some problems exist that need not and should not exist. Often it is the educator himself that creates the unnecessary and undesirable thwarting. Blair et al. remind teachers that educational psychology is just as much a psychology of the educator as it is of the student. Professional growth of the teacher includes not only a conscientious effort to understand the student, but also a constant self appraisal.

When an individual frustrates another, the common result is aggression toward him. Past experience may have taught the student that a response of frustration in the form of aggression will be punished. Thus conflict occurs when the student finds himself with a need to be aggressive toward his supervisor and yet fears punishment or reprisal that will defeat his need to complete his program and to achieve high recommendations. Thus conflict may not be a present injury, but a threat of an undetermined hazard in the future. This anxiety is personal and carries a sense of helplessness for the individual as he is unable to find a solution to his problem. Shaffer and Shoben say these anxieties may vary

\[\text{\textsuperscript{22Ibid.}, p. 535.}\]
from mere qualms to permeating distress that affects all of the individual's social adjustments.²³

When emotional expression is prohibited by social standards, the student learns to suppress his feeling. The evidence of anger or sadness is hidden internally and these tensions carried suppressed over a period of time lead to later conflicts.

It should be recognized also that the individual himself contributes to thwarting of his needs. A situation may offer opportunities to satisfy wants, but the individual is able to respond only in certain ways. He has a repertory of things he can do to satisfy his wants. He may be too weak, ignorant, or inhibited to make the response for which the situation calls. He will choose, however, the response which he thinks will most nearly satisfy his wants. If in doubt, his response may be made tentatively. The subsequent events may confirm his interpretation of the situation; but, if not, he is usually unhappy.

Most human frustrations and conflicts can be solved in more than one way, but the individual must adjust in some manner. Unfortunately he does not always solve his original adjutive problems, but may become so

²³Shaffer and Shoben, loc. cit., p. 120.
preoccupied with avoiding the obstacle that he never satisfies the need that started the sequence.

Shaffer and Shoben identify the major steps of normal adjustment process as: (1) the existence of need that results in motivation or goal directed behavior, (2) the operation of some thwarting that prevents immediate satisfaction, with (3) resulting varied responses by the individual, (4) leading eventually to solution. It is through this pattern of adjustment that the student learns.

Perception and Education

Another approach to the consideration of adjustment, and thus to learning, is based on a frame of reference called "perceptual" or "phenomenal." Combs and Snygg define the perceptual or phenomenal field as the entire universe, or world, including himself, as it is experienced and viewed by the individual at any moment. It is his view of his entire world and himself. The portion of this which is his view of himself is referred to as the phenomenal self. To him, it is himself. Each individual has numerous perceptions of himself. He may consider himself an artist. He may see himself as a

\[24\] Ibid.

\[25\] Combs and Snygg, loc. cit., p. 29.
humanitarian, and as an expert in his profession. Some of these perceptions are more central and important in his thinking than others. Some are sharper and clearer than others. These perceptions are not separate entities but form an organized complex, the phenomenal self. This view of his self is his only guarantee of security, and its preservation becomes his goal. Combs and Snygg contend that "...from birth to death the maintenance of this phenomenal self is the most pressing, the most crucial, if not the only, task of existence." As stated earlier, rather than identifying many needs, they prefer to identify the need to "maintain and enhance the self" as the compelling and only need of man. They feel that because man is aware not only of the present, but also of the future, it is necessary to enhance the self against the exigencies of that future, in order to find security for tomorrow. Since the future is uncertain, no present enhancement is ever enough and the individual by nature is thus insatiable. The behaver himself is never unmotivated but is always seeking for this personal adequacy.

To understand the student and to be more effective as an educator, the instructor needs to

26 Ibid., p. 44.
27 Ibid.
understand the factors controlling and limiting the process of perceiving and the function of the perceptual field. Lecky points out that since this phenomenal self represents man's anchor to security man seeks experiences which confirm and support his self view.\textsuperscript{28} Humphreys and Traxler say that the student, like any other individual, tends to behave, or wants to behave, in a way that is consistent with his self concept.\textsuperscript{29} In fact, his self permits only such perceptions as are consistent with its already existing structure. Thus his self perception limits him to acting in ways that support his self view. Combs and Snygg say it is like asking for proof that what he already feels about himself is right and true.\textsuperscript{30} They say that modern research has demonstrated repeatedly that even an unsatisfactory self organization is likely to prove highly resistant to change.

Fortunately the individual's own basic need requires change in his concept of his self. In order to be adequate in a changing world (and that adequacy is his basic need) he must change. To remain the same would

\textsuperscript{28}P. Lecky, \textit{Self-Consistency, a Theory of Personality} (New York: Island Press, 1945), Chapter VIII.


\textsuperscript{30}Combs and Snygg, \textit{loc. cit.}, p. 153.
result in his quickly being out of touch with the world about him. Thus each individual is continuously searching his field seeking meanings which will enable him to satisfy his need more fully. Some factors in his perceptual field are more prominent than others. The differentiation he makes of these various factors determine his perception. Thus the perceptual field is being organized and reorganized continually in the light of new perceptions. Without this he could not adjust or learn.

The initial step in developing new concepts must be some kind of experience inconsistent with the individual's existing self perception. All perceptions in the phenomenal field acquire their meaning through their relationship to the existing self view. Thus, only when such events are seen as having some important relationship to the self, and only when awareness of the discrepancy between the self view and the reality of the experience occur, is there much chance of change. The individual may respond to such an experience in varying ways. He may acknowledge and accept the inconsistent experience at varying levels of awareness. He may see clearly that the new experience is not congruous with his existing phenomenal self; that is, his self view. He may sense it dimly as a doubt, or vaguely as a tension. New perceptions of the self which are complimentary or
positive are readily accepted. For example, it is easy to accept a new view of one's self which shows that the individual is now a more accomplished musician than was formerly true. On the other hand, as Rogers points out, if the new experience is threatening, if it is too inconsistent (particularly negatively inconsistent) with his self perceptions, the individual may ignore or reject it and its implications. 31

Not all self perceptions have equal value to the individual, thus changes in the peripheral aspects of the self concept may occur rather rapidly. For example, the individual who vaguely considers himself somewhat of an artist may not find it difficult to realize that he really is not one. Changes in the important fundamental perceptions of the self, however, change more slowly and less easily. The individual who did not resist the fact that he is not truly an artist, may more slowly, if at all, accept the fact that he is failing in his profession.

Ordinarily a self concept which has developed from many experiences over a period of time will take a somewhat equivalent length of time to change. Less frequently, traumatic shocks which influence the entire organization of the individual may cause more rapid

changes in self concept. Some experiences are more vivid than others. The former are more likely to effect changes in self perceptions. Thus firsthand overt experiences are more effective educational approaches than vicarious ones, such as lectures and text book reading.

Combs and Snygg feel that perhaps most destructive to the individual's adjustment and learning is the restricting effect upon his perception that occurs when he experiences threat.\(^{32}\) When the individual feels threatened there is no recourse save defending the threatened self. Rogers adds that the more threats the individual experiences, the more rigid his self structure becomes as he attempts to maintain it.\(^{33}\) Defensive behavior spreads, says Hogan, for the individual now must support a larger false structure as he sees each new experience as threatening.\(^{34}\) When threatened, the individual concentrates his attention on the threat. This narrowed perception and forced defense of the self are the opposite of what is desired in learning situations. Education seeks to open and broaden

\(^{32}\) Combs and Snygg, loc. cit., p. 170.

\(^{33}\) Rogers, loc. cit., pp. 515-517.

perception and to facilitate change in the self, not to encourage self defense. For example, when the student is busy defending himself against the perceived attitude of the teacher that the student is "stupid" or "not worthwhile"; when he is busy concentrating on the threat what he will not graduate because of the poor and unfair evaluation the teacher has given him, he has little time for a broader view of his self and his experiences and thus his growth. This is the same type of situation discussed earlier in relation to problem solving and emphasizes the relationship of solving of personal problems and learning. Combs and Snygg say that even the mildest threat to the self measurably impairs performance. In general, however, the more serious threats are likely to produce the more serious and damaging effects. The student who is told she is not doing adequate work and is likely to be expelled, is likely to do even less adequate work. How serious a threat may be depends in part on the importance of the perception of the self which is threatened. A threat against the artability, used in his hobby, may not be severe; but to be evaluated as ineffective in a quality such as critical thinking which is basic to his professional work, may be much more shattering to the individual. The degree of

35 Combs and Snygg, op. cit.
threat will depend also upon the strength of the individual's vision of his own adequacy. If he feels capable, the experience will be less threatening to him than if he already doubts his adequacy. Students involved in a new program are likely to lack self-confidence and feel inadequate, and are more sensitive to threats than the students who have made a greater degree of adjustment. Hogan says the individual feels threatened when confronted with situations or ideas with which he feels inadequate to cope, or by experiences inconsistent with his existing self view. For example, when an individual changes jobs this may demand a change in perception of his life situation which he may not accept into his existing organization. This constitutes a threat.

When people cannot comprehend whether a situation is dangerous or not, they feel insecure in the situation. In any unfamiliar situation man attempts to discover the limits, for the unknown creates a threat. When limits are not made clear, or when they vacillate, students have to continue to explore to find out where the teacher stands. To cope with life effectively the individual needs to have a clear picture of the situation with which he must adjust. When limits are lacking, when the picture is not

36 Hogan, loc. cit.
clear, when students do not know what is expected of them, adjustment and thus learning, are more difficult. Once the limits are identified, perceiving and learning proceed more quickly and surely.

Combs and Snygg say that situations may seem incomprehensible because existing meanings are too rapidly shifting to make it possible to deal with them. The fulfillment of need requires an organized perceptual field. Man feels more adequate when things stand still long enough for him to be able to comprehend them.

**Threats Arise From Perception of the Situation**

When for one reason or another a group begins to treat the individual in a manner incompatible with the way in which he has grown to see himself, he may experience a threat. The advanced student who finds himself being treated as a child who does not know how to do things, or who finds instructors do not recognize his ideas, is threatened. Because man is more often threatened by people than by things, Combs and Snygg believe this means the teacher must be sensitive to his own relationship with his students and their relationships with other people. Situations in which the instructor

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37 Combs and Snygg, loc. cit., p. 179.
38 Ibid., p. 389.
treats each student as an individual of dignity and integrity will promote absence of threat. If the situation is characterized by warmth, friendliness, and acceptance of the student as he is, the atmosphere may be one in which the student can and will explore his personal meanings more readily. Such an atmosphere is not created by chance, nor can it occur when the teacher is not sensitive to his own personality, nor to its influence on his students. Combs and Snygg say that teaching requires a great deal of self discipline, understanding, and sensitivity to others.

The task of teaching is helping people to move on, to change, to grow. This is encouraged by an accepting atmosphere, in which the student sees his environment as one in which he is free to be himself. It is one in which he does not spend his time worrying and concentrating on the threats derived from the teacher. There may be some threats inherent in the environment, but the wise teacher will seek to avoid contributing more. Instead, the good teacher creates situations in which the individual feels free to drop his defenses and engage in learning; for, as Combs and Snygg point out, the atmosphere conducive to effective learning is one as free from threat as is possible.39

39 Ibid.
If the phenomenal self feels adequate to the situation, there will be no threat, but there also will be no challenge. People feel challenged when they are confronted by situations in which they feel fairly adequate, but in which they also see some opportunity for enhancing their adequacy. Combs and Snygg say that the genius of good teaching lies in challenging the students without threatening them.\(^40\) To do so effectively the teacher must be sensitive to his impact on the students, for the distinction between threat and challenge is not in what the teacher thinks he is doing, but in what the student perceives him as doing. To understand the student's view enables the teacher to evaluate his own actions, as well as those of the student.

If one sees man, as Rogers does, as a growing and dynamic creative being who is continuously in search of adequacy; and if one accepts Combs and Snygg's concept that man's behavior is controlled by his perceptions of his world and his self, then development of understanding, not manipulation and control, seem required on the part of the teacher.\(^41,42\) Free communication, not coercion, and stimulating mutual exploration and

\(^{40}\) Ibid.
\(^{41}\) Rogers, op. cit.
\(^{42}\) Combs and Snygg, op. cit.
discovery, as opposed to servile dependence on the teacher, seem appropriate. It seems essential to the understanding of the individual that the teacher try (1) to see the student's world from the student's view, (2) to help the student communicate this view, and (3) to mutually explore it.

The Nature of Problems and Their Solution

Since, as Bennet indicates, every normal individual meets frustrations, suffers conflicts, and experiences problems simply as part of living, then from a consideration of the individual's problems, as he sees and deals with them, one can gain insight into a sizeable portion of his view of his world and his self.  

While everyone is harassed by problems which must be met and resolved, these problems are as varied as life itself. They differ, moreover, in the degree of their complexity and intensity. Some are easily solved, others are more difficult. Because people differ in their experience and abilities, the same problem may be more intense in the life of one student than in that of another. In order to work effectively with the student, the teacher also needs to be cognizant that problems or

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concerns arise out of situations. They do not appear without cause. Problems are interrelated; they seldom, if ever, occur in isolation. Rather, Humphreys and Traxler say, they usually occur in a cluster, interacting one on another.

Bennet speaks of the various surveys and clinical studies that show that each successive stage in life has its own developmental tasks, frustrations, and problems. They also indicate that failure to cope with these problems will hamper the individual in ensuing stages. Bennet feels that when these uncompleted tasks and unresolved problems accumulate, they may incapacitate the individual to the point where maturing is hindered and even reversed. Humphreys and Traxler would say that in normal behavior the student constantly attempts to resolve the differences between his internal standards, desires, and demands and those of his environment. This is particularly true with reference to those persons and groups with whom he most closely associates. The fact that the student's struggle with his self concept and his environment is an essential

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45M.E. Bennet, loc. cit., Chapter III.
46Ibid., p. 92.
47Humphreys and Traxler, loc. cit., p. 353.
factor in most problems does not necessarily connote that it is the student's self concept that is the main cause. Bovles has emphasized the need for the teacher's careful scrutiny of the environment in which the student finds himself.\textsuperscript{48} For example, with a drastic change in environment, as from college classroom to the professional atmosphere of the hospital, the student's self concept may be threatened and numerous problems are likely to arise.

Thelen says that an awareness and interpretation of one's own feelings in a situation is the starting point of defining the problems one has to solve.\textsuperscript{49} Thinking about the problem is a process of rehearsing possible actions in one's mind. Robinson, however, points to the difficulty individuals may have in verbalizing and clarifying concerns.\textsuperscript{50} He says they have difficulty overcoming the feeling of embarrassment in facing their problems, especially before another individual. This is particularly true when they feel


elements of the problem are morally censurable, or when it is difficult to describe subjective experiences. Then too the more intense the problem, the greater will be the emotional involvement. Rationalization, projection, and repression may occur. Robinson says that the more complex the defense, the more difficult it is to get at the problem. The atmosphere in which the student communicates his problem is important. It must not be a further threat. Rogers emphasizes that if communication is to be adequate, the individual must not be hampered by the need or desire to be defensive. Thus the atmosphere must be warm and responsive. A permissive regard and freedom from any type of pressure or coercion is desired.

In the preceding paragraphs the link between learning, adjustment, problem solving, and the individual's perception of himself and his world is again apparent.

The Guidance View Point

Another facet in the development of the concept that the teacher's consideration of the student's problems is important, lies in the guidance point of

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51 Ibid., p. 56.

52 Rogers, loc. cit., p. 496.
view. Humphreys and Traxler consider the guidance view point to be an attitude that is directed toward assisting the individual -

1. To understand himself.
2. To make the most of his capacities, interests, and other qualities.
3. To adjust himself satisfactorily to the varied situations within his total environment.
4. To develop the ability to make his own decisions wisely and to solve his problems independently.
5. To make his own unique contribution to society to the fullest possible extent. 53

This definition seems to be a widely quoted and comprehensive clarification of this point of view. It shows that the guidance view point emphasizes the development of the student to the limit of his potentialities, and the stimulation of that individual to take increased responsibility for self direction. It emphasizes helping the student to look at his self concept and his view of his world so that he may learn to understand himself. This, as has been previously indicated, is identified by various authorities as the basis for progress, for learning. Humphreys and Traxler's definition also points to the fact that guidance is designed to help a person decide where he wants to go, what he wants to do, and how he can accomplish his purpose. 54 While this involves the solving of problems

53 Humphreys and Traxler, loc. cit., pp. 4-5.
54 Ibid., pp. 51-52.
that arise in man's life, Humphreys and Traxler agree with Jones who emphasizes that it does not solve them for the individual, but helps the latter to solve them.\textsuperscript{55,56} Jones adds that it assists the individual to make wise choices, adjustments, and interpretations regarding situations.

The individual's problems or concerns need not be critical to warrant guidance. The older concept that guidance was therapeutic is being replaced with the concept that its purpose is to help every individual develop to his potential. Some people feel guidance implies too much detailed direction or too much coddling of the individual. Humphreys and Traxler indicate that such implications are not well founded if the objective of guidance is the stimulation of the individual to take increased responsibility for self direction.\textsuperscript{57}

Humphreys and Traxler give additional support to the guidance viewpoint by saying it is needed because of the fundamental worth of the individual.\textsuperscript{58} This cannot be over emphasized. They identify as a second reason, the obligation teachers have to help the individual live

\textsuperscript{55}Ibid.


\textsuperscript{57}Humphreys and Traxler, \textit{op. cit.}

\textsuperscript{58}Ibid., p. 23.
the kind of life that is both individually satisfying and socially effective. It may also be said that while a profession may not see its program as sharing the responsibility for helping the individual live an effective life in the broadest sense of the word society; it should be recognized that a profession is obligated to help the individual to be effective in the sense that society means the professional group. The third reason Humphreys and Traxler indicate, is the highly specialized functions demanded in the increasing complexity of society, and one might add, of a profession. Their fourth contention is that the stability and progress of a society (or a profession) requires that each member find his most appropriate place. Only then can he contribute most to the work of the group as a whole. To these reasons Darley would add that the world is complex and the time for growing up is short. The young may need more help, but in such a world more mature individuals may also need guidance. Jones would support the need for a guidance view by pointing to the common occurrence of wasted human energy, misspent lives, and disaster resulting from lack of direction and from unwise selection of opportunities. The uncertain and changing

60 Jones, loc. cit., Chapter I.
structure of our society intensifies the need for a guidance point of view, says Fulton, who feels that the individual today must learn to face many situations with greater versatility than has ever before been demanded of man. Thus there can be no fixity to guidance. It must be fluid to meet the demands of life.

Hurlock says that a key to successful guidance efforts lies in knowing and remembering that no two individuals are alike. Thus careful consideration should be given to each one. However drab he may appear, or however similar to others, he is a unique person. Pressey further emphasizes this fact by challenging a famous document. He feels that the founders of our country were mistaken in fact, if perhaps not in spirit, when they said that "all men are created equal." Pressey says that far from being so, all men were born with differences and are subject to varied environmental influences. If the teacher is serious about equality of opportunity and if he is serious about finding the best possible education for each of his students, he should be infinitely serious about individual differences. Gardner

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adds that the teacher should remember that what is an opportunity for one student may be a stone wall for another. He continues by saying that if the teacher is to do justice to the individual student, the teacher must seek the kind of education which will open the individual student's eyes and "...stimulate his mind, and unlock his potentiality."

Havkes feels that at last teachers are beginning to see that the student must be understood if he is to be helped, except by blind chance. Thorndike would add that to know an individual thoroughly means to be able to describe him completely, to predict how he will act in every possible situation. He would emphasize, however, that teachers are far from this objective and always will be; but that it "represents the star to which we hitch our wagon."

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CHAPTER III

PROBLEM CHECK LISTS

In view of the material presented in the preceding chapter it would seem essential for the teacher to develop an understanding of the student's problems as the latter sees them. The individual usually will need help in communicating his problems and concerns. Fick, in his study of the various approaches to helping the student in this communication, selected the problem check list as the most satisfactory approach.¹

Advantages of a Check List

One of Fick's reasons for this choice was the fact that the check list reveals the individual's personal view of his problems, not someone else's view.² Fick also points to the advantage the check list has in facilitating counseling. He feels it assists the student by helping him to prepare for the counseling interview, by helping him to focus attention on his concerns, by

²Ibid.
encouraging him to analyze and crystallize his problems, and by stimulating him to work toward their solution. It also provides the student with an opportunity to see the kind of topics he may want to discuss with his teacher. It may help him to bring up rather "touchy" concerns, discussion of which might otherwise be too difficult. Bennet says, that even without follow-up counseling, the check list has value for the student. He found that a sizeable number of students felt that merely checking the list had helped them, by showing them that their problems were minor compared to what they might be, and that they were not alone in having problems.

Mooney, who initially developed the problem check list technique, feels the check list can save time for the counselor by providing a quick review of the variety of concerns the student has been willing to express, and by helping the counselor to learn more rapidly about the student's view of himself and his world. Mooney adds that it can aid the teacher in developing insight into the interrelationship among the expressed problems and in identifying leads to hidden problems or ones which the

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3 Bruce L. Bennett, "The Use of the Mooney Problem Check List for a College Hygiene Course," Educational Research Bulletin, XXXI (December 10, 1952), pp. 231-240, 244-245.

student may not see, but which the teacher feels may need
to be out in the open. Singer, however, believes the
check list reduces the possibility of "unskillful and
premature probing into areas which the individual is not
ready to examine." Thus he finds the function of the
check list in permitting the student to indicate those
problems of which he is aware and willing to reveal, an
advantage.

While Bedell believes that the check list will be
most effectively used by the individual who has had
considerable education in testing, Mooney considers that
technical education in psychometrics and statistical
analysis on the part of the teacher using the list, is
not necessary.  Various authors regard as an advantage
the limited amount of time required for, and the
simplicity of, administration of the instrument.
Numerous authors also feel that the wide coverage of

5Stanley L. Singer and Stefflre Budford,
"Concurrent Validity of the Mooney Problem Check List,"  

6Ralph Bedell, "Problem Check List," The Third
Mental Measurement Yearbook, ed. Oscar K. Buros

7Ross L. Mooney, Manual to Accompany the Problem
Check List, College Form. Columbus, Ohio: Bureau of
Educational Research. Ohio State University, 1942
problems increases communication opportunities and thus the effectiveness of the instrument.

Authors such as Garrison, Kessler, Houston and Marzolf, and Bennet reveal how surveys with problem check lists have enabled faculties to make meaningful changes in their teaching and in their curriculum.\(^8,9,10,11\) Remmers feels that the check list can be used to advantage in group surveys to provide a basis for orientation and discussion programs for instruction regarding areas of general problems which many students seem to be experiencing.\(^12\) Thus it appears the check list has value not only in helping the student with self analysis and in helping the teacher gain an understanding of the individual as a basis for counseling, but also in curriculum analysis and revision, and in improvement of instruction.


\(^11\)B. Bennet, loc. cit.

Disadvantages of a Check List

Fick reports that Erickson and Mathewson, while agreeing with many of the above mentioned values or advantages of the check list, do indicate several shortcomings of this type of instrument. They say that not all problems may be covered. This seems obvious; although, as Bedell indicates, a wide range from the common to the less frequent, and from the serious to the less intense concerns can be presented in a check list. Erickson and Mathewson continue by pointing to the difficulty incurred in phrasing problems in language meaningful to all. All semantics is difficult. This, however, is probably no more true of the check list than of many other instruments, nor does it negate this instrument being an aid to communication. Erickson and Mathewson also say that there is no assurance that frank responses may be made or that problems of great intensity may not be omitted as the individual marks the instrument. This does not seem to be a limitation of the check list, but rather a facet of the environment in

13 Fick, loc. cit.
14 Bedell, loc. cit.
15 Fick, loc. cit.
16 Ibid.
which it is used. (This point will be dealt with more extensively in a later portion of this writing.) Some critics feel that there is no way of determining the intensity of a problem. While the process of circling the items representing problems of greater concern to the individual may provide a rough indication, the follow-up counseling sessions are anticipated as the more appropriate place for delving into the intensity of the concern. Pick claims that only consciously felt problems will be expressed. \(^{17}\) Gordon, however, points out that the check list is not intended to be a depth technique for determining unconscious conflicts of the individual, but that its value lies in reflecting those problems the student is willing to discuss. \(^{18}\)

**Validity of a Check List**

The claim that problem check lists lack validity and reliability is perhaps the most frequently proposed shortcoming. The Technical Recommendations for Psychological Tests and Diagnostic Techniques emphasize that validity information indicates the degree to which

\(^{17}\)Ibid.

the test is capable of achieving certain aims; and that, therefore, there are several types of judgment, and that for each, a somewhat different type of validation is needed.\(^{19}\) A construct validity; that is, a validity to infer the degree to which the individual possesses some trait or quality presumed to be reflected in test performance, is not appropriate for problem check lists. A predictive validity is not the correct choice since the check list does not serve to predict. Curricular or content validity, which aims to determine how an individual would act at present in a given universe of situations of which the test constitutes a sample, is not the answer.

McIntyre, while indicating that the usual approaches to measurement of validity are difficult if not impossible to apply to a problem check list, nevertheless attempted to establish the validity of the Mooney Problem Check List.\(^{20}\) He felt that based on the assumptions that individuals should recognize their own


problems, could find them on the instrument, and were willing to mark them, he could hypothesize (1) that the less intelligent would have more problems than the more intelligent in the area of adjustment to academic work, and (2) that seniors would have more problems in the area of future vocational and educational plans than would underclassmen. Of the seven such hypotheses tested, six were confirmed, and McIntyre felt the findings presented prima facie evidence for the validity of the instrument.

Morison et al. say that since the problem check list is meant to reflect the problems which the individual is able and willing to identify at a given time, validity of the check list depends on the degree to which it does this.21 They report on unpublished work which showed that the check list responses of selected groups, known by other criteria to have specific problems, reflected those problems. Morison's own study showed that 92 per cent of 321 students affirmatively answered the question, "Do you feel that the items you have marked on the list give a well rounded picture of

Morison et al. also propose, as evidence of validity, Gordon’s study which showed that changes in problems (identified by an outside written report, and occurring between a first and second administration of the check list) were revealed 83 per cent of the time by the check list.  

Mooney and Gordon indicate that the validity of the problem check list cannot be thought of in terms of "the degree to which it measures what it purports to measure" for, as he emphasizes the check lists are not constructed as tests.  They do not have a score in the usual sense that a test does. If any tallying is done of the number of concerns marked by the student in each of the categories of problems, it is for the purpose of seeing the pattern of problems, not in the usual sense of giving a score. Mooney and Gordon emphasize that the tally is merely a count of the concerns the student has identified. The check list is a guidance instrument, a communication tool, not a test.

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Mooney adds that because check lists are constructed as they are and because they are used for a variety of purposes, validity must be determined in terms of the particular purpose and the particular situation. The validation is wrapped up in a matrix of many factors, not the least of which is the environment in which the student marks the instrument. When the environment is such that he trusts the individual for whom he marks the instrument, when he feels his concerns will be considered confidentially, when he has no reason to fear misunderstanding, when he can anticipate kindness and open-heartedness, when he feels no need to be defensive, only then will the student mark it freely. With each reduced degree of confidence in his environment he will mark the instrument less fully and less frankly. He will indicate fewer and less severe problems. Thus the instrument may reveal not what he recognizes as a problem, but what he recognizes and is willing to reveal. Thus the validity of the instrument depends greatly upon the atmosphere of the educational program. Mooney also identifies such additional influencing factors as content of the items, the character of the population, the experience and skill of the interpreter. Thus every

\[26\]Mooney, loc. cit., pp. 5-6.

\[27\]Ibid., p. 6.
new situation in which the check list is employed is
different and its validity is tested each time.

When critics say that there is a problem in
establishing validity for the Mooney Problem Check Lists,
Mooney replies he has no such problem, and that only
those who choose to think it must be validated as a test,
have the problem. 28

Reliability of a Check List

Reliability or stability of response, as it
relates to tests does not apply to problem check lists.
A coefficient of stability (that is, a correlation
between test and re-test) will have little meaning; for
since problems change, this will be shown on the check
list if it does what it is designed to do. Because of
the nature of the items on the check list it seems
apparent that a coefficient of equivalence (a correlation
between two scores from two forms given at essentially
the same time) cannot effectively yield a satisfactory
coefficient. In any case, no scores, in the usual sense,
are available to use in determining reliability. The
preceding comments apply to the use of the problem check
lists for individuals. Mooney points out, however, that

28 Interview with Ross L. Mooney, June 27, 1959.
if the data are to be used for survey purposes some assurance is needed that "they reflect the problems of the group which remain reasonably stable over a period of time." Such support is available for the Mooney Problem Check Lists, and Mooney feels that his lists reflect the changing problems in the individual case, but that they also "exhibit sufficient stability to warrant general program planning on the basis of survey results." Bedell would add that the inconsistency in items marked is neither bad or good, but provides information about subsequent changes in groups, as well as for individuals.

Internal Consistency of a Check List

In considering the subject of internal consistency, divergent viewpoints are found. For example, Furst says internal consistency is an expression of validity which shows the degree to which the test item measures what the total score measures. He says,

29Ibid., pp. 6-7.
30Mooney and Gordon, loc. cit.
31Bedell, loc. cit.
however, that internal consistency data should not be considered the sole evidence of test validity. Anastasi, while agreeing that a correlation of item and total scores is an index of internal consistency, finds the latter to be an index, not of validity, but of homogeneity. While she hesitates to classify homogeneity under reliability or validity, she does find it more closely related to reliability. The Technical Recommendations for Psychological Tests and Diagnostic Techniques states that in an instrument which is a collection of diverse items, such as a problem check list, "internal consistency is a minor consideration." From any of these viewpoints, a consideration of internal consistency is not applicable to this kind of guidance tool. The nature of the items on the instrument make it apparent that the split half method and the Kuder-Richardson formula cannot yield a coefficient of internal consistency. The check list is not a test, marking of individual items is neither right nor wrong, and it yields no scores for calculating internal consistency.

In response to the claims that the lack of validity and reliability of check lists forms a

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shortcoming, and that internal consistency should be shown, Bedell says the usual test criteria do not apply, because the technical development of check lists differs in many respects from traditional test construction.35

Construction of a Check List

The construction of the problem check lists constituted a relatively new addition to the field of counseling aids and techniques. Lentz, reviewing the Mooney Problem Check Lists for the 1949 Third Mental Measurement Yearbook, indicated that there were no comparable or alternative instruments designed for the same purpose, and further commented that Mooney's work constituted a unique contribution to the field of guidance.36 Mooney's first editions, published in 1941 and 1942, were the result of his desire to systematize his method of identifying the concerns of young people.37 In the construction of his early lists, Mooney secured topics for list items from various sources. Among these were his experience as a counselor, a review of

35Bedell, loc. cit.


37Mooney and Gordon, loc. cit., p. 11.
literature on student problems, as well as analysis of counseling interviews and case reports on many students. Most of the material, however, was secured from young people themselves. Mooney had reports of personal problems written by 4,000 high school students. He also had oral and written reports from additional students. Fick points to the fact that Mooney's present check lists (Junior High Form, High School Form, College Form, and Adult Form) contain statements based upon analysis of the problems expressed by thousands of people both young and old. If a finished instrument is to be of value in helping one to understand the student's view of his problems and thus himself and his world, it would seem likely that it will be able to do so more effectively when developed primarily from the expressed concerns of students. Fick considers it essential that this primary source of data be the basic element. An important procedure in the construction of a check list thus would seem to be obtaining expressed concerns from a large sample of people representing the population with whom the finished instrument will be used. The larger the sample the more likely an instrument can be constructed which provides a wide range of student problems, thus enhancing its communication power.

38 Mooney, loc. cit., p. 2.
39 Fick, loc. cit.
To further the construction of his early list as a communication tool, Mooney established criteria for the selection of approximately 325 items from among the 5,000 collected and refined for inclusion on the list. The criteria included such points as the need for the items to be: (1) expressed in the language of the student, (2) short enough that they could be read rapidly, and (3) common enough so that many students experience them, and yet "serious enough to be important" to a given individual. A group of judges assisted in determining the items for the first edition. The items on the list were classified into a number of categories such as health and physical development, and home and family. The criteria for classification included such points as (1) having an approximately equal number of items in each area and (2) having few enough items to make summarization easy. In the construction of the format of the instrument, however, Mooney scatters the items so that students do not usually identify the categories.

He feels if this was not done, students, seeing the problems grouped by categories, would tend to skip entire

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40Mooney, loc. cit., pp. 2-3.
41Mooney and Gordon, loc. cit., pp. 11-12.
areas that seem not worth reading. Or they might avoid marking numerous items in any one category for fear of the impression they think it might make on the teacher. With the items scattered, the students are more likely to read each one carefully and to give it serious consideration. The Mooney Problem Check Lists have been used extensively, and from the markings of many students additional data have been made available for later revision of the lists.

Some of the people, subsequently developing check lists have adapted one of Mooney's check lists; for example, Morison's Problem Check List Form for Schools of Nursing. Other people have gone through the entire process, patterning the construction of their instruments on the approach used by Mooney; for example, Remmers' Youth Inventory (now Science Research Associates Youth Inventory).

The procedures used in the construction of a problem check list are based largely on the fact that the purpose in using the instrument is to increase and improve the student's communication of his view of his problems, and thus of his self and his world, so that his instructor may better understand and thus better help him.

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43 Morison, op. cit.
44 Remmers, op. cit.
CHAPTER IV

CONSTRUCTION OF A PROBLEM CHECK LIST
FOR HOSPITAL DIETETIC INTERNS

The hypothesis of this study was that the dietetic interns in hospital programs have enough concerns related to their educational program to warrant development of a problem check list specific to hospital dietetic internships. To obtain information regarding such student problems the fifty-six hospital internships, in operation in August, 1958, were invited to participate (see pages 126-128, Appendix). A total of 399 interns in forty-two internships, or 75 per cent of the programs (located in both large and small medical centers all over the country) participated in the study. The internships contributed three times at approximately twelve week intervals. Because various internships begin their programs on different dates, it meant that at the time of the second and third surveys some students previously participating might have graduated, or that new students, not having contributed before, now were available to do so. In addition, some interns were on affiliation to other hospitals or experience centers and were unable to participate with
their classmates each time. Thus, rather than all interns contributing in all three surveys,

336 interns contributed in Survey I
341 interns contributed in Survey II
337 interns contributed in Survey III

with a distribution of participation as follows:

266 interns participated in all 3 surveys
95 interns participated in only 2 surveys
38 interns participated in only 1 survey.

Assumptions

It was assumed that some concerns would be related to the length of the intern's experience. Thus, after a study of the quota of interns and the admission dates of each of the internship programs, the three survey dates were established in an attempt to secure, among the contributors, a peak frequency of four weeks of experience in Survey I, sixteen weeks in Survey II, and thirty-two weeks in Survey III. Because of the limitations of uneven admission dates and affiliation commitments, because not all internships participated, and because not all of those contributing had filled their quota of students, the actual levels of intern experience in the three surveys varied from the original plan. Table 1 shows that the peak frequencies in Survey I, II, and III were four to five weeks, eighteen weeks, and thirty weeks, respectively.
### TABLE 1

**LEVELS OF INTERN EXPERIENCE IN THE THREE SURVEYS**

<table>
<thead>
<tr>
<th>Survey</th>
<th>Range of Experience of all Participants</th>
<th>Range of Experience of over 90% of the Participants</th>
<th>Peak Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>2-40 weeks</td>
<td>2-18 weeks</td>
<td>4-5 weeks</td>
</tr>
<tr>
<td>II</td>
<td>12-50 weeks</td>
<td>16-30 weeks</td>
<td>18 weeks</td>
</tr>
<tr>
<td>III</td>
<td>3-46 weeks</td>
<td>27-41 weeks</td>
<td>30 weeks</td>
</tr>
</tbody>
</table>

It was assumed that some problems would be related to the area of the internship program which the student was experiencing; for example, main kitchen, nutrition clinic, or patient surgical area. To ascertain if all areas were represented in the experience of the interns contributing in each survey, they were asked to complete a data sheet each time. Page 135, Appendix, shows a sample sheet. A review of these data sheets revealed that all common areas of clinical and class room experience were represented well in each survey.

It was assumed that the greater the privacy accorded the intern in the process of obtaining her contributions, the freer and more valid would be her communications. Accordingly, at each of the three surveys suggested instructions for the procedure of securing intern contributions were sent to the internship directors (pages 129-134, Appendix). Letters of explanation and
direction sheets were supplied for the interns each time (pages 136–143, Appendix). The interns were assured that the recording of their names on their material was only in order that each student's various contributions could be tabulated as one; and that upon receipt of their materials, their names and locations would be replaced with code numbers so that no one could identify their material. The procedure included provision of an unlabeled envelope in which each intern could seal her individual contribution. In addition, all contributions from a given internship were to be deposited in a larger envelope which was to be sealed by the staff member in the presence of the interns. Instructions called for its immediate mailing.

Intern Participation

The interns were asked

In Survey I  To list their current concerns.
To describe a critical incident.

In Survey II  To list their current concerns.
To describe a critical incident.
To mark a rough draft instrument (based primarily on their previous contributions) indicating concerns they had experienced at any time during their internship.

In Survey III To mark a provisional instrument indicating concerns they had experienced at any time during their internship.
Survey I

In the first survey when the interns were asked to list their current concerns about their internship experiences, current was defined as that month. Concerns were defined as big problems or little worries, slight anxieties or simply bothersome situations, some of which might be intense while others might be less intense than they previously had been. The interns were provided with a few examples:

I am anxious about how patients respond to me.
I have trouble keeping up with class work.
I am uneasy in attempting to supervise experienced employees.
The dietitian does not always make clear what she expects of me.

In addition to listing their concerns they were asked to describe in detail one problem incident which might have happened at any time during their internship. They might have been actively involved or a spectator. They were to choose the one which concerned them the most, describe it in detail, and tell how they felt about it.

Survey II

In the second survey the interns again listed their current concerns and described another critical incident. When they had completed this and put the
material aside, they were asked to mark a rough draft instrument that had been developed primarily on the basis of the contributions they had made in Survey I.

**Survey III**

The research plan originally had called for the interns to participate in the third survey just as they had in the second. After Survey II, however, it was decided that the interns participating in Survey III would not be asked to list current concerns or describe critical incidents. This decision was based on (1) the feeling that a repeat performance of Survey II was asking too much of the interns within such a short period of time, (2) the belief that the already accumulated 6,500 pages of data and the anticipated 3,500 that would result from a revised Survey III would provide substantial data for the development of the instrument and (3) the assumption that not many more problems could be identified. Thus in Survey III the interns contributed only by marking a further revised copy of the provisional instrument.

**Intern Satisfactions**

While this study deals primarily with the problem aspects of the internship experience, it by no means
implies that only the negative exists. In both Survey II and Survey III the form of the instrument used provided a space for the intern to identify her satisfactions. There are three reasons for including such a section in a problem check list: (1) it encourages the intern to think in terms of the total experience, not just the problematic aspects, (2) a study of the satisfactions and problems by the counselor gives her a better understanding of her student, and (3) a basic principle of counseling is to start with the positive. Thus the identification of satisfactions provides cues to the positive approach the counselor may use.

The interns did report a wide variety of satisfactions they were experiencing in their programs. These are identified more fully on pages 113-112.

Building the Rough Draft Instrument

Problem Identification Sources

The content in the phrases on the rough draft check list came from a number of sources. Initially nine members of the 1958 Ohio State University Hospital internship class participated in a pilot study. First they listed their current concerns and described a critical incident. From this source, from a review of five to six years of intern evaluation records in the Dietary Department
at the Ohio State University Medical Center, and from the author's experience as an internship program staff member, a pilot check list was constructed. It was marked by the interns participating in the pilot study. Then each of these interns was interviewed privately. This served not only as a channel for identifying additional concerns, but also as a method of gathering ideas for the revision of the research plan and procedures. The ideas expressed in the pilot study check list were used in the rough draft instrument. The majority of the concerns expressed in the phrases on the latter list came, however, from the participation of the students in Survey I.

**Processing the Lists and Critical Incidents**

The students' lists and incidents were reviewed. Each critical incident was studied carefully. The sentences or phrases which appeared to express a student's problem were underlined. Following is an example:

...My problem was that I received my evaluation at the end of four weeks' service, and was told that I did not assume complete responsibility because I was asking questions to things I could have found out myself. When I was told this, I realized what was meant. I felt that if I had been told this before I finished those four weeks, I might have had a chance to improve greatly. My question is--why can't we, in some way or other, be evaluated as we go along, and not wait until we are at the end of a particular service? I feel that we would benefit more from continuous evaluation.
Many of the incidents expressed more than one problem and had several phrases which could be underlined. One student wrote:

...I feel my biggest problem, at this time, is to overcome my own fears and anxieties about the internship so I can perform to the best of my ability. I believe my greatest fear is not being able to meet the requirements of the internship. When I think of the program as a whole, it seems too big to tackle.

Another intern wrote:

The most bothersome problem to me, during my internship so far, is never having enough to do because there are too many students and dietitians in a unit. Also, during the first two weeks of work in the main kitchen I was left to learn for myself without any specific guidance. This is fine for a few days but it is impossible to sit and watch employees for hours on end without making them nervous and without getting terribly bored. It is observing too long. I feel that I was making no progress whatsoever. It is true that we do have to be oriented at first, but we do need more guidance. When I wasn't doing anything I felt guilty because I knew that the dietitians felt I should have been applying myself more but I had done all I could without guidance. There were two staff dietitians and four interns, and I feel this was too many in one unit to have sufficient guidance for each intern.

Still another student said:

My biggest problem is correcting employees. By nature I am a very shy person and am actually afraid to tell people what to do, or to criticize them. One day one of the pantry maids, whom I am afraid of since she always acts like you are bothering her when you ask her anything and when she does answer it is very abruptly, didn't have a hair net on. My supervisor, who had been on
at breakfast, told me to speak to her if she still didn't have a net on. It took me the whole time I was setting out the menu cards to get up enough courage to speak to her about it.

In some cases when the intern had not stated the problem clearly or concisely it was necessary to record, on the intern's paper, brief phrases or sentences condensing the student's report to what seemed an appropriate interpretation of the crux of the problem. One of the interns reported:

We have a group class meeting once a week. The beginning of the meeting is always the same. We are lectured approximately fifteen minutes on the fact that we are actually of no good to anyone. This constantly being stated has given me the impression 'why do we even bother' or do they just want to see who can take it and who cannot. I was under the impression there was a great demand for dietitians. This, to me, doesn't seem a very profitable way of advertising. I really don't see why they even bother with an internship, if we, as interns, are such a handicap. It isn't exactly our fault they chose us to be a part of their internship program.

In condensing reports, such as this, an attempt was made to create a phrase or sentence which, if read by the student, would act as a cue to remind her of her problem. Thus the above critical incident was condensed to read:

The way some dietitians talk to interns, letting them know they are considered 'no good to anyone,' making the students feel 'why bother'?

Another intern's critical incident read:
Food in this kitchen is requisitioned through add slips. They are brought to the main kitchen during a certain time. One pantry girl brought one down during the correct time; but, according to one main kitchen dietitian, it was an undesirable time for her. She stood in the main kitchen and just screamed at the girl. She had no reason to do this; plus no right since the pantry girls are supervised by a floor dietitian, not the main kitchen dietitian. I feel any dietitian that must scream in front of employees to get results has been taught incorrectly and has learned little. By screaming she is telling her employees she can't supervise. She is no longer a lady which a dietitian should always be. Employees should be reprimanded in private.

This problem incident was condensed to read:

Disapproving of the way a dietitian acts, the way she treats employees, screaming at them in front of others, unfairly reprimanding employees not under her supervision.

Sometimes the incidents which needed to be condensed contained more than one problem, and thus more than one phrase needed to be developed. One intern indicated:

My problem concerns my relationship with the dietary workers in the surgical tray service. I was setting up trays and pushing them into position. I pushed a little too hard and a tray fell. A main plate, casserole, and bread and butter plate broke. I felt very embarrassed and regretted the damage done. The dietary aide, a woman in her 40's, kept hopping at me because of it, and throughout the rest of the service she referred to it. I had made several mistakes while setting up trays. I would have liked it if she had corrected me personally. Instead she would call to the other workers and say 'Is she (meaning me) supposed to be watching this? If so, she's making mistakes.' That made me look like two cents in the eyes of the workers.
Then this worker passed by and slapped my arm. I was at a loss as to whether I should kid her about it or seriously reprimand her. All I could muster enough courage to say was that such an action wasn't good and asked her if she treated everyone that way. I felt that somewhere along the way I had failed in that I did not get the workers' respect. Some of them were very nice to me and I get along with them quite well. They refer to me as 'Miss G' and not as 'hey' or 'she.' But with the dietary aide, I felt like I was a little child being punished constantly for an incident.

This was condensed to read:

Having an employee ridicule me before other employees (actually slapping my arm), being treated like a little girl, not sure how to handle the situation, how to gain employee respect?

One of the values in securing a description of an incident from each intern was that a report often provided a group of diverse problems or a key problem from which radiated numerous related problems. One intern said:

My biggest problem, and one which has been most disturbing to me and often keeps me emotionally upset is over concern about a dietitian. I find many good qualities and also inadequacies in the dietitian over me at this time. She would do anything for me or any of the other interns. She wants to help us, but her approach to teaching is not very good. There are too many times when I have not known what to do, or what is expected of me. Also, many times when I will ask her, she does not know, and does not give me her attention in explaining. I know all this is often wrong and yet I like her and she has been wonderful as far as helping in many ways; so when I am asked certain things about her by [her supervisor] I find myself covering up for her. This bothers me for I know, or rather I feel, that someone could do her job much more
adequately, but at the same time I don't want to be the cause. I often become very confused about this.

The main problem expressed by this student was condensed to read:

Should I cover for a staff dietitian or acknowledge her failings when quizzed?
Being put on the spot by the supervising dietitian asking me questions about a subordinate staff member who is my superior.

From this incident the following lesser concerns also were identified.

- Some dietitians not being good teachers
- Some dietitians not doing their work well

Still another intern reported:

The incident occurred when my supervising dietitian came behind the counter where I was working and used the telephone. I was quite new and was unfamiliar with the employees and the work in this new situation. Another dietitian entered to speak with my dietitian and although I smiled at her, hoping to be spoken to by someone I knew, I was ignored completely. Both dietitians talked and laughed. The employees talked and there I was feeling completely out of place, unnecessary and unwanted. The other dietitian eventually left after also speaking very nicely to the employees. Then my supervisor left, leaving me like a stranger at sea.
Because the whole idea of the internship was strange and frightening and because this new situation was the same, a little friendliness and interest would have made me feel more secure and at ease.

This was condensed to read:

Feeling lost in the internship
Having a dietitian ignore me
A need for more understanding dietitians to supervise interns
Dietitians not seemingly interested in interns

Another intern said:

For my problem incident, I am giving my three week experience in one of our cafeterias. As far as I am concerned, this was one prolonged problem incident. To begin with I had not done well on Private, my previous unit. Unknown to me, Miss Z, the head cafeteria dietitian, had been told to push me and see what would happen. Miss Z already had a reputation among our intern group for being very hard on interns. When I came in every morning and said good morning to Miss Z, she never answered me. This dietitian is unquestionably capable in running the cafeteria in case you are wondering. No matter what I did she always managed to find some little thing wrong with it and would tell me in very forceful and untactful terms, sometimes in front of the employees. During the entire three weeks she never told me that I did even one thing correctly and she never smiled unless she was on a coffee break with some friends. I tried hard to do a good job, and spent time at night going over the outline and other things. That atmosphere of constant disapproval was more than I could take. I went through each day wondering what I had done wrong as soon as I did anything, but I didn’t have to wonder if there would be something wrong.

It is true that I was a dismal failure in that unit. But I also feel that I would have been less of a failure if Miss Z had said good morning occasionally, had said just a few words of encouragement, and had pointed out my mistakes in a matter of fact tone of voice instead of saying in an ominous voice ‘WHAT are you going now’?

This was condensed to read:
Dietitian continually negatively critical creating atmosphere of constant disapproval, with no words of encouragement, not even saying good morning, apparently lacking understanding of students, making difficult for intern to adjust under her.

It was felt that the problems identified through the critical incidents would be among the interns' greatest worries and should have a definite place in the instrument. One student's problem concerned

...the monthly ratings which interns are given. I was handed these particular ratings by a dietitian who had no connection with the past service. She just handed them across the table without any explanation. I looked at the ratings and was surprised. I had accomplished completely nothing the past month—according to the ratings. And yet, I had been left in complete charge of this service for several days while my supervisor was ill. During this time I carried the complete responsibility of the service without incident. Of course, there was a personal influence in the ratings. I was quite aware of the fact that my superior disliked me and though I did my best to carry out my duties to the fullest I could not please her. I know what I saw on that sheet was a reflection of her feelings toward her personally and not of the job done. She did not even qualify her ratings of me. There was nothing said as to 'why' I had failed or 'how' I had failed. She did not even schedule a conference to discuss them, which I feel is a necessity in any case in which this type of rating is done. I therefore feel that any rating of an intern should be marked invalid unless it is discussed by the dietitian in charge and the ratee. Then all shortcomings can be talked over.

This was condensed to read:

Receiving unfair evaluations without any, let alone good, reasons for the scores,
without a formal evaluation conference, and based on personal dislike of the student by the dietitian.

Another intern was upset about an incident that

...occurred about two months ago, while working in ward service. It happened that on this particular day I was relieving one of the dietitians on her day off. While out of the office and checking the ward kitchen to which I had been assigned (about 5 p.m.) there was a phone call, taken by one of the staff dietitians, concerning the diet order for a new patient on the section for which I was responsible. As soon as I entered the office the note (consisting of the message from the nurse) was pointed out to me with no further explanation by the dietitian who had received the call. I also might add that this was my first service and I still had not learned all of the procedures followed in securing pertinent information and of action. Therefore I attempted to ask the staff dietitian who had taken the call for information as to what steps to take in order to carry out the orders of the nurse. The staff dietitian to whom I refer was seated at the typewriter, typing soiled diet cards. As I approached her, her only reply was--'I'm busy.' I immediately went to another staff dietitian in the office at the time for her help and advice. She gave this to me and I proceeded to follow her instructions and served the patient accordingly.

Later in the evening (about 5:34 p.m.) it was learned the patient was a diabetic and should not have been serviced by my ward kitchen. The original staff dietitian, who had taken the message and who had refused to give me any information about what steps to follow, learned of this error and immediately began her lecture to me about what I should have done and how I had followed the wrong procedure. I found it very difficult to accept her criticisms and corrections because on asking her advice and much needed information she had refused to give it to me, for what I considered no good reason at all.
After telling her this, but not in the same words—only that if she had taken a minute to explain to me the steps to follow this possibly could have been avoided. She insisted that I was attempting to shift the responsibility for my error and that it would affect my rating and evaluation.

I was very upset, said to her that it didn't really matter, but it did, and I never was able to get the incident out of my mind.

This was condensed to read:

Staff dietitian, for no good reason, refused to help relatively new intern carry out a procedure. When later information proved wrong procedure was followed, dietitian unfairly reprimanded student, who tried to point this out only to be told her evaluation would be affected. Disapproving of a dietitian's action and being unfairly evaluated by an ineffective dietitian.

The preceding incidents and those which will be given later are not unusual. Rather, they are quite typical of the over 336 obtained in Survey I. More serious and less frequently experienced concerns have not been used as illustrations since they might be identified.

The excerpts from the interns' reports which are included in this dissertation are recorded in the students' own words. No attempt has been made to correct grammatical errors.

The condensations which have been included reveal that at this point in the construction of the instrument, the writer was attempting only to record the crux of the
problem the intern had reported. Phrases for the instrument would be refined at a later time.

_Carding and Coding Concerns._ -- All problems were recorded on individual 2" x 5" cards. This included the underlined phrases or the rewritten condensed sentences from the critical incidents and the concerns from the interns' lists. The latter were transferred in total for the most part, although occasionally when a student had written extensively, only phrases of her material were recorded. Each card was marked to show the intern's code number in case future reference to the original paper was necessary. The cards were marked to indicate whether the statement was one of the condensed critical incident phrases, had come from the pilot study, the author's experience, or the reviewed intern evaluation records.

_Criteria for Preparing Statements for the Instrument_

To aid in selecting and preparing phrases for the instrument a number of criteria were established. They were based extensively on the criteria Mooney developed for his check list phrases. The cards were processed against the twelve following guides.

1. **The problems represented in the phrases should be related to the intern's hospital experiences.** -- From
the viewpoint of the interns all the problems they expressed were related in some way to their internship experiences. Concerns such as "personal finances" and "not being able to attend church every Sunday" while not necessarily specific to the internship, were seen as related to it by a large enough group of interns to warrant the inclusion of these topics in the rough draft instrument. Other problems, such as "not speaking a foreign language" could be seen in a possible relationship to the internship, but were expressed by so few students that their inclusion did not seem necessary. Some concerns expressed are such that they also relate to non-internship experiences. For example, numerous interns were worried about not being aggressive enough or about being shy. There was some question about the inclusion of such general phrases. It was felt, however, that in order to understand the intern and to help her develop as a dietitian it is necessary to know as much as possible about her. So, knowledge of these general characteristics is vital. The majority of problems, however, were clearly related to the intern's hospital experiences.

2. The phrases should contain generally used dietetics and hospital terms rather than those specific to one hospital.
3. The phrases should be in the language of the interns. -- This does not imply the use of jargon or colloquialisms. Such phrases as "this cotton-picking academic program," as used by one student, although carrying a degree of communication clarity, were not used.

One intern, in expressing a problem frequently experienced, said she was concerned about--

Dietitians encouraging questions and constructive ideas, yet not accepting them, and often rating the intern low for doing so--'leading the lamb to slaughter, so to speak.'

The latter phrase was omitted and two potential phrases were developed to cover such concerns:

Dietitians saying they want ideas, but seldom, if ever, accepting those of the interns.

How far to go in making suggestions or in asking 'why'? without offending the dietitian(s)

4. The phrases should gain the first person perspective. -- It was felt this would help the intern see the phrases as cues to her own concerns. Frequently the words "me," "my," and "I" were used as shown by the following phrases:

Employees testing me
How doctors and/or nurses react to me

This was not always feasible. To couch the words in the first person perspective the unwritten words "I am
concerned about--" started each phrase, as illustrated below.

I am concerned about--Handling a fight between employees.
I am concerned about--Not being accepted by classmates.

This also helped to make the statements consistent in style of expression. Most of the statements on the instrument are phrases, although a few sentences are included.

5. The phrases on the instrument should cover the range of intern problems. -- An effort was made to assure that every problem expressed in Survey I was represented by some phrase on the instrument. It was anticipated that materials from the additional surveys would yield more concerns to help meet this criterion.

6. The instrument should include phrases representing concerns which will bother many interns and it also should include some which are serious and less frequently experienced. -- Commonly experienced problems are represented in these phrases:

Whether or not dietetics is really my field
Not having time to adequately help all my patients
Poor communications among staff dietitians
Being kept occupied with "busy work"
Interns receiving many assignments of extra jobs (for example: making tray favors, doing skits)
When to go ahead on my own; when to confer with the dietitian
Uneasy in attempting to supervise experienced employees
How much freedom have I in changing things?

Representative of less frequently experienced concerns are the following phrases:

Being older than other interns
Fearing an employee
Never becoming a good dietitian
Meeting internship requirements
Disliking caring for some patients
Dietitians siding with employees against me
Not living with the other interns
A dietitian breaking her promise to me

Some of the less frequently experienced concerns may be rather benign. Some, however, will be very serious concerns. For example, some students might mark the phrase "Wanting to leave the internship" simply because they had found their interest lies elsewhere, i.e., in marriage, teaching, etc. Others, however, may have had a traumatic experience. Miss Z serves as an example. Rather than presenting her full critical incident, which might be identified, only those statements expressing her intense feeling about the situation are given. She said:

I could go on, but you know by this time no doubt that I am so disappointed and disillusioned.... that the American Dietetic Association membership is my one concern. I don't ever want to be a working dietitian. For four years of college it was the 'only' profession. Now it is the last one I would choose. How many other potentials turn away from the field during or after an internship?.... Now I wouldn't care if I had to leave this very day. I am disappointed in a person who could serve as a good and wonderful example for one as interested in this profession as I am.
I have many hobbies, plus a university minor in [X], but dietetics was of great interest to me. Unless my interest is spurred by a better sense of fairness, good manners and good management, I will never waste a day of my life working for this profession.

7. The problems represented in the instrument should be graduated in seriousness from minor difficulties to major calamities. "Seldom, if ever, having Sunday off" may be a concern to students, but it will probably not compare in seriousness with the problems represented by the phrases "Employees taking advantage of me," "Working in an unhappy atmosphere," or "Disliking my internship." "How my ratings compare with those of other interns" may be relatively minor in nature compared to "Being told I will fail in dietetics."

8. Some phrases should be general or vague enough in difficult spots to enable the intern to check them and still feel she can back away from them without disclosing her intimate thoughts if she so chooses at a later date. Consider the following incident described by an intern:

After receiving one rating I was called into [a supervisory] dietitian's office to speak to her. This first rating, incidentally, was excellent--good poise, good thinking, etc. Greeting words of this dietitian were "Apparently you have impressed some people, but you haven't impressed me." She then went on to tell me that I was of poor quality, that apparently I have a knack for bluffing people into thinking that
I had intelligence and, secondly, that if I didn't straighten out she would see I was dismissed.

As I have said this was after my first rating which was excellent, not bad, as would be expected from her talk to me. I have always been considered to be above average in intelligence--my grades and work shows that, even here at X. Yet for her to completely ignore my past record and my rating and threaten to dismiss me for not one reason at all is almost unbelievable. At the time, in her office, I was so completely overwhelmed both by what she said to me and the base way she said it that I had no defense at the time. Judging from the other interns, she does this quite often, i.e., gets the intern in her office and then methodically and maliciously tears her apart. I have also witnessed her doing this to [subordinate] staff members.

Other interns, who have not the strong will that I have are losing enthusiasm for dietetics because of what they see here. She will sacrifice truth and people to gain her goal...and will destroy those who are a potential threat.

It can be anticipated that in marking the problem check list, this intern might be hesitant to commit herself to having to reveal this entire story to her counselor. The check list should provide phrases which represent her problem, but which are general enough so that she can ease out of discussing the details if she so chooses. This intern might mark one or more of the following as cues to the problem about which she wrote:

Receiving unfair evaluations
Being unfairly reprimanded
She may find even more satisfactory the very general phrase,

Evaluation conferences.

9. The problems represented in the instrument should include both those which seem to originate primarily within the student and those which start in the environmental conditions. -- Many of the preceding examples represent the latter. Following, however, are a few of the many concerns which the interns identified as their limitations:

My lack of self confidence
My reluctance to take initiative
My inability to communicate effectively
Lacking leadership qualities
Inability to think quickly and clearly when the unexpected occurs
Difficulty making decisions
Difficulty organizing my work
Taking things too seriously
My inability to manage food service
My difficulty in having to assume many roles: employee, student, supervisor
Not retaining my college learned information
Deciding on the phase of dietetics to enter as a staff member
Completing my work in allotted time
My lessening enthusiasm for dietetics

10. The phrases should be short enough to be read rapidly. -- This criterion was the basis for extensive work in condensing the voluminous material provided by the students. Each problem statement was revised many times in an effort to provide concise clear phrases for the
instrument. The following sequence is but one example of the process. One intern said:

After I was assigned to another floor the dietitian in charge of this unit made inquiries from the first dietitian with whom I had been. The impression I gave the first dietitian was adopted by the second so that no matter how much I tried my best, I couldn't get the full chance because the second one just wouldn't change her mind.

This was condensed to read:

Having a dietitian accept an impression of me that was given to her by another dietitian so that no matter how I try to improve, her opinion is pre-set.

This was still too cumbersome for rapid reading and was revised further:

A dietitian accepting another's impression of me so no matter how I try I cannot change her pre-set opinion.

After additional revisions the statement read:

Not being able to change a dietitian's pre-set opinion of me.

11. The phrases should carry the nucleus of the idea but need not be complete sentences. -- While it was felt that the statements needed to be short enough for rapid reading, and while it was not regarded necessary that they be complete sentences, it was considered essential that they retain the crux of the problem the intern had contributed. It was anticipated that unless this was done the intern in reading the phrase on the
instrument would not see it as a cue or reminder of her problem. Thus the retention of the nucleus of the idea was considered essential to the communication power of the instrument. Application of this criterion was related closely to the preceding one, for in the effort to make the phrases short, the nucleus of the problem easily could be lost without the safeguard of this criterion.

12. **The total number of phrases should not be excessive.** -- An instrument which is too long may adversely influence the attitude of the student who is marking it. While it had been anticipated that approximately 300-325 phrases would form an instrument of appropriate length, in the first survey alone, the interns revealed over 800 different problems. In developing the rough draft instrument, general statements that covered a number of more specifically stated problems were developed; for example, it was anticipated that the general phrase:

   A dietitian embarrassing or humiliating me in front of others

would represent the various problems, or ways, in which interns were embarrassed, as shown in the following excerpts:

   A dietitian in charge of our main kitchen had made a mistake in ordering food and her supervisor called her down for this, which she had a right to do; but not in front of three interns or in a voice loud enough to be heard clearly by us. It was most embarrassing for both she [sic] and us.
A diet aide needed assistance in some service matter and asked the dietitian in charge if the dietetic intern might help her. The dietitian replied, in the presence of the intern, that this intern and all interns were stupid and lacked intelligence in this matter and others.... This was embarrassing and insulting.

One morning I had defrosted ten chickens to be used as indicated on the menu. I told the chef what they were for and I thought he understood me. However, he must not have, because he threw them into the stock pot for soup. I did not notice this, which I realize was a fault of mine. When the dietitian came on duty later in the morning, she noticed the error and was furious with me, really very angry. Without regard to the employees standing nearby, she said, 'Miss X, what happened this morning was your fault, and when I say fault, I MEAN FAULT!' Her angry words did not stop there. I did not like her method of correction and was extremely upset.

I was asked to work with an employee that had not been doing too well on a particular job and to analyze his work in an effort to determine whether it could be improved, and how; or whether he should be shifted to another position where there would be less stress. This employee, a rather sensitive person, had just previously been rather roughly reprimanded by the dietitian on two occasions and when I came to work with him he was quite nervous and distrustful of me. I did my best to dispel this feeling and felt I had succeeded before the day was over. The employee, although not fitted too well for this particular job, was trying his hardest to do it well. Just before going home for the day, the dietitian stopped me and asked for my recommendations and written report on the employee. This took place right in the kitchen where this particular employee overheard the conversation. I was personally very embarrassed, he was quite hurt, and I felt that all my attempts at establishing good employee relations had needlessly been destroyed by the carelessness
of the dietitian. I felt the foregoing situation to be needless, shocking, acutely embarrassing and wholly unfair to both the employee and the intern.

The students also wrote of various problems in which they expressed feelings about such things as how the dietitian treated nursing students or employees, about dietitians' attitudes toward one another, about the dietitian's questionable ability in making appropriate decisions, and about the dietitian's poor attitude regarding her work. In an effort to provide a phrase which would represent many such problems, the following general statement was developed:

Disapproving of the dietitian's action and/or attitudes in relation to her work and the people with whom she comes in contact.

Another common concern was about the way dietitians treat interns. The students in telling about specific problems of this nature had used such phrases as the following in describing the dietitian's attitude toward them:

Treats me like an outsider
Looks down on me
Treats me like a clerk
Ignores me
Is indifferent to me
Is cold toward me
Makes it obvious I am a bother
Resents me
Makes it obvious she is disgusted with me
Is extremely impersonal, stiff, standoffish
Is unfriendly
Belittles me
Does not treat me as an educated person
Is too bossy toward me
Makes it obvious she considers me very stupid
To represent the problems which elicited such feelings as the foregoing, the following phrase was included on the instrument:

The poor way some dietitians treat me (for example: in an unfriendly, inconsiderate manner); as though I were stupid, a nuisance.

In writing about themselves, one of the interns' problem areas included concerns related to their need for greater self confidence, to maintaining their self confidence, to feeling insecure or very inadequate. It was felt that these could be represented by the phrase:

My lack of self confidence

The interns also listed many problems related to their insecurity or inability in technical or subject matter areas of their program. These were reduced to the more commonly experienced concerns and to those phrases which were more comprehensive:

My ability to manage food service
Becoming proficient in quantity food production work

In preparing the phrases there was the danger of making some statements so general that they lost the power to remind interns of their specific problems, and thus the phrases became less valuable. An example of the latter situation might be—

Visiting patients
Evaluation conferences
At the same time the previously mentioned criteria of providing general statements in "touchy spots" had to be considered. Some phrases such as these nevertheless were placed in the rough draft instrument to see how extensively they would be marked.

In reducing the number of phrases another aspect must be considered: the implication of the phrases for different students. Seemingly similar phrases may hold quite different meanings for different students. An example may be:

Dietitians not doing their work
Having to do my dietitian's work

When there were problems of quite separate nature behind the development of different phrases which seemed similar, both the phrases were retained. Again, a single phrase may constitute a different stimulus for different interns. "Being told I will fail in dietetics" may represent one intern's concern that she will be told that. For another, it may represent her concern at having been told she will fail. For one intern the phrase "Whether or not to complete the internship" merely represents a question, the answer of which she does not know. She just doesn't know whether she wants to or not. Yet to another intern there may be no question but that she strongly desires to quit, but lacks the courage to do so. If only this phrase is included the latter student may not mark
it. She may need to have available the phrase, "Wanting to leave the internship."

The foregoing examples may serve to illustrate that the determination of which statements were to be included on the instrument, and how they were to be phrased, represented a complex task in which all the criteria were interwoven rather than being considered as separate entities.

As indicated earlier, over 800 problems were identified in the first survey. Early forms of the rough draft instrument contained 500 phrases. Six forms of this check list were developed before the phrases were deemed ready, and the number was reduced appropriately, so that the instrument could be sent to the interns participating in Survey II. Even so, it contained 363 statements because many phrases needed to be tested.

Format of the Instrument

Face Sheet. -- The face sheet incorporated space for securing identification data, and it provided concise directions, which included the definition of the terms "problems" and "concerns."

Order of Statements. -- As the interns' concerns were studied and placed on cards, certain areas of categories of problems became apparent. As the various
revisions were made, the phrases were assigned temporarily to these categories. This helped in studying the phrases, in eliminating very similar ones. It also contributed to assuring coverage of the whole range of intern problems, as well as varying degrees of problem intensity. When the phrases for the last revision of the rough draft were completed eighteen temporary categories were identified. In determining the order of the phrases on the instrument, an attempt was made to place in sequence one phrase from each of the categories until each category had been represented, and then to start with a second sequence, and so on. Since the categories had uneven numbers of statements, not all sequences were identical. The phrases from a given area, however, were always at least eight lines away from another phrase from the same category. The final positioning could not be determined at the time the rough draft instrument was developed since various phrases would be added or dropped in later revisions of the instrument.

Question Sheet. -- On the last page of the instrument two questions were asked. They were concerned with the intern's opinion of how well the instrument revealed her problems, and what satisfactions she had experienced during her internship. These are discussed more fully on pages 107-112.
When the interns' concerns, identified from their lists and critical incidents, had been condensed and carded, when the problem phrases had been processed through the established criteria, and when the format of the instrument had been developed, the rough draft instrument was ready to be used in the second survey.

Revising the Instrument

National Committee Review of Instrument

While the interns were participating in Survey II, a committee of nine persons reviewed the contents of the rough draft instrument. The members of this committee were directors or educational directors in internships scattered across the nation. These graduate dietitians were chosen because of their interest in education and because their background experience represented the major areas of hospital dietetics.

Each committee member was sent a list of the problems which had been collected. The phrases on this list were not in the same order found on the instrument, but were listed in nine areas or categories. This was done to increase the ease of reviewing them. The committee members were asked to indicate whether they felt each statement should remain in the instrument or be
removed; and, if so, to give the reason. They also were asked to state any additional problems which they felt should be included to make the instrument more comprehensive. To facilitate the committee's participation the material was prepared to provide appropriate spaces to record the above information (see pages 144-145, Appendix, for a sample sheet).

The contribution of these dietitians was invaluable. Among other things:

1. They identified the more general phrases, and suggested those which might be omitted because they were represented by the more inclusive ones.

2. They suggested better wording in many cases: e.g., changing "Getting employees to follow my orders" to "Getting employees to follow my directions" and "Feeding the patient the wrong food" to "Serving the patient the wrong food."

3. They identified phrases which were so similar that the inclusion of both should be reconsidered: e.g., "Too many classes" and "Too much homework."

4. They identified the lack of clarity in some phrases: e.g., "Lack of information as to basis to dismiss an intern." This phrase had been intended to represent the interns' concern about the general criteria used to dismiss any intern, and did not refer to any specific incident. The response of the committee members,
however, made it clear that this phrase could be interpreted as the interns wanting to know how a given student had been judged and dismissed. The committee's response thus stimulated the revision of this statement to read "On the basis of what criteria would I be dismissed from my internship."

5. They found the list quite comprehensive and suggested only a limited number of additional concerns that might be included.

Thus while the interns were participating in Survey II, work continued on the development of the revised, or provisional, form of the instrument.

Survey II Material

Processing Lists and Critical Incidents. -- When the interns' materials from the second survey were returned, the lists and incidents were processed in the same manner as their first contributions. Once the underlined or condensed phrases and those concerns identified from the interns' lists of problems were placed on individual cards, the cards were processed against the rough draft instrument to see if the latter contained phrases which could be considered as adequate representatives for the problems expressed in the second survey. The majority of the concerns expressed in
Survey II seemed to be repetitions or slight variations of those identified in the first survey. There were, however, a substantial number of new problems described by the interns. Since, in the preparation of the rough draft instrument, a number of quite general phrases had been developed, these served to represent many of the new problems. Thus the total of new concerns for which additional phrases had to be developed was only forty-three. The new phrases were processed against the twelve criteria used in developing the rough draft instrument.

**Intern Marking of Rough Draft Instrument.** -- The number of times each phrase on the rough draft instrument was underlined (but not circled) and the number of times each was circled, by the interns participating in the second survey, was tabulated. This was not done to describe the group of interns participating, but to gain data that would support the elimination or retention of phrases in the revised instrument. For example, "Adjusting to American food" was marked by only twelve interns, "Interviewing applicants and hiring employees" by only six. This information contributed to the decision to eliminate these phrases from the revised instrument; however, a low frequency tabulation did not always determine the elimination of the statements. "Being told I will fail in dietetics" had a rather low tabulation; but in view of the
possible intensity of the concern, and in view of the questionable clarity of the phrase, it was worded and included in the provisional instrument on an experimental basis, along with other temporary phrases dealing with this problem.

In addition to marking the instrument, a few interns wrote new phrases when they apparently could not find any that reminded them of their problems. Some students worded phrases, thus identifying different problems or suggesting better ways to word the statements. For example, some interns marked the following item in this manner: "Vulgar talk of some patients and employees," others marked it "Vulgar talk of some patients and employees" and yet others rewrote the phrase to make it read "Vulgar talk of some professional people." The phrase was worded for the provisional instrument to read "Vulgar talk I hear."

Perhaps the most important fact, identified in the interns'wording of phrases, was that there were a number of statements on the instrument which were too definite and needed to be modified. For example, interns responded to the phrases:

Never having Sunday off
No revisions of my schedule possible

by indicating this happened quite often, but not always; so the phrases were revised to read:
Seldom, if ever, having Sunday off
Little, or no, revision of my schedule possible

Some interns had indicated the list was very long, thus supporting the need for closer application of the criterion that the instrument not be excessive in length. The rough draft instrument had contained 363 phrases and the provisional or revised form was to include 395 statements. The latter form included numerous statements on a temporary or experimental basis, and the interns participating in Survey III were informed of this, and told that the final instrument would be shorter.

Revision of Instrument Phrases

In addition to the revisions suggested by the national committee and the interns participating in Survey II, the entire list of phrases was reviewed again and again. The previously described criteria were applied repeatedly. Following are examples of some of the additional kinds of revisions which were made.

The word "respond" had been used in a number of phrases dealing with the intern's relationship to various individuals in the hospital; e.g., "How patients respond to me." It was considered that when stated in this manner, it would convey the impression of how the given individuals responded verbally to the student. To make the phrases indicate a response that was more comprehensive,
they were revised to use the word "react"; for example, "How patients react to me."

Because the critical incidents had indicated that interns were experiencing problems in their relations with employees, the phrase "Employees' attitude toward me" had been included in the rough draft instrument. It was not marked with as great frequency as was anticipated. Considering that the phrase perhaps was too general, and that the interns might not be identifying consciously the employee attitudes, the phrase was reworded "The way employees act toward me" to see if it would be marked more extensively.

In a similar manner, it was felt that the statement "The way I am treated by some dietitians" was too general to remind them of the many ways in which they had described the treatment they had received. The phrase was restated as "The poor way some dietitians treat me (for example: in an unfriendly, inconsiderate manner; as though I were stupid, a nuisance)."

Some phrases were reworded simply to provide a smoother statement of the concern. For example, "Needing help not received" was revised to read "Not receiving help I need." Other statements were shortened further. "At times we are presumed to know everything; at others, nothing" was converted to "Being presumed to know everything or nothing."
Thus with the assistance of the national committee's review of the contents of the rough draft instrument, the writing, markings, and suggestions from the interns participating in Survey II, and with the application of the criteria and considerable reviewing and polishing, the provisional copy of the instrument was ready for use in the third survey.

Categorization of Instrument Phrases

One of the main purposes of the check list is to help the graduate dietitian to understand her intern. To facilitate this teacher's effort to gain a picture of her student's pattern of problems, as revealed on the check list, the phrases on the instrument were categorized. Thus the intern's problems can be seen in terms of the kind of help she might need. For example, different counseling approaches may be indicated if an intern marks heavily in one of the categories relating to people around her, or if she marks frequently in one of the categories relating to her own abilities. Any tallying of the intern's markings in the categories should serve the above purposes and not be considered a test score.
Procedure

From the beginning of the study it was apparent that the interns' problems could be classified into various areas. During the preparation of the rough draft instrument, eighteen tentative categories were designed as a guide to determine the rotation of phrases on that check list. Subsequent procedures more appropriately determined the categories and established the classification of each phrase.

A local group of six persons participated in this phase of the study. These judges included two educators outside the field of hospital dietetics, and four hospital dietitians concerned with internship programs. In the first phase of their participation they were informed that an attempt was being made to establish mutually exclusive categories. The judges were given a list of eight tentative category titles. Beneath each title were three to four phrases from the instrument. With these limited cues the judges were asked to (1) designate if the title was clear or misleading, (2) make any changes in the title they felt desirable, and (3) state any comments or questions they might have. Their responses provided suggestions for clarifying and shortening the titles and some ideas on changing the categories.
the judges classified the phrases on the rough draft instrument in the revised categories. At this time the writer became one of the judges. Each judge was provided with eight envelopes, each bearing one of the following category titles:

1. PERSONAL RELATIONSHIPS: Non-dietary personnel
2. PERSONAL RELATIONSHIPS: Patients
3. PERSONAL RELATIONSHIPS: Dietary employees
4. PERSONAL RELATIONSHIPS: Staff dietitians and dietetic interns
5. EDUCATIONAL PROGRAM: Curriculum
6. EDUCATIONAL PROGRAM: Instruction (clinical as well as classroom)
7. SELF: In relation to the internship (e.g., knowledge, accomplishments, attitudes. NOT in relation to other people)
8. SELF: General characteristics (applicable outside the internship as well as in it)

The envelopes were to be placed in a row. Next, the judge was to read the provided slips, each bearing one of the instrument phrases, and place them with the envelopes representing the categories in which he felt the phrases belonged. Extra envelopes were provided so he could create new categories if he so desired. Since the categories were to be mutually exclusive, the judges were asked not to create a "miscellaneous" envelope; and they also were reminded that it was desirable to keep the number of categories at a minimum. When the classification of the phrases was complete, the slips were to be inserted
in the appropriate envelopes, the latter sealed and placed in a larger envelope bearing the judge's name.

The decisions of the judges were tabulated. A total of 71 phrases were assigned unanimously to the first three categories (Non-dietary personnel, Patients, and Dietary employees). A total of 14 additional statements were placed in these three categories with only one dissenting vote on each phrase. Complete agreement was reached in the assignments of 30 of the 55 phrases placed in category eight (Self: General characteristics). More limited numbers of phrases in other categories were also voted unanimously. Classification of the remaining phrases on the instrument was done with less unanimity. A rule was established that agreement of at least four of the seven judges would determine the classification of the phrase. In most instances this worked satisfactorily. Occasionally a phrase would be assigned to three categories, thus invalidating the rule and necessitating an individual decision by the writer.

A study of the tabulation of the judges' decisions raised questions regarding some categories. The wide variation of classification of some statements, noted above, pointed to the possible need for an additional category. Such phrases as "Lack of privacy in living quarters," "Being forced to attend professional meetings," and "Department's lack of good communication channels" led
to the addition of category nine (Environment). On the basis of personal judgment, the writer immediately reclassified a limited number of statements, such as those indicated above, in this area. This was deemed acceptable for the time being because later in the study the phrases on the provisional instrument would be categorized by the entire group of judges. (This would be done because new phrases would be added and because of the judges' disagreement in classifying some of the phrases on the rough draft instrument which were to be retained for the provisional copy.) The classification of some phrases in categories five (Curriculum) and six (Instruction) seemed to be the most difficult. Such phrases as "New things being introduced too rapidly" carry a connotation that is applicable to the total educational program and also to the teaching of any given dietitian. This type of difficulty and the limited total number of phrases assigned to category five (Curriculum) suggested that the two categories (five and six) be combined. It was decided, however, that this problem would be dealt with after the categorization of the revised instrument.

Revised Instrument Phrases. -- Following the development of the revised instrument, the same group of judges were asked to classify the phrases on this new check list; however, since the earlier assignment of
phrases in categories one, two, and three had been nearly unanimous, the judges were not asked to re-categorize them. The remaining phrases were placed on slips and the procedure previously followed was repeated with one exception. This time the judges were given a list of the categories which included an explanation of the kinds of problems that should be assigned to each area (see page 146, Appendix). This was done because of the previous difficulties in differentiating between some areas, e.g., curriculum problems and instructional concerns.

Again, the judges' decisions were tabulated, and the assignment of phrases to categories was made in much the same manner as described for the rough draft instrument.

Since the phrases for the final (or current) instrument would be chosen from those incorporated in the revised instrument, the categorization of the phrases for the latter would be applicable for the final check list.

Preparing the Final (Current) Instrument

Although the problem check list shown in this writing is referred to as the final instrument, the author will make future revisions in an effort to continue to improve the communication power of this guidance instrument, in the firm belief that the check list
specific to hospital dietetics can be of great value to the profession.

**Survey III Materials**

The number of times each phrase on the revised instrument was underlined (but not circled) and the number of times each was circled by the interns participating in the third survey, was tabulated. This tabulation of the concerns the interns had experienced at any time during their internship was not done to describe the interns or their environment, but to gain data that would support the decisions regarding which phrases would be retained for the current instrument. Phrases with quite low frequency scores were usually eliminated. In answer to the question that such elimination might reduce the instrument's coverage of the full range of intern concerns (one of the criteria for the instrument's development), it may be indicated that the current instrument includes space where interns are asked to write about any additional problems they have regarding their internship. At the same time, it had to be recognized that if the count on some phrases was lower, or higher, on the revised form than it had been on the rough draft instrument, this might be merely an indication of the shift in concerns. During the second survey the peak
frequency of weeks of experience was eighteen, during the third survey it was thirty. It is understandable that the count in the third survey should be lower on "Feeling lost in the internship" and higher on "Deciding on the phase of dietetics to enter as a staff member" than it was during the second survey. Thus a consideration of the fact that the interns' concerns change over a period of time also had to be considered in selecting the phrases for the final instrument.

**Format of the Instrument**

In selecting the phrases for the final form of the check list, not only were the statements on the provisional instrument processed against the criteria, but the format of the check list was considered. Early in the study it had been anticipated that for convenience in developing the format of the instrument it would be desirable to have an equal number of phrases in each category. The problems about which the interns wrote in Survey I and Survey II, however, lead to an uneven number of statements in the different categories. Calculation of the frequency with which the interns marked the phrases in the various areas on the rough draft and provisional instruments, as shown in Table 2, seemed to support an
### Table 2

**TOTAL INTERN MARKINGS IN EACH CATEGORY ON THE ROUGH DRAFT AND PROVISIONAL INSTRUMENTS**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Rough Draft Instrument&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Provisional Instrument&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>866</td>
<td>766</td>
</tr>
<tr>
<td>2</td>
<td>789</td>
<td>705</td>
</tr>
<tr>
<td>3</td>
<td>1695</td>
<td>1448</td>
</tr>
<tr>
<td>4</td>
<td>2141</td>
<td>2176</td>
</tr>
<tr>
<td>5</td>
<td>564</td>
<td>730</td>
</tr>
<tr>
<td>6</td>
<td>3724</td>
<td>3918</td>
</tr>
<tr>
<td>7</td>
<td>2396</td>
<td>2622</td>
</tr>
<tr>
<td>8</td>
<td>2007</td>
<td>1892</td>
</tr>
<tr>
<td>9</td>
<td>1459</td>
<td>2183</td>
</tr>
</tbody>
</table>

<sup>a</sup>Survey II  
<sup>b</sup>Survey III  

An uneven number of phrases being retained in the nine categories. The interns' markings per category were in proportion to the number of phrases offered in each area; for example, on the rough draft instrument:

- **Category 1** had 21 phrases; the total markings were 866.
- **Category 3** had 45 phrases; the total markings were 2141.
- **Category 6** had 53 phrases; the total markings were 3724.

A similar picture existed in the marking of the provisional instrument.
After the phrases had been re-processed and reduced in number for the final (current) form of the check list, the distribution of statements by category remained in approximately the same proportion as in the previous drafts of the instrument:

- Category 1 had 18 phrases.
- Category 2 had 20 phrases.
- Category 3 had 32 phrases.
- Category 4 had 45 phrases.
- Category 5 had 13 phrases.
- Category 6 had 67 phrases.
- Category 7 had 63 phrases.
- Category 8 had 41 phrases.
- Category 9 had 34 phrases.

Three hundred and thirty-three statements were accepted for the final instrument. Of these, 270 are specific to hospital dietetics while 63 are applicable to both internship and non-internship experiences. Once this final selection was completed, the phrases were arranged by placing in sequence one statement from each category until each of the latter was represented. The sequence was repeated again and again. Because of the uneven number of phrases in the various categories, not all sequences are alike. The phrases for a given area, however, are usually six lines apart from one another.

The face sheet and the question sheet of the provisional instrument were reviewed. Minor alterations were made in the former, and only two questions were asked:
1. Do you feel the items you have underlined and circled give a good picture of your concerns?  
   ____Yes  ____No. If not, please indicate any additional problems you may have.

2. What satisfactions have you experienced or are you experiencing in your internship?

   Since the statements on the final instrument came from the provisional form, they already were categorized. Page 161 in the Appendix shows this classification of the phrases on the final instrument.

   The final form of the problem check list for hospital dietetic interns is shown on page 148 in the Appendix. While this form is typed it is anticipated that it will be printed and that an accompanying manual will be developed.

Soundness of the Instrument

It was shown earlier that the usual concepts of reliability, validity, and internal consistency are not applicable to a problem check list. It is desirable, however, to have some concept of the caliber of the problem check list for hospital dietetic interns. On the following pages are found a number of evidences of the soundness of this instrument as a communication and guidance tool.
Availability of Phrases to Represent Intern Concerns

To check the soundness of the instrument a plan was devised to estimate the ability of the phrases to represent the interns' critical incidents. A sample of fifty students was drawn from the 266 who had participated in all three surveys. Earlier in the study the interns' materials had been filed in sequence (1) according to the order in which the internships had returned their contributions at the time of the first survey, and (2) within each internship, according to the alphabetical order of the students' names. Now, the code number of every fifth intern who had contributed three times was recorded on a separate card. This selection resulted in fifty-five code numbers. The cards were placed in a box, shaken, and five were withdrawn at random, thus the remaining cards identified the desired fifty code numbers. The material contributed by the interns represented by these numbers was collected, and processed in the following manner:

1. For each intern, the problem described in the first critical incident (Survey I) was compared with the items underlined and circled on the rough draft instrument twelve weeks later (Survey II).

2. For each intern, the problem described in the second critical incident (Survey II) was compared with
the items underlined and circled on the revised instrument twelve weeks later (Survey III).

To express the degree of relationship between the problems described in the incidents and those identified in the instrument markings, the following system was devised. A rating of three was given arbitrarily when a very strong relationship existed. In such cases the wording was found to be very much the same. A rating of two was given when a good relationship existed. In these cases the relationship was quite apparent although the wording might be somewhat different. A rating of one was given when a weak relationship existed, and a rating of zero when no relationship was apparent. In determining the assignment of the ratings of one and zero the following question served as a criterion: In a counseling conference, ruling out other variables, would discussion of the instrument markings likely lead to a discussion of the concern revealed in the incident? If answered yes, the rating was one; if answered no, a zero rating was assigned. The following paragraphs illustrate the use of the rating system.

In one critical incident an intern said an employee "bawled me out.... I didn't know what to do." She marked the instrument phrase "What to do when an employee bawls me out." This was rated a three relationship.
One intern described her concern about the way older employees disliked taking directions from the staff dietitians and interns. She marked the phrase "Uneasy attempting to supervise experienced employees." This relationship was marked two; for, although the phrase was worded differently than the intern's incident, the crux of the problem seemed to be the same.

Another intern described her concern about the graduate academic program included with her internship, emphasizing the inappropriateness of the content of the former. She marked the phrase "Combination of graduate study with internship." This relationship was rated one; for, while it did not convey the crux of the student's concern, it could be anticipated that a counseling discussion of the marked phrase might well lead to a consideration of the concern expressed in the incident.

The lack of communication between dietitians and the resulting difficulties were described in a critical incident, but the intern writing of this concern did not mark any instrument phrase that seemed related. A zero rating was assigned.

The results of this check on the goodness of the instrument were as follows. Of the total 100 ratings assigned to the relationships of the incident concerns and the instrument markings of fifty interns:
45 were rated 3 (very strong relationship).
35 were rated 2 (good relationship).
10 were rated 1 (weak relationship).
10 were rated 0 (no relationship).

The ten ratings of zero may be further clarified. One incident was not a problem, but a satisfaction--so no relationship with the instrument markings was to be expected. Another incident was about a fellow intern's problem, and apparently was less of a concern to the student marking the instrument twelve weeks later.

Six incidents revealed problems for which statements were quite obviously available. For example, the intern whose incident described the lack of communication between dietitians (see above) could have marked the phrase "Poor communications among dietitians." It can be assumed that the concerns represented in these six critical incidents had been resolved, or greatly reduced, by the time the interns marked the next instrument approximately twelve weeks later.

Two incidents were described for which no instrument statements clearly were representative. Neither concern was deemed intense, or common, enough to warrant its inclusion in the instrument.

It would seem that this attempt to check the soundness of the instrument has shown that the phrases for the instrument do represent the interns' concerns and do provide an opportunity for the interns to identify those problems which they are willing to reveal.
Intern Opinion of Adequacy of Picture Revealed by Markings

Another evidence of the soundness of the instrument would be the extent to which it can supply cues to a good picture of the intern's concerns. The best judges of this seemed to be the students. After they had marked the rough draft instrument (Survey II) and again after they had marked the provisional instrument (Survey III) the interns were asked

Do you feel the items you have underlined and circled give a good picture of your concerns? Yes No. If not, please explain.

In Survey II,

305 interns answered "yes."
28 interns answered "no."
8 interns did not answer the question.

Of the twenty-eight who replied "no,"

7 said their problems changed so much.
2 said they were too new in the internship to have any.
2 said every item had entered their thinking at some time during the internship.
1 said she had other lesser concerns not worth mentioning.
1 said she had no problems, just perplexities.
15 gave no reasons.

In Survey III,

298 interns answered "yes."
26 interns answered "no."
2 interns answered "yes and no."
11 interns did not answer the question.
Of the twenty-six who replied "no,"

5 said their problems changed so much.
2 said they were too new in the internship
to have any.
2 said every item had entered their thinking
at some time during the internship.
17 gave no reason.

The preceding tabulations seem to evidence the
capacity of the instrument to reveal cues to a good
picture of the intern's concerns, and thus to contribute
evidence of the soundness of the instrument.

Discrimination Among Interns

It has been emphasized (1) that the guidance point
of view deals with the individual and (2) that the
problem check list, a guidance instrument, assists in
gaining an understanding of the individual. It would
seem then, that in part, the soundness of the instrument
is related to how well it discriminates among individuals.
An index of this may be found in the marking of the
provisional instrument in Survey III by 337 interns. As
individuals, they

Underlined, but did not circle, from 1 to
129 phrases;

Circled from 0 to 72 phrases as more serious
concerns;

Marked from 3 to 153 phrases as a total
number.
This shows a wide variation among the individual interns, which is further emphasized by noting that the average number of
Underlined, but not circled, items was 34.89;
Circled phrases was 14.16;
Total phrases marked was 49.67.
Further evidence of individual difference is revealed by Table 3, which shows that the variation of marking was true within each of the nine categories as well as for the total instrument markings.

**TABLE 3**

RANGE IN INDIVIDUAL INTERNS' MARKING OF THE PROVISIONAL INSTRUMENT IN SURVEY III

<table>
<thead>
<tr>
<th>Categories</th>
<th>Underlined Phrases(^a) (but not circled)</th>
<th>Circled Phrases(^b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0 - 12</td>
<td>0 - 6</td>
</tr>
<tr>
<td>2</td>
<td>0 - 12</td>
<td>0 - 6</td>
</tr>
<tr>
<td>3</td>
<td>0 - 18</td>
<td>0 - 9</td>
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<td>6</td>
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<td>7</td>
<td>0 - 28</td>
<td>0 - 18</td>
</tr>
<tr>
<td>8</td>
<td>0 - 18</td>
<td>0 - 20</td>
</tr>
<tr>
<td>9</td>
<td>0 - 23</td>
<td>0 - 18</td>
</tr>
</tbody>
</table>

\(^a\)All concerns  
\(^b\)Most serious concerns
These tabulations contribute to the concept that the instrument discriminates among interns. It provides an opportunity for each intern to express her individuality on the check list through the marking of many or few phrases. This provision contributes to the soundness of the instrument.

**Discrimination of Problem Intensity**

Although the check list was not constructed as a tool for depth psychology, it does provide the interns an opportunity to identify their more serious problems. Of the 15,071 markings (on the rough draft instrument) made by interns participating in the second survey, 4,569 were circled to identify the more intense concerns. In Survey III, 4,650 of the 16,343 markings (on the provisional instrument) were circled to identify the interns' more difficult problems. The power of the instrument to thus differentiate problem intensity adds to the value of the check list.

**Consideration of Intern Satisfactions**

The caliber of the instrument is strengthened by the inclusion of a section in which the intern can indicate the satisfactions she is experiencing in her internship. As was indicated earlier, this encourages the
intern to think in terms of the total experience, the positive as well as the problematic aspects, and it aids the counselor in gaining a more comprehensive understanding of her student, as well as providing her with cues for the positive approach she will use in counseling with the intern.

Following are some of the satisfactions the interns frequently expressed as they participated in the study. A number of the students indicated a feeling of satisfaction in becoming more aware that hospital dietetics is a wonderful and challenging field, and in their choice of it as a profession. They expressed gratification for the knowledge and experience they were gaining, and for the fact that they were learning something they considered worthwhile.

They found gratifying their feeling of achievement, their sense of a job well done, and that they were nearing their goal of becoming a dietitian. Most interns found rewarding their experiences of helping people, in seeing patients respond to dietary care, and in their teaching of patients and other students.

The interns indicated satisfaction in gaining confidence in supervising a unit and the employees, as well as in learning to work with the latter and in gaining their confidence.
The students were pleased that they were gaining professional poise and feeling less insecure, that they were finding they could do the required work, and that they were becoming better leaders. Many interns were enjoying the opportunity to shoulder responsibility. Some were pleased to find themselves becoming more aggressive, more able to solve problems, and better able to see what had to be done without being told.

The interns found satisfaction in meeting new people, in their contacts with professional personnel, and in becoming a part of the medical team. Some found gratification in feeling needed and in having their efforts appreciated. Some were happy to have found dietitians interested in them and willing to help them.

Thus it can be seen that along with the problems the interns experienced some very real satisfactions. The provision for a consideration of this positive aspect of the internship increases the value of the problem check list as a guidance tool.

Procedure of Instrument Construction

In addition to the evidence of the ability of phrases to represent intern concerns, the opinion of a large percentage of the interns that the instrument revealed a good picture of their concerns, the capacity
of the instrument to discriminate among interns, its capacity to differentiate problem intensity, and the inclusion of a section in which to record satisfactions; the procedure of constructing the instrument also contributed to the soundness of the check list. Among the construction factors that might be considered to help in this manner are: (1) the fairly large number of interns participating and their repeated contributions, (2) the careful employment of criteria in structuring and in selecting the phrases for the instrument, (3) the review of the contents of the check list by a national committee, and (4) the categorization of the instrument phrases by a committee of educators and dietitians.

All of the preceding evidences support the contention that the problem check list for hospital dietetic interns is an instrument of high caliber.
CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The hypothesis for this study was that the hospital dietetic interns have a sufficient number of problems related to their educational program to warrant development of an instrument specific to hospital dietetic internships.

A number of evidences can be identified to support this hypothesis. (1) Over 800 concerns were identified in Survey I, and additional problems were recognized in the second survey. (2) The frequency with which each check list item was marked during the first and second surveys, also supplied evidence. (3) Tabulation of the Survey III markings of 337 interns showed that the average total number of phrases marked was 49.67 per intern. Some students marked as many as 150-153 of the 395 statements on the provisional instrument. (4) Of the 333 statements on the final instrument, 270 are so specific to hospital dietetics they would not be found on any of the other available check lists, and many of the
remaining 63 phrases (which deal with the intern's general characteristics) express concerns not adequately represented on other check lists.

In addition, the frankness with which the interns expressed their critical incidents, the complexity of many of their problem situations, and the intenseness of many of their concerns evidenced their need for help. A careful study of the students' contribution could only lead the writer to the conclusion that the interns need help in solving and in communicating their problems, and that the construction of a problem check list for hospital dietetic interns was warranted.

Recommendations For Use of the Check List

Using the Check List for Individual Counseling

While a great deal already has been said about the use of the problem check list in counseling individuals, the writer wishes to emphasize the following points.

Who Should Use the Instrument? -- Preferably the check list should be administered, and the results used, by the educational director of the internship. She is in a position to carry out intern counseling and should have
a more adequate background in education and in guidance than any other member of the dietary department.

Where unfortunately there is no educational director for the internship, the director of the department or one of her more able assistants can use the instrument. The director will be handicapped, regardless of her personal capacities, by the fact that her position is one of power and, as seen by most interns, it represents the ultimate authority over their future. Accordingly, the intern will find less freedom in revealing some of her concerns.

The problem check list should not be administered by the average staff dietitian, nor should the intern's markings of it be available to staff members. The staff dietitian is not adequately prepared as a teacher or as a counselor. In addition the intern must know with certainty that what she reveals, through marking the list, will be known only by the individual for whom she marks the instrument.

**Environmental Influence on How the Instrument is Marked.** -- The atmosphere of the environment in which the intern finds herself, and the caliber of her relationship with her internship director and educational director greatly influence how she marks the check list. If the
intern is going to mark the instrument freely and quite completely, she must be able to (1) trust that what she reveals through her markings will be kept private, (2) trust that it will be used to help her, and (3) trust that it will not be held against her. The intern must not feel threatened. The genius of good teaching lies in challenging the intern without threatening her. To do so effectively the educational director must be sensitive to her impact on the intern for the distinction between threat and challenge lies mostly in what the intern perceives her teacher as doing. Only when the educational director creates a situation characterized by integrity, warmth, friendliness, acceptance of the intern, and mutual trust, is the atmosphere one in which the intern can and will explore her problems freely. The interns participating in Survey III made this quite clear. They were asked the following questions:

Suppose that an internship director (or educational director) asked an intern to mark this instrument so that the former might study it in an effort to help the intern with her problems. Do you feel that she would mark the instrument in the same way she has marked it in this research? ___Yes ___No. If not, please explain.

Of the 337 interns participating

190 answered "yes."
129 answered "no."
8 answered "yes" and "no."
10 did not answer the question.
Of interest are the reasons given by 105 of the 129 interns replying "no" (twenty-four gave no reason). The single most frequently used word was FEAR. The interns feared reprisal, retaliation, reaction. They feared dietitians taking personal offense and holding grudges. They were afraid the dietitian would not be objective. They anticipated snap judgments by staff members. They feared the way they marked the check list would be held against them, that their evaluation ratings would be influenced. They feared the results would not be kept confidential. They feared being misinterpreted and misunderstood. In some cases they did not feel close enough to the department director or the educational director to seek her help, which is another way of saying that the unknown is a possible danger, a threat, and not to be trusted.

All of this says again that when the intern is afraid, when she can not trust that the material will be kept private, that it will be used to help her and not be held against her, she will not mark the instrument fully. And it may be added, that it is not just a matter of the instrument being marked incompletely. It is also true that adequate education will not occur for other communication so essential to education also will be thwarted. The intern who does not feel free to express
herself, is not free to be herself and to develop to the limit of her potentialities.

Real or Facade Problems. -- Some staff dietitians have felt that certain items included in the check list do not represent problems: for example, "How to end a visit with a talkative patient" and "About what, or when, to confer with doctors." Yet, while the instrument was being developed, these items were marked quite frequently by interns. Again, staff members have indicated that the phrase "What to do when an employee bawls me out" is useless for this should not be permitted. Yet it is surprising how many of the first critical incidents revolved around this problem.

When the intern indicates that she is "Not getting enough rest" and the staff member says the intern must learn to manage her time, and when the intern "Fears antagonizing others," but the dietitian says this is no problem if the intern does her work well; it would appear there is need for clearer communication between the two. It is easy to say that such phrases do not represent problems. This may be true from a staff member's personal viewpoint, but NOT from the viewpoint of the teacher who has a clear understanding of the intern's perception of her self and her environment. If the intern thinks something is a problem, it is. Whether one considers a
problem real or a facade, it must be received with the same sincere response. To receive it in any other manner is to reject the intern and to deteriorate essential rapport with her. It is a recognized fact in the field of counseling that students consciously or unconsciously, may test the counselor by seeing how he handles a facade problem. If he is sincere, then the student may trust him with more complex or serious concerns. Then too, many times that which seemed a facade will be revealed as a very genuine student concern.

All of this does not discount the fact that the intern's emotional need at a given time may be to "gripe." Behind the griping, however, usually will be found a real concern that needed to be covered by a facade. Thus the educational director will do well to treat all intern problems with sincerity and respect.

Looking at the Pattern of Concern. -- The phrases which an intern marks do not constitute a definitive description of her problems. She marked the statements because they reminded her of her concerns. The educational director should remember that these marked phrases constitute cues to the intern's concerns. They should be studied before the conference is held with the intern. These cues can guide the counselor in collecting related data from other sources, help her to formulate
hypotheses as to the intern's major difficulties and their inter-relatedness, and help her to decide on leading questions and her general approach in the conference. Counting the number of items circled and underlined in the different categories may aid the counselor by emphasizing the areas or patterns of concerns.

The subject of counseling principles as related to the use of the problem check list in conferences is beyond the scope of this writing, but will be discussed in the manual which is to accompany the check list.

Combine with Mooney Problem Check List. -- In order to help the intern develop as a dietitian it is necessary to know as much as possible about her. Knowledge and understanding of her concerns beyond the internship are important for they too influence her participation in the profession. While there is a College Form of the Mooney Problem Check List, the contents of the Adult Form seem more applicable for the intern. It is suggested that the latter form be used in conjunction with the problem check list for hospital dietetic interns. Together the two instruments can provide a strong communication channel to advance the guidance efforts essential to an internship program.
Using the Check List with Groups

In any given internship program, a study of the interns' marking of the instrument could yield implications for content of group guidance classes as well as for regular subject matter classes, for internship curriculum study and revisions, for the teaching effort within the department, and for departmental operational changes. The factors identified earlier in this chapter as important considerations in using the check list for individual counseling hold true in using the instrument with such groups.

On the national or regional level, a study of the interns' marking of the instrument, correlated with other data about internships could yield vital information in the areas of teaching and curriculum planning efforts, as well as providing important general information about the profession.

Any study of the marking of the check list by groups of interns, or the individual, must be faced objectively. It is sometimes difficult to accept what the results reveal about staff efforts to operate an educational program. It is easier to attribute any unfavorable comments to student defects or to reject the interns' evaluations as unfounded, as gripes, or as comments from those who "don't understand," rather than to
accept them as meaningful data. If, however, the interns' evaluations are accepted, the dietetic profession will be making a step forward in solving its own educational problems, and thus it will be more effective in helping the individual intern.

Recommendations for Further Research

To strengthen the instrument for use with the group and the individual, it is recommended that research efforts be initiated to assure the instrument reflects the problems of the interns (as a group) which remain stable over a period of time as well as identifying changes in those of the individual.

Then, because of the potential of this instrument to obtain vital information regarding educational efforts of the profession of hospital dietetics, it is recommended that it be administered to a large sample of the internship population in an effort to see the interns' view of their situations and themselves, to identify the major problems, and to see how these factors relate to a variety of aspects pertaining to the teaching and curriculum efforts of the profession.

Finally, because information regarding intern problems is but one aspect of the knowledge needed in counseling students and in understanding the educational
setting, it is recommended that the instrument be made a component of a battery of tests administered to a sample of the professional population in a research effort to learn more about hospital dietetics, its staff members and its interns.

The author will continue to work in light of these recommendations in the firm belief that the check list specific to hospital dietetics can be of great value to the profession.
APPENDIX
1464 Ashland Avenue
Columbus 12, Ohio
August 28, 1958

Miss _________
Director
Department of Dietetics
University of _________ Medical Center

Dear Miss _________:

In your contacts with your staff members you probably find them concerned with the evaluation of the dietetic intern. As an individual interested in the student, you undoubtedly feel that counseling is a most important responsibility. It is my belief that both evaluation and counseling can more easily be made effective through the appropriate use of a guidance instrument on which the intern can indicate her concerns regarding her internship experiences. I have chosen (as part of my Ph.D. work at Ohio State University) to carry out research involving the construction of such an instrument, since for some years my main professional interests and efforts have been with the intern.

Let me tell you how I visualize the finished instrument and its use. It could be described as a check list incorporating the common problems that quite naturally arise at various stages of internship experience. It could be useful to the intern, to the dietitian, and to our profession. The student in marking the instrument would find herself clarifying her concerns, which is a vital step in revolving them. In addition the process would involve self-evaluation on her part.

I believe that the finished instrument could also constitute an effective communication between the intern and her advisor. It will give a picture of concerns which, studied by the dietitian, will help her to better evaluate and understand her student, thereby enabling her to more effectively help the intern. This instrument will not require the calculation of a score.
In the future the finished instrument, used in a survey to identify intern problems, might well provide implications for education of the hospital dietitian.

I am seeking your assistance in constructing this instrument, for I feel there can be no better source of identifying problems than the young woman now interning. Each internship is being asked to participate three times, for I am seeking original statements of concerns from a large number of students at various stages of internship experience.

I do hope you will find it possible for your students to participate in a vital aspect of this research. The following is what your interns would do:

1. In late September or in October they would take approximately 1-1/2 hours to:
   a. list their current concerns regarding their internship experiences, and to
   b. describe in detail one of the more critical problems.

2. Approximately 12 weeks later they would repeat 1 (above), and also mark a rough draft instrument based on statements collected earlier.

3. Approximately 12 weeks later they would again repeat 1 (above), and they would also mark a revised instrument based on previous contributions.

The participation by your students would thus require only three sessions. All of your students, regardless of their length of internship experience, would participate at the same time. Three contributions would thus be made by some interns, while only one or two would be made by those graduating or starting during the period of this research.

All materials will be treated as confidential. I am not seeking information about any specific individual nor about any specific internship or hospital; rather, I am interested in the problems interns, as a group, encounter. The students will be asked to sign their papers only in order that their three contributions can be tabulated as one. Therefore, when their material is received their names will immediately be replaced with a code number.
Please mark the enclosed card and return it as soon as possible. Detailed instructions will be mailed to you soon after your card is received.

I will greatly appreciate your valuable contribution to this research and your kindness in taking time from your busy schedule. Thank you.

Sincerely yours,

Margaret A. Wilson

MAW:cg
Enclosure

Approved by:
Ruth T. Lehman, Ph.D., Advisor
Professor, Home Economics Education
Miss _______ ________
Director
Department of Dietetics
University of ________ Medical Center

Dear Miss ________:

I was so glad to receive the contributions your students are making to the development of a guidance tool specific to hospital dietetics. It is very gratifying to have a large number of internships participating.

I hope it will be possible for all of your students to make this contribution on or near

Would you please use the following suggestions in guiding your students in participating:

1. If you have students who did not previously participate, but can do so this time, please have them do so. I realize you may have some interns on affiliation who may be unable to contribute. In any case, regardless of the length of their internship experience, all students can participate at the same time.

2. Schedule at least a 1-1/2 hour period.

3. Have the enclosed intern's letter read to the students. It is the only copy being sent this time.

4. Have the direction sheet read aloud to the interns while they follow on their individual copies. (This is to standardize procedure.)

5. As each student finishes parts I & II have her put aside that material and provide her with a copy of the rough draft instrument. She will find directions on the instrument which she
should read carefully before marking it.  
(Since students will finish at different times, it seems inadvisable to have the directions read aloud to the group.)

6. Have the session proctored in order to assure individualized contributions.

7. As before, have the interns seal their material in their individual envelopes. Then have them place their envelopes in the larger one, have the latter sealed in their presence, and then mail it at once. It is hoped that this helps the interns feel the greatest possible sense of freedom. To increase this feeling all material will be treated as confidential. Therefore, once again, when their papers are received, their names and locations will immediately be replaced with code numbers.

A package of materials, including a set of rough draft instruments, has been mailed to you under separate cover.

If there are any questions, please do not hesitate to write. Thank you for taking time from your busy schedule to participate in this research.

Sincerely yours,

Margaret A. Wilson

MAW:aw
Enclosures
Miss _________ _________
Director
Department of Dietetics
University of __________ Medical Center

Dear Miss _________:

I was so glad to have your card saying you would have your students participate in the development of a guidance tool specific to hospital internships.

As you will recall one of the facets of the research is to collect original statements of concerns from students who are at various stages of their internship. I hope it will be possible for all of your students, regardless of their internship entrance date, to make their first contribution on or near

As previously indicated, I will ask the participation of your students again about and also about . A pilot study has indicated that each of these two contributions will take approximately 1 1/2 hours. Detailed instructions for them will be sent at a later date.

Would you please use the following suggestions in guiding your students in their first contribution:

1. Schedule at least a 1 1/2 hour period. Regardless of the length of their internship experience, all students will participate at the same time. I realize you may have some interns on affiliation who may be unable to contribute.

2. Have the interns follow on their individual copies while their letter and direction sheet are read aloud to them. This is to standardize the procedure.

3. Have the session proctored in order to assure individualized contributions.

4. Have the interns seal their material in their individual envelopes. Then have them place their envelopes in the larger one, have the letter sealed in
their presence, and then mail it at once. This sounds rather complicated but it is to help the interns feel the greatest possible sense of freedom. To increase this feeling all material will be treated as confidential. Therefore, when their papers are received, their names and locations will immediately be replaced with a code number.

I have enclosed material for each intern. If there are any questions, please do not hesitate to write. Thank you for taking time from your busy schedule to participate in this research.

Sincerely yours,

Margaret A. Wilson

MW:cg
Enclosures
School of Home Economics
Ohio State University
1787 Neil Avenue
March 21, 1959

Miss_______
Director_______
Department of Dietetics
University of _________ Medical Center

Dear Miss_______:

I am so pleased with the contributions that the students are making to the development of a problem check list specific to hospital dietetic internship experiences; and I greatly appreciate your making it possible for your interns to participate.

I am now asking that this time your students only mark a revised, but still rough draft, instrument. I hope it will be possible for all of them to participate this last time on, or near

Would you please use the following suggestions in guiding your students' participation:

1. Regardless of the length of their internship experience, or whether they have previously contributed, all can participate, and at the same time.

2. Schedule at least a 1 hour period.

3. Have the session proctored in order to assure individualized contributions.

4. Have the enclosed intern's letter read aloud to them. It is the only copy being sent.

5. Have the students complete their data sheets.

6. Have the directions on the instrument read aloud to the interns while they follow on their individual copies. (This is to standardize procedure.)
7. Emphasize to the students to indicate (at the top of the instrument) the time at which they start and the time at which they complete the entire instrument.

8. As before, have the interns seal their material in their individual envelopes and place them in the larger one; and then have the latter sealed in their presence and mailed at once.

A package of material has been mailed to you under separate cover. Since there was some breakage of returning packages during the last mailing, you will find enclosed in your package some cord with which I would appreciate your having the returning package tied. Also have it sealed.

Please be sure that any unused instruments are returned.

If there are any questions, please do not hesitate to write. Once again, thank you for taking time from your busy schedule to participate in this research.

Sincerely yours,

Margaret A. Wilson

MAW: ma
Encls.
DATA SHEET

NAME ____________________________________________
(last name first—please print)

PRESENT DATE ________________________________

HOSPITAL ___________________________

DATE OF ENTRANCE INTO INTERNSHIP

CITY ___________________ Month Day Year

1. Circle the figure which indicates whether this is your first or second contribution to this research: 1 2 3

2. Mark the areas of internship experiences listed below in the following manner:

Place an "X" in front of all those types of service which you have completed.

Place a "P" in front of the one type of service to which you are now assigned.

Place an "L" in front of the one type of service you completed immediately before your present assignment.

__ cafeteria  _ _ _ __ private patient area

__ food production area  __ public health

__ medical patient area  __ psychiatric patient area

__ nutrition clinic  __ research area

__ nutrition education  __ staff responsibility

__ obstetrical patient area  __ surgical patient area

__ pediatric patient area  __ tuberculosis patient area

__ personnel  _ _ _ __ others (indicate kind)

__ polio-rehabilitation patient area

3. Mark the internship classes listed below in the following manner:

Place an "X" in front of those which you have had.

Place a "P" in front of those which you are now having.

__ administrative  __ education

__ diet therapy  __ others (indicate kind)

11-58
Dear Dietetic Intern:

In whatever stage of your internship you may be, I am sure that you have experienced problems regarding your work. This was true of all of us who interned before you and it will undoubtedly be true of those who follow you. It is in an effort to help the young women who will be interning in the future that I am asking your assistance.

For six years my main professional interest and work have been with the intern, and I believe that the efforts of the advisor to help the intern might be more effective if she had a guidance instrument on which the intern could indicate her problems or concerns regarding her internship experiences. I have chosen, therefore, (as part of my Ph.D. work at Ohio State University) to carry out research involving the construction of such an instrument.

In constructing this instrument I can think of no better source of identifying student concerns than to ask the help of you who are now interning. The participation of all hospital dietetic interns in the United States is being sought.

When your contributions are received a rough draft instrument will be constructed. You will have an opportunity to see it and react to it as I will ask your help again in about three months and again in six.

All material will be treated as confidential. There is nothing personal in this project for I am not seeking information about any specific individual nor about any specific internship or hospital; rather, I am interested in the problems which interns, as a group, encounter. I am asking you to sign a data sheet each time only in order that your three contributions can be tabulated as one. Upon receiving your material I will, therefore, immediately remove your name and code your papers so that no one can identify them as yours. Your location will also be removed from the data sheet.

Directions for your participation will be found on the attached sheet.
Your contribution is a vital aspect of this research which, I hope, will be of help to many future interns. Your assistance will be greatly appreciated, and I am looking forward to hearing from you. Thank you.

Sincerely yours,

Margaret A. Wilson

MAW:cg
Enclosures
DIRECTIONS FOR PARTICIPATION IN THE DEVELOPMENT OF A DIETETIC GUIDANCE INSTRUMENT

GENERAL

Take as much time as you need and give serious consideration to this task.

Make your statements clear so that they can be correctly understood.

There are two parts to be completed. Start each part at the top of a new sheet of paper. Do not write on the back of the sheets. If you need more paper, ask for it.

When you have filled in the data sheet and completed all your writing, please seal the material in the attached envelope. Do not include the letter or this direction sheet. Your dietitian has a large envelope into which you and your classmates will place yours. The large one will be sealed in your presence and mailed immediately to me.

PART I

In this section list your current concerns about your internship experiences. Current concerns are those which have been bothering you this month. Some may be intense, while others may be less intense than they previously were.

Give as many concerns as you can. A sentence or two should be sufficient to express each one.

Concerns may be big problems or little worries, slight anxieties or simply bothersome situations. Examples might be:

- I am anxious about how the patients respond to me.
- The dietitian does not always make clear what she expects of me.
- I have trouble keeping up with class work.
- I am uneasy in attempting to supervise experienced employees.
PART II

Instead of listing problems you are now asked to describe in detail one problem incident which may have happened at any time during your internship. You may have been actively involved or a spectator. Choose the one which has concerned you the most, describe it in detail and tell how you feel about it. This is a very important part of your contribution.
Dear Dietetic Intern:

I was so glad to receive your material about your internship problems. It was wonderful to have approximately 400 interns participate.

As you will recall, I believe that the efforts of the advisor to help an intern might be more effective if the dietitian had a guidance instrument on which the student could indicate her problems or concerns regarding her internship experiences.

One aspect of building such an instrument is to collect statements of concerns from present students at various stages of their internship experience, and so I am once more seeking your help.

In addition to listing concerns and describing a problem incident as you did last time, you are also asked to react to a rough draft instrument.

I would like to again emphasize that all materials are treated as confidential. There is nothing personal in this project for I am not seeking information about any specific individual nor about any specific internship or hospital; rather I am concerned with the problems which interns, as a group, encounter. Your signature on the data sheet and instrument each time is only so that your three contributions can be tabulated as one. Therefore, as soon as your material arrives, your name and location are replaced with a code number.

Your participation is so important to this research which, I hope, will be of help to many future interns. Your assistance is greatly appreciated. I shall be looking forward to your present contribution, and will ask your help again in eight to twelve weeks. Thank you.

Sincerely yours,

Margaret A. Wilson

MAW:aw
DIRECTIONS FOR PARTICIPATION IN THE DEVELOPMENT OF A DIETETIC GUIDANCE INSTRUMENT

GENERAL

Take as much time as you need and give serious consideration to this task.

Make your statements clear so that they can be correctly understood.

There are three parts to be completed. Start parts I and II each at the top of a new sheet of paper. If you need more paper, ask for it.

When you have filled in the data sheet and completed all three parts, please seal the material in the attached envelope. Do not include this direction sheet. Your dietitian has a large envelope into which you and your classmates will place yours. The large one will be sealed in your presence and mailed immediately to me.

PART I

In this section list your current concerns about your internship experiences. Current concerns are those which have been bothering you this month. Some may be intense, while others may be less intense than they previously were.

Give as many concerns as you can. A sentence or two should be sufficient to express each one.

Concerns may be big problems or little worries, slight anxieties or simply bothersome situations. Examples might be:

- I am anxious about the way patients respond to me.
- The dietitian does not always make clear what she expects of me.
- I have trouble keeping up with class work.
- I am uneasy in attempting to supervise experienced employees.
PART II

In Part II you are asked to describe in detail one problem incident which may have happened at any time during your internship. You may have been actively involved or a spectator. Choose the one which has concerned you the most (but not the one you described in your previous contribution), describe it in detail and tell how you feel about it. This is a very important part of your participation.

PART III

When you have completed parts I and II, your dietitian will give you a rough draft instrument designed on the basis of the material previously contributed by approximately 400 interns. You will find specific directions on the instrument. Once you receive the instrument do not go back to parts I and II.
Dear Dietetic Intern:

I do so appreciate the time and effort approximately 400 of you are making to help me identify the concerns and problems which interns experience.

In your first participation you indicated your concerns, and from these a rough draft instrument was developed. On the basis of your later contributions progress was made in revising it. At this time you are only to mark a revised, but still rough draft, instrument. Please give serious consideration to every statement even though you may find the list rather long. It will be shortened considerably and further refined in the coming months.

Once again I would like to emphasize that all your material is treated as confidential. Your signature each time is only so that your various contributions can be tabulated as one. When your material arrives your name and location will be replaced with a code number.

When you have completed your data sheet and have marked the instrument, please seal them in the attached envelope. Do not return this letter. Your dietitian has a large envelope into which you will place yours. The large one will be sealed in your presence and mailed immediately to me.

Your participation is so important to this research which, I hope, will be of help to many future interns. Your assistance is greatly appreciated. I shall be looking forward to this, your last, contribution. Again, thank you so very much.

Sincerely yours,

Margaret A. Wilson
TENTATIVE STATEMENTS FOR DIETETIC INTERN
PROBLEM CHECK LIST

SECTION 1: NON-DIETARY PERSONNEL

In general these problems express relationships with non-dietary personnel or actions of these people which will influence the intern's relationship to them.

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>TO REMAIN</th>
<th>TO BE REMOVED</th>
<th>REASON FOR REMOVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Doctors not confer-ring with dietitians.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Doctors asking me questions.</td>
<td></td>
<td></td>
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<td>3. Getting a doctor to write an appropriate diet order.</td>
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<td>4. Working with doctors.</td>
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<td>5. Doctors failing to write orders on new patients.</td>
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<td>6. Doctors not being specific in their orders.</td>
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<tr>
<td>7. About what, or when, to confer with doctors.</td>
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<tr>
<td>8. How doctors and/or nurses respond to me.</td>
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<td>9. Receiving last minute discharge diet orders.</td>
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<tr>
<td>10. Maintaining good rela-tions with hospital personnel who break dietary department regulations.</td>
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<tr>
<td>STATEMENTS</td>
<td>TO REMAIN</td>
<td>TO BE REMOVED</td>
<td>REASON FOR REMOVAL</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>11. Nursing personnel's lack of nutrition knowledge.</td>
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<tr>
<td>12. Impressing nurses with the importance of dietary treatment.</td>
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<td>13. Nurses failing to carry out their part of dietary care of patients.</td>
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<tr>
<td>14. Nurses assuming authority over dietetic interns.</td>
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<td>15. Nurses' attitude toward dietitians.</td>
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<td>16. What to do when the nurse is continually late in making diet changes.</td>
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<td>17. Nurses passing the buck to dietary for nursing errors.</td>
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<tr>
<td>18. Developing nursing students' interest in nutrition.</td>
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<tr>
<td>19. How nursing students respond to me.</td>
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<tr>
<td>20. What to do with nursing students assigned under my supervision.</td>
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<tr>
<td>21. Inappropriate use of unit kitchens by nursing personnel.</td>
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</table>

PLEASE INDICATE ANY ADDITIONAL PROBLEMS YOU FEEL WILL MAKE THIS AREA MORE COMPLETE, AND ANY ADDITIONAL COMMENTS YOU WISH TO MAKE ABOUT ANY OF THE ABOVE STATEMENTS. Please refer to the numbers assigned above.
PERSONAL RELATIONS

1. Non-Dietary Personnel
   These problems express relationships with non-dietary personnel or actions of these people which will influence the intern's relationship to them.

2. Patients
   These problems express relationships with patients or actions of these people which will influence the intern's relationship to them.

3. Dietary Employees
   These problems express relationships with dietary employees or actions of these people which will influence the intern's relationship to them.

4. Staff Dietitians and Dietetic Interns
   These problems are an expression of the relationship of dietitian to intern, and intern to intern. They may also express actions of these people which will influence the intern's relationship with them. They may also be an expression of the intern's feeling about that action.

EDUCATIONAL PROGRAM

5. Curriculum
   These problems express facts about the organization of experience, the educational system; but NOT about curriculum content.

6. Instruction
   These problems are about the classroom instructor and instruction. They are also about the dietitian's supervision of the intern's daily work in the dietary department.

SELF

7. Self: In Relation to the Internship
   These problems are an expression of the intern's feelings of her own inadequacies in meeting
situations, in information, and in accomplishment; an expression of her fear of failure, and her uncertainty of vocation. In general all are in relation to her internship. They do NOT express her feelings toward people. (These are covered in 1, 2, 3, and 4 above.)

8. Self: General Characteristics
These problems express characteristics which, although they may play a vital role in her internship experiences, are stated so generally that they also influence non-internship experiences. They do NOT directly refer, in words, to internship experiences.

ENVIRONMENT

9. Environment
In general these statements describe bothersome aspects of the general environment in which the intern finds herself.
PROBLEM CHECK LIST FOR HOSPITAL DIETETIC INTERNS

NAME ____________________________
(last name first - please print)

HOSPITAL _________________________

CITY ______________________________

PRESENT DATE ______________________

DATE OF ENTRANCE INTO INTERNSHIP
(month)(day)(year)

DIRECTIONS

This is a list incorporating many of the common problems and concerns which interns encounter in relation to their internship experiences. You are to pick out those which concern you. These may be big problems or little worries, slight anxieties or simply bothersome situations. Take as much time as you need. Identify them by completing the following steps:

1. Go through the entire list reading each statement slowly and carefully. If an item suggests a problem which is bothering you, please underline the statement, e.g. "13. Uneasy attempting to supervise experienced employees."

A few statements offer alternatives. Underline only the parts you feel represent a concern of yours, e.g. "48. Too much (or too little) time spent on routines." OR "48. Too much (or too little) time spent on routines."

2. When you have completed the previous step, review the items you have underlined and circle the number of those items which cause you the most concern, e.g. "13. Uneasy attempting to supervise experienced employees."

When you have completed steps one and two, answer the questions on the last page.

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1. How much initiative should I take.
2. Planning normal and modified menus.
3. Little time for relaxation.
4. Becoming upset when things go wrong.
5. Continual close association with classmates.

6. Needing more frequent evaluations of my work.
7. Overwhelmed by what I should accomplish this year.
8. Our living quarters.
10. Employees testing me.

11. Not being trusted by a dietitian.
12. Classes being over my head.
13. Hesitant or uncomfortable going into isolation units.
14. Some dietitians lacking professional knowledge.
15. My inability to communicate effectively.

16. Doctors not conferring with dietitians.
17. How to act with psychiatric patients.
18. Failing to complete my internship with better than average record.
19. Needing brief re-orientation to a unit from which I have been absent for a time.
20. My lack of foresight.

21. Dietitian(s) resenting the time interns spend in class.
22. How to respond to employee kidding.
23. Not knowing how to operate food production equipment.
24. Too much being expected of me.
25. My schedule being posted too late.

26. Having difficulty participating in class.
27. Completing my work in the allotted time.
29. Patients asking questions I can't answer.
30. Not being given reasons why things are done as they are.

31. Lacking good interviewing techniques.
32. Difficulty in obtaining assigned references.
33. Too tired from duty to study.
34. Dietitians saying they want ideas, but seldom, if ever, accepting those of the interns.
35. Receiving ratings after leaving a service.
36. Whether or not I am improving.
37. To what extent do employees accept my authority.
38. Maintaining good relations with hospital personnel who break dietary department regulations.
39. Heavy total load of internship classes, work, and assignments.
40. My lessening enthusiasm for dietetics.
41. How much and/or what type of responsibility should I take when the dietitian is present and when she is absent.
42. Gaining the confidence of employees.
43. Dietitian not accepting responsibility for her errors.
44. Intruding on patients.
45. Uninteresting or poor classes.
46. Being told I will fail in dietetics.
47. Vulgar talk I hear.
48. Rushing into action before thinking the situation through.
49. The attitude of some dietitians that they have no responsibility for the growth of the intern beyond teaching unit procedures.
50. Not being encouraged to assume responsibility.
51. How my ratings compare with those of other interns.
52. Interns and dietitians doing employee work.
53. Having trouble leaving personal problems at home.
54. What to do when an employee bawls me out.
55. A dietitian breaking her promise to me.
56. Not being given sufficient time to think things out.
57. Whether or not dietetics is really my field.
58. Poor relationships among staff dietitians.
59. Not knowing how to study effectively.
60. What to do with nursing students assigned under my supervision.
61. Being with patients who are physically handicapped or disfigured, have repulsive odors, or are critically ill.
63. Being given responsibility without authority to back it.
64. My lack of self confidence.
65. A dietitian embarrassing or humiliating me in front of others.
66. Handling emotional employees.
67. My attitude toward some areas of dietetic work.
68. Needing criteria for standards and policies with which I work.
69. Doctors not being specific in their orders.
70. Unable to concentrate well.

71. Having been told I will fail in dietetics.
72. Personality conflicts between interns.
73. How much to cater to patients.
74. Dietitian(s) not knowing how to teach interns.
75. My difficulty in having to assume many roles: employee, supervisor, student.

76. The contradiction of college and internship teachings.
77. Becoming discouraged with my efforts.
78. Having my good relations with employees destroyed by a dietitian.
79. Receiving no indication as to my progress.
80. Disliking my internship.

81. How to handle employee dissatisfactions.
82. Nursing personnel's lack of nutrition knowledge.
83. Too many interns working in a unit to allow all to have good learning experiences.
84. Being "professional."
85. Not knowing what to do, but being told only that I should know.

86. When to report employees.
87. Working with an intern who does not carry her part of the load.
88. Feeling helpless in assisting patients.
89. Too many small details presented in the general orientation period.
90. Doing poorly in the internship.

91. Not being supervised by A.D.A. dietitians.
92. Having difficulty expressing my feelings.
93. Not being well acquainted with dietitians when off duty.
94. When to go ahead on my own; when to confer with the dietitian.
95. My lack of knowledge about employee jobs.
96. Schedule changes not checked in advance with interns.
97. Lacking ability to motivate people.
98. Handling employee's refusal to do assignment.
99. Doubting the correctness of staff dietitian's decision.
100. Vague assignments and instructions.
101. Worrying about exams.
102. Dietitians being poor professional examples.
103. Feeling tense, never relaxed.
104. Nurses failing to carry out their part of dietary care of patients.
105. Not knowing enough about patient to adequately instruct him.
106. Becoming proficient in quantity food production.
107. My efforts seldom, if ever, commended.
108. Not seeing all facets of a problem.
109. Dietitian(s) using interns as employees (for labor); far beyond the point of our learning employees' work.
110. Asking employees to do things.
111. Coordinating my experiences into a complete picture.
112. Too much (or too little) time spent on routines.
113. Doctors asking me questions.
114. My personal finances.
115. My schedule of off duty days.
116. Classmates misjudging me.
117. How to end visit with a talkative patient.
118. Dietitian expecting that one explanation should enable me to do a thing completely on my own.
119. Learning modified diets.
120. Too many supervisors handling the same situation.
121. Difficulty organizing my work.
122. Having a dietitian ignore me.
123. Receiving no good reasons for the scores given me on the rating sheets.
124. Learning to purchase quantity food.
125. Getting an employee to follow my directions.
126. Getting a doctor to write an appropriate diet order.
127. Too many (or too few) classes.
128. Not understanding financial management of department.
129. Evaluation conferences.
130. Not knowing how to give directions to employees.
131. Adjusting to dietitians under whom I work.
132. Patient problems upsetting me.
133. Assignments given on too short notice.
134. Keeping up with class work.
135. Inability to think quickly and clearly when the unexpected occurs.

136. Having different values than some classmates.
137. Not being allowed to experiment.
138. Not retaining my college learned information.
139. Working with people who speak little English.
140. Having difficulty accepting constructive criticism.

141. Having an inexperienced dietitian as my supervisor.
142. Being uneasy in the presence of some dietitians.
143. Whether to risk employee antagonism by attempting the reprimanding aspects of supervision.
144. Deciding on the phase of dietetics to enter as a staff member.
145. Being forced to attend professional meetings.

146. Needing more opportunity to teach.
147. Nurses' attitude toward dietitians.
148. How patients react to me.
149. What to do when instructed to do something I believe is wrong.
150. Not being told my errors so I can correct them.

151. Lacking creative imagination.
152. Dietitians not doing their work.
153. Feeling unsure of myself with employees.
154. Remaining professional without being aloof.
155. Being evaluated by an ineffective dietitian.

156. Doctors failing to write orders on new patients.
157. Needing to develop a sincere interest in people.
158. Limited time to spend with my husband.
159. Dietitians seemingly not interested in interns.
160. How to handle dissatisfied or difficult patients.

161. Dietitians not always making clear what they expect of me.
162. My dislike of teaching.
163. Not receiving the food ordered.
164. Having people not understand what I say.
165. Being caught in the middle of a disagreement among dietitians.
166. Not being allowed to complete one task before being assigned to another.
167. Having difficulty delegating authority.
168. Reprimanding employees.
169. About what, or when, to confer with doctors.
170. Inflexibility of internship program.

171. Lacking information to answer employee questions.
172. Not being informed of new occurrences about which I should know.
173. Managing employees my own age.
174. Drawing attention to a dietitian's oversight.
175. Not having time to adequately help all my patients.

176. Receiving excessive explanation, or none.
177. Applying educational principles in my teaching.
178. Working in an unhappy atmosphere.
179. Difficulty in analyzing situations.
180. Disapproving of a dietitian's actions and/or attitudes relating to her work and the people with whom she comes in contact.

181. New things being introduced too rapidly.
182. Difficulty reading and/or understanding patient charts.
183. The way patients are treated in this hospital.
184. Speaking too rapidly, or too softly.
185. Supervising employees without their resenting it.

186. Being older than other interns.
187. Too much home work.
188. Wanting to leave the internship.
189. Little or no revisions of my schedule possible.
190. Taking things too seriously.

191. Some class content covered too hurriedly.
192. Visiting patients.
193. When can one deviate from prescribed diet guide in manual.
194. Unevenness of work load in various units.
195. Physically exhausted at the end of the day.

196. Being expected to follow regulations that dietitians break.
197. Being tempted to join employees in complaining about staff members.
198. My ability to manage food service.
199. Being placed in a position of responsibility before I am ready for it.
200. Receiving last minute discharge diet orders.
201. My lack of thoroughness and/or accuracy.
202. Working too long hours.
203. Some dietitians overly interested in my personal affairs.
204. Denying patient foods he is not allowed.
205. Receiving unfair evaluations.

206. Needing insight into personalities of people with whom I deal.
207. Inadequacy of college preparation as a basis for interning.
208. Needing to listen more carefully.
209. Lack of opportunity to express and discuss my view with my dietitian.
210. Being constantly evaluated and graded.

211. Applying for a staff position.
212. Uneasy in attempting to supervise experienced employees.
213. How doctors and/or nurses react to me.
214. Combination of graduate study with internship.
215. Not sure what to look for on a service.

216. Dietitian not considering my previous experience in order to identify the areas in which I need help while on her unit.
217. How far to go in helping employees in their work.
218. Not getting along with a dietitian.
219. My approach to patients.
220. Not knowing how much authority I have.

221. Working split shifts.
222. Learning a specialized vocabulary.
223. Becoming easily flustered when rushed.
224. How much to ask of an intern assigned under my supervision.
225. Discrepancy in the way different dietitians interpret A.D.A. rating sheets.

226. Lacking knowledge needed to feel secure in reprimanding employees.
227. People considering me a "little girl."
228. My reluctance to take initiative.
229. Handling a fight between employees.
230. Having different values than my dietitian.
231. How much freedom have I in changing things.
232. Standardizing recipes.
233. Not being a member of the medical team.
234. Being shy.
235. What to do when the nurse is continually late in making diet changes.
236. Serving patient the wrong food.
237. Whether to go on with graduate study.
238. Being presumed to know everything or nothing.
239. Being easily offended.
240. Disliking a classmate.
241. Giving a patient misinformation.
242. Whether or not to complete internship.
243. Staff responsibility being no different than other assignments.
244. Difficulty making decisions and/or making wrong decisions.
245. Not being able to go to church on Sundays.
246. Not feeling free to ask questions and/or to discuss things with my dietitian.
247. Understanding how sick a patient is.
248. Not seeing the benefit of some work assignments.
249. Feeling lost in the internship.
250. Having false accusations made about me.
251. Being too aggressive (or not aggressive enough).
252. Not being able to change a dietitian's pre-set opinion of me.
253. Not knowing who is my immediate supervisor (or having too many).
254. Making mistakes in writing modified diets.
255. Being alone some morning, in charge of a unit from which many (or all) employees are absent.
256. Inappropriate use of unit kitchens by nursing personnel.
257. Too much repetition in some work unit assignments.
258. Difficulty in changing from college to professional atmosphere.
259. Some class content covered too hurriedly.
260. How dietitian(s) react to me.
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261. How and when to stand up for my employees.
262. Patient (or employee) wanting to date me.
263. Receiving no formal evaluation at the end of each service.
264. Being uncertain of what is "professional."
265. Interns receiving many assignments of extra jobs (for example: making tray favors, doing skits).

266. Having to do my dietitian's work.
267. Need for more understanding dietitians to supervise interns.
268. Having to enforce department policies with which I do not agree or which I don't understand.
269. Need for more stimulating dietitians.
270. My need to be more observant.

271. Being required to do things I don't like.
272. Some dietitians being partial to certain interns.
273. My internship work not being up to undergraduate accomplishment.
274. Working long stretches between days off duty.
275. Being given too little responsibility.

276. Lacking leadership qualities.
277. Nurses passing the buck to dietary for nursing errors.
278. My first visit alone to patients.
279. Not becoming a good dietitian.
280. Switching from full responsibility on dietitian's day off to little or none when she returns.

281. Unreliability of employees (for example: employee stealing, unnecessary absenteeism).
282. Ratings not being kept private.
283. My reaction to atmosphere of some hospital rooms.
284. Classes falling on days off duty.
285. Poor communications among staff dietitians.

286. Receiving no (or inadequate) orientation for work I am to do.
287. Disagreeing with a dietitian.
288. Being overweight.
289. Class work a repeat of college material.
290. Poor class teachers.
291. The poor way some dietitians treat me (for example: in an unfriendly, inconsiderate manner; as though I were stupid, a nuisance).
292. Department's lack of good methods and procedures.
293. Employee (or patient) becoming too personal.
294. Being kept occupied with "busy work."
295. Adjusting to drastic changes in working hours.
296. Finding time to prepare to teach.
297. Not getting enough rest.
298. Having to teach before I feel secure in my knowledge.
299. Some employees needing constant supervision.
300. Dietitian(s) not understanding me.
301. Making administrative plans for a unit (for example: employee schedules, job descriptions).
302. Being unfairly reprimanded.
303. Employees poor opinion of interns.
304. Dietitian expecting more of me than she herself does.
305. Too much emphasis on nutrition education of nursing students; NOT enough on the education of groups we more commonly teach--employees, patients.
306. People not realizing that as a beginner I make mistakes.
307. My ability to teach.
308. Employees thinking they can get away with things because of my inexperience.
309. Employees, who are poor teachers, being assigned to instruct interns.
310. On the basis of what criteria would I be dismissed from my internship.
311. The extreme formality between dietitians and interns.
312. Time for chart reading too limited.
313. What to do when employees talk to me about the dietitian.
314. Tasks assigned for "experience sake" lasting too long.
315. How friendly to be with employees.
316. Fear of antagonizing others.
317. Working with doctors.
318. Learning what I should about sanitation and maintenance.
319. Assigned to "observe" for too long a period.
320. How far to go in making suggestions or in asking "why?" without offending the dietitian(s).
321. How to get along with employees and yet maintain my position as their supervisor.
322. Applying my college learned principles.
323. Little or nothing for me to do in some work units.
324. Our affiliation experience.
325. Pre-internship hospital work experience, or lack of it.

326. Not being as aware as I should of employee reactions to me.
327. Impressing nurses with the importance of dietary treatment to total patient care.
328. My menus changed so they are no longer really mine.
329. Dietitian(s) countering my directions to employee(s) without telling me.
330. Department's lack of good equipment and facilities.

331. My tendency to allow little problems to grow out of proportion.
332. Difficulty understanding technical material.
333. Not receiving help I need.
QUESTIONS

1. Do you feel the items you have underlined and circled give a good picture of your concerns?  
   _______Yes  
   _______No. If not, please explain.

2. What satisfactions have you experienced or are you experiencing in your internship?
## TABLE 4

**CATEGORIZATION OF PHRASES ON THE FINAL PROBLEM CHECK LIST FOR HOSPITAL DIETETIC INTERNS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Statement Numbers</th>
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<tbody>
<tr>
<td>1.</td>
<td>16, 38, 60, 69, 82, 104, 113, 126, 147, 156, 169, 200, 213, 235, 256, 277, 317, 327.</td>
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<tr>
<td>5.</td>
<td>39, 83, 127, 170, 205, 214, 257, 284, 289, 296, 305, 312.</td>
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<tr>
<td>8.</td>
<td>4, 9, 15, 20, 26, 33, 48, 53, 59, 64, 70, 77, 92, 97, 103, 108, 114, 121, 135, 149, 154, 151, 157, 164, 179, 184, 190, 195, 201, 208, 223, 228, 234, 239, 244, 251, 270, 276, 288, 297, 316.</td>
</tr>
</tbody>
</table>
BIBLIOGRAPHY
Books


**Periodicals**

Bennett, Bruce L. "The Use of the Mooney Problem Check List for a College Hygiene Course," *Educational Research Bulletin*, XXXI (December, 1952), 231-240, 244-245.


Other Sources

Bender, Ralph E. "The Development of a Problem Check List and Demonstration of Its Use in Planning Rural Youth Programs" (unpublished Ph.D. dissertation, Department of Education, Ohio State University, 1947).


AUTobiography

I, Margaret Ann Wilson, was born in Kent County, Michigan. I received my secondary school education in the public schools of Grand Rapids, Michigan, and my undergraduate preparation at Michigan State University, which granted me the Bachelor of Science degree in 1947. I completed a Dietetic Internship at The New York Hospital, Cornell University Medical College Center in New York City, in 1948, and was accepted as a member of The American Dietetic Association at that time. From The Ohio State University I received the Master of Science degree in 1956. At the same time I completed a Nutrition Residency in the Preventive Medicine Department of The Ohio State University Medical Center. In January, 1958, I was granted a two-year General Foods Fellowship by The Ohio State University, where I specialized in the Department of Home Economics Education while completing the requirements for the degree Doctor of Philosophy.