A CRITIQUE OF AN EDUCATIONAL PROGRAM IN HOME NURSING CARE IN SOLANO COUNTY, CALIFORNIA

by

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A PROJECT

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CHAPTER 1

PURPOSES OF THE STUDY

During the seven years spanning 1948 through 1954, a bifold unit embracing the principles and practices of home nursing and mother-and-baby care was taught freshman girls enrolled at the Rio Vista Joint Union High School at Rio Vista, California. This unit comprised a separate segment within the course as offered by the Home Economics Department of this high school, and was conducted by the school nurse.

In 1955, the advisability of continuing the course pattern as established between 1948 through 1954 was questioned by the school administration and by others. As a result the unit was discontinued. Many demands, however, come from students for a continuance of the course. These interested students held the position that many practical values accruing from the unit as previously given had been curtailed by the removal of home nursing and mother-and-baby care from the curriculum of the Rio Vista High School. Thus, it seemed that worthwhile knowledge could be gained by making a sufficiently thorough study of the home nursing and mother-and-baby care course--actually a unit within a course--to determine the values proffered the students by teaching them a demonstration and skills practice course.
I. THE PROJECT

Statement of the project. It was the purpose of this study (1) to evaluate the content of the home nursing and mother-and-baby care course taught freshman girls at the Rio Vista Joint Union High School during the years 1948 through 1954; (2) to ascertain the advisability of continuing the course pattern as it had been established in the time span just mentioned; (3) to instigate a follow-up study by interrogating recipients of the course through personal interviews and mailed questionnaires and thus to determine what specific values were received from the training given; (4) to present the attitudes of this group of former students who are now married and are parents; (5) to present this information to the administrator for his consideration so that he may have factual data to guide his thinking in regard to the course. Using the data and findings of the investigation, the administrator may judge the value of the course to future students of Rio Vista Joint Union High School.

Importance of the study. It was anticipated that the results obtained from the study would be of value: (1) to the investigator in determining the effectiveness of her teaching, and how functional it was in daily living; (2) to the students in preparing for their home needs, and also in considering nursing as a career; (3) to the administrator in setting
future policies regarding the content of the course, duration, value, placement in schedule, and student composition of the class; (4) to the community in prevention of illness, and securing better health for family living, and to maintain a local reserve supply of home nurses to call upon in case of disaster or national emergency.

II. DEFINITIONS OF TERMS USED

In this study the following terms have been limited to the definitions as stated:

**Evaluation.** By evaluation is meant a careful analysis, a critical judgment of a course, a method, or objective.

**Family life education.** This is the section of the education field that aims at sustaining, supplementing, and unifying the family.

**Functional education.** Broadly conceived, any education is functional that serves a practical purpose. Here the term is limited to the educative training presented as part of formal guidance in a useful skill.

**Home nursing.** According to the Curriculum Guide for Schools of Nursing, nursing can be defined narrowly to mean little more than manual activities required in the routine physical care of the sick. In the present work the term is
limited to those simple nursing procedures used in the care of the sick, the aged, disabled, and the chronically ill in the home.

Curriculum. Much discussion has centered around the scope of the modern curriculum. Opinions vary, and some educators prefer to include within the meaning of the term any and all activities sponsored by a public school. Here the term is narrowed to signify a prescribed course of studies available in any given school.

Home nurse. For purposes of identification, and without regard to degree of skill in nursing, a home nurse is any person who has had the course in the care of the sick, aged, disabled, and chronically ill in the home.

Prenatal care. The before-birth care given to an expectant mother during the period of pregnancy.

Postnatal care. The care given to the mother immediately after the birth of her baby, and usually for the ensuing six weeks.

III. METHOD OF PROCEDURE

The general consensus of researchers in the educational field indicates that there are objections to the descriptive method of questionnaire—also known as the normative survey
method—but that the questionnaire still remains one of the most frequently used devices in the educational fields.\(^1\) Moreover, researchers believe that the questionnaire technique, if carefully carried out, yields valid and reliable data. Influenced by Lundberg, Frederick L. Whitney expressed the belief that the outline form of questionnaire personal interview was a most valuable tool for gathering objective data.\(^2\) Accordingly, the writer decided to employ the questionnaire-outline personal interview method in order to survey all available former students of Rio Vista Joint Union High School who had had the course in home nursing and mother-and-baby care within the past seven years. Only those who were now married and had children were included in the survey. Although this group of thirty does constitute a small universe, no larger group would serve the purpose; namely, a study in evaluation of the course as it had been given.

**Preparation of the questionnaire-outline.** The list of inquiries used in the personal interview was prepared after consultation with two members of the committee in charge of this project. These persons gave their time and effort in

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order that the final form should appear at its best and that the device should measure what it purports to measure.

**Preliminary trial of the questionnaire-outline.** Five trial runs of the questionnaire-outline personal interviews were made in an initial trial for the survey proper. This was done so that questions could be deleted, added or altered as necessary to avoid bias, loading, or other questionnaire imperfections. A supporting reason for holding a preliminary test was to afford the individuals interrogated an opportunity to criticize and to suggest improvement in the structure or wording of the questionnaire-outline.

**Methods of gathering questionnaire data.** After the trial run, the questionnaire was again revised and submitted to the project committee for final approval. In order to determine if any bias existed because of the personal element which might enter into the personal interview method, five questionnaire-outlines were mailed to former students who were married and have children and who now lived in other parts of California. This bias was found to be non-existent as none of the information given on the mailed questionnaires varied with that gathered through the personal interview method. The responses were similar in both methods; thus, establishing the validity of the personal interview method.
A thorough check was made of the records of the home nursing and mother-and-baby care classes for the academic years 1946 through 1954. The object of this check was to determine which of the former students, who were now married and had children, lived within the city of Rio Vista, the surrounding area, neighboring cities, or within travel distance for the investigator. Twenty-five of these former students were found qualified for the survey, and were located through their families and friends. Arrangements were then made for the personal interviews to gather the pertinent data and to fill out the questionnaire.

**Letter of introduction.** Before visiting homes, a personal letter was sent to each of the former students selected for the interview, assuring these students that their teachers were still very much interested in them and seeking their help for the welfare of future students. This letter of request was sent out over the signature of the district superintendent of the school. This was done in the belief that such a letter would carry more weight and would encourage cooperation on the part of the former students.

**Data collected.** The data collected consisted of the following: (1) The pertinent history of the former student; (2) abilities in the field of home nursing and mother-and-baby care, and the uses made of these abilities; (3) attitudes
concerning the course, and recommendations for improving it, should results seem to warrant its continuance at the Rio Vista Joint Union High School.

Had the survey indicated that the course was of doubtful or little value to former students, its discontinuance was to be recommended.

IV. ORGANIZATION OF THE STUDY

Chapter II of this study consists of a review of pertinent and related literature. Except for the American Red Cross Program for Secondary Schools, the literature was indeed scarce. This scarcity was particularly noticeable to the searcher for factual information on home nursing and mother-and-baby care courses in high schools. A few scattered items of interest were found where a course was in progress, as well as one statistical study on home nursing interest at high school level. A great deal of information was available on the need and the place of home nursing and for mother-and-baby care courses in the fields of home economics, social studies, physical education, in family living courses or other kindred courses in high school curricula. Nevertheless, very little actual information on specific school programs could be discovered. The notable lack of specific information concerning adequate courses on home nursing and mother-and-baby
care substantiated the need for an investigative study in this field.

Chapter III of this study consists of two distinct parts: First, a description of the community of which Rio Vista Joint Union High School is a part; secondly, a description of the course under discussion. The first part is devoted to delineation of the city, its location, population, inhabitants of town and countryside, local industries, farming, gas wells, city-owned facilities such as the park, swimming pools, floating dock, city hall and city and county schools. The second part details to some extent the content of the course taught in home nursing and mother-and-baby care. Methods of presentation were explained; objectives sought were set forth.

Chapter IV of this study concerns itself with the need of well-planned instruction in Rio Vista in the area of home nursing and mother-and-baby care. The number of school dropouts and marriages, the recently increased birth rates, the constantly increasing old-age problem, the shortage of nurses and of hospital facilities, together with the increase of hospital insurance coverage all indicated the importance of need for nursing skill.

Chapter V of this study consists of an evaluation of the home nursing and mother-and-baby care skills taught, and a study of the degree to which these skills have been utilized
by former students. This chapter also sets forth the attitudes and reactions of those students qualified to participate in this study, namely, those who as former students at Rio Vista Joint Union High School took the course, who subsequently married, and who had at least one child.

Chapter VI comprises the summary, the conclusions and recommendations for improvement of the course in home nursing and mother-and-baby care as taught at the Rio Vista Joint Union High School.
CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction to the literature. The purpose of this chapter was to present and to summarize pertinent and related literature in the area of home nursing and mother-and-baby care, especially as directed to courses in secondary schools.

In an extensive search for literature pertaining to home nursing and mother-and-baby care in high schools, scant information on actual course content was discovered. Except for the well known and excellent American Red Cross Program for Secondary Schools, the accounts of school courses in both home nursing and in mother-and-baby care were meager and superficial. An occasional reference was found to a school where the course or a similar one was given, either separately or in conjunction with another course; but neither unit nor course content was found anywhere in detail.

In California cities, the American Red Cross course, or a part of it, was taught in the schools according to personnel and time available. San Francisco taught home nursing and mother-and-baby care. According to a telephone conversation with Inalane Snow, R.N., Director of Nursing Service, San Francisco Chapter of the American Red Cross, home nursing and mother-and-baby care was taught by nurse-teachers provided by the American Red Cross. In Los Angeles home nursing was
taught by the classroom teachers who had been instructed by Red Cross trained city school nurses on the staff. 3

In a few schools a simplified or a parallel course was taught as a separate unit, while elsewhere equivalent coverage was within the course content of another subject such as home economics, social studies, physical education or family living. In some places the material was taught by county health department personnel. 4

The most numerous contributions in literature were found to be centered on the needs, interests, and policies of secondary school education in the field of home nursing, and mother-and-baby care. Contents of such a course were almost non-existent in germane literature. Such a dearth of what would be highly helpful material to those charged with or interested in formulating or conducting courses in home nursing, in the care of mother and child, seems to accentuate the appropriateness of this study. There is a disconcerting lack and an oft-repeated need.

Some interesting and timely extracts taken from a few of the better known periodicals were as follows:


4 Bernice Moss, Participation of Full-time Local Health Departments in School Health Programs in California (San Francisco: California State Department of Public Health, 1949), p. 11.
The National Committee on School Health Policies states:

The promotion of health through instruction related to real life situations constitutes a distinct challenge to present day education. . . . The content of the secondary school health courses should meet present and anticipated future needs of students. In the eleventh and twelfth grade, emphasis should be placed on student preparation for adult personal and family living, vocational competency, and community responsibilities.5

Gertrude Laws, noted parent educator, makes this statement:

Many boys and girls, who are most likely to marry and to have children, have their last organized school education in our high schools. At least one year—five days a week—study for family life, with special emphasis upon child care and development, is needed.6

Recognizing the need in the American high school for instruction in preparation for family living the American Association of School Administrators issued this statement:

Realizing that girls and boys of high-school age may be called upon to care for members of the family who are ill, the school physician, nurse, and the home economics teacher may plan, with the cooperation of the pupils, a unit on caring for the sick in the home. The American Red Cross Unit and the Public Health Nursing Association can be invited for demonstrations of nursing techniques, and in addition the pupils should be allowed as much participation and practice of these techniques as is possible with available equipment.7

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Dawson likewise states:

A comprehensive program of secondary school education will include as a minimum homemaking: (for boys as well as girls) to prepare for making and managing a superior home including sewing, cooking, child care, home decoration, and personal and family relationships.\(^8\)

In a recent study by Landis and Kidd at the University of California, information on the teaching of family living in high schools was collected. It was found that in 286 public senior high schools, family living was taught in the home economics department in 24.6 percent of these schools; in the social science department in 44.1 percent of the schools; and in 24.1 percent of the schools no course was taught. In 60 of the schools surveyed the course was elective, and in 102 schools the course was compulsory. The time range was from six weeks to two semesters. In 150 schools the course was placed in the senior year. Mixed group classes, boys and girls together, 128 classes; boys alone, 28 classes; and separate classes for boys and girls were only five. Total enrollment of all the schools numbered 17,897 students.\(^9\)

In the California Journal of Secondary Education one finds this statement, "Home nursing and mother-and-baby care


has a definite and important contribution to make to a pro-
gram of family life education.\textsuperscript{10}

Evelyn Duvall, author of several outstanding books on
family living, states, "The United States Office of Education
recognizes family life education as a significant part of its
total program."\textsuperscript{11}

Dr. Oliver E. Byrd, outstanding promotor of school
health education, includes prenatal care, childbirth and in-
fant and child care in suggested learning units for the
secondary schools of Tulare County, California.\textsuperscript{12}

At Fallbrook High School in San Diego County, Califor-
nia, John Brinegar tells of his home-making classes with boys,
and states, "The home nursing unit has proved popular with the
boys. This unit parallels the Red Cross Home Nursing Course
which includes care of the sick in the home and care of
babies."\textsuperscript{13}

A careful study of interest in home nursing in the
public schools of Hammond, Indiana, was made by Patricia

\textsuperscript{10} Bertha V. Akin, "Homemaking Education and Family

\textsuperscript{11} Evelyn Mills Duvall, \textit{Family Living} (New York:

\textsuperscript{12} Oliver E. Byrd, \textit{Health Instruction Guide - Tulare
County Schools}, Visalia, California, 1950, p. 33.

\textsuperscript{13} John B. Brinegar, "Secondary Sketches," \textit{California
Journal of Secondary Education}, 26:249, April, 1951.
Miss Hilliard sent questionnaires to the 101 schools of the North Central Association of Secondary Schools and Colleges; that is, to those high schools belonging to the Association and having enrollments of 1000 up to 2000 students, and conducting a three or four year program. Ninety-three questionnaires were returned, and from these the following information was tabulated:

- 30 schools had full time nurses.
- 43 schools had classes in Home Nursing.
- 25-30 constituted average class enrollment.
- 30 classes were taught by Home Economics teachers.
- 6 classes were taught by nurses.
- 3 classes were taught by Physical Education teachers.
- 1 class was taught by a visiting teacher.
- 6 classes were taught by American Red Cross teachers sent to the school for just that particular class.
- 22 nurses taught units or demonstration up to eighteen weeks. Average taught was four weeks.
- 35 schools had pre-nursing or future nurses' clubs.

To the question, "Why was the course in Home Nursing discontinued, if you ever had one?" the answers were either that not enough personnel or nurses needed for counseling and total health program, or a lack of interest among students.

Patricia Hilliard also states that she agreed with the findings of the Denver Study on "The Health Interests of Children," in which it was found that students evinced

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15 Ibid., p. 191-201

16 Ibid., p. 201.
more interest in the child care and development part of the course, than in the actual home nursing and care of the sick. Miss Hilliard, therefore, did not feel it advisable to offer the home nursing part of the course in the high schools of Hammond, Indiana.17

There are three types of programs in schools at Stockton, California, and all three are centered around the family.

The first course is in Clothing and Foods, the content of which is characteristic of these areas. The second includes the Personal and Home Living, Home-making and Family Living courses which emphasize personality growth and its significance in family life. Included in the second type are home nursing, infant care, a study of the pre-school child, information in the matter of child growth and development, home management and decoration, budgeting, housing, etc. . . .

The contribution women make to the world today comes largely through the many faceted jobs of wife and mother. . . . For this women have practically no training. If the role of wife and mother is the important job that psychologists tell us it is today, then surely some training for it should precede marriage. . . . One of the principal speakers at the Midcentury White House Conference on Children and Youth emphasized the fact that we have too long placed the emphasis of [sic] the contribution of women to the world on that outside the home. . . . It is just as important and perhaps many times more important that preparation for marriage include as thorough and careful preparation as that required for other jobs.18

17 Ibid., p. 191.
Another similar quotation bearing on the point of importance of training for the role of homemaker is taken from Paul Landis.

No sooner does the average girl complete her education and obtain a taste of the stimulating effect of competition in the economic world than she marries. Then she may find that the occupational goal she had set herself must be discarded and that she must learn to be wife, homemaker, and mother, roles for which she has been given practically no preparation in her educational training.19

A collection of interesting studies of 13,000 California drop-outs and graduates was made both by questionnaire and by personal interview in which former students were asked how well their schools had prepared them for marriage and family life.

The students ranked lowest the preparation they had received for marriage and family life. Only fifteen percent felt that the schools had given them a great deal of assistance in this area. Almost half—forty-six percent—said they had received little or no assistance in this area. . . . In the San Diego study, girl drop-outs were asked how well their schools had prepared them in five areas related to home and family life; care of the home, child care, food, clothing, and budgeting. From fifty-two to seventy percent of them registered dissatisfaction with the training given them in these areas. The recommendations included one to the effect that marriage and family life education is considered a critical area of instruction and deserves the attention of school staffs.20


In view of prevailing drop-out rates, various reports call attention to the need for suitable courses in the field of family life as low as the ninth and tenth grades. On this thought Santa Paula commented:

Considering the large number who drop out before graduation, much of the information and understanding about family life should be acquired early in the high school years, if not as a continuing program beginning in the elementary schools.21

In summarizing the related literature, the investigator finds that the American Red Cross Program for Secondary Schools appears to be the course available and usually taught in many of our high schools today. An initial step was taken by those schools where personnel was available to offer home nursing and mother-and-baby care in parallel or similar courses. At times the course was given in its entirety, at times in part only, as the need was recognized or requested and time was arrangeable.

Noticeable also was a definite trend in high schools to include on their schedules courses related to family living, which in turn included home nursing and mother-and-baby care. In a few schools this family training was given to boys as well as girls, in either mixed or separate classes. Mixed classes, that is, those numbering both boys and girls, predominated.

Sufficient recognition has already been made of the fact that little or no school training has been the custom.

21 Ibid., pp. 10-14.
for that long-time job of homemaking and motherhood. Yet it seems just as important and perhaps much more important that preparation for marriage be accorded as thorough a preparation as that given for other jobs, since homemaking is the eventual occupation of most women.

Dorothy W. Lincoln, a member of the staff of the Samuel J. Tilden High School in New York City, writing in the school organ *High Points*, asserts:

The argument for a much wider extension of courses of instruction in home nursing and child care is predicated upon the assumption that it is desirable to teach adolescents to perform with skill tasks which they will of necessity be required to perform in order to meet the exigencies of daily living. Therefore, if this assumption is valid, it follows that such instruction should be made an important part of the general high school education of all adolescent girls. These students will be mothers of tomorrow's citizens, who certainly merit opportunities for optimum health. While we acquaint our high school students with the expanding horizons of preventive disease, provide skills in caring for the mildly or chronically ill patient, emphasize the importance of prenatal and maternal care for better physical and mental child health, instruct them how to act wisely when illness comes or when accidents occur, we are building up a firm foundation for individual and family health and also for a life of social service in the community.22

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CHAPTER III

I. DESCRIPTION OF COMMUNITY AND OF THE COURSE

The community and school studied. The Rio Vista Joint Union High School is a four-year institution serving areas of two adjacent counties. Parenthetically, California schools whose students reside in different though contiguous counties are known as Joint High Schools. When the high school district embraces several elementary school districts, it is known officially as a Union High School. Hence the elongated title, Joint Union High School. For official purposes, the size of a student body is, in California, determined not by the number of pupils enrolled, but by the average daily attendance. Due to a multiplicity of causes, not all those enrolled will have a hundred percent attendance record, and so on any given day, scores may be absent. Consequently, the average daily attendance falls below the total enrollment. At Rio Vista Joint Union High School the average daily attendance, commonly abbreviated into A.D.A., was approximately 300 students. The faculty consisted of 22 full time teachers. This was a relatively numerous faculty for the number of children enrolled.

The high school enrollment was derived from five widely separated elementary districts, which districts comprised a large area lying in southern Sacramento County, and a
comparable area of southeastern Solano County. This high school is situated in the city of Rio Vista, a town of some 2500 inhabitants lying midway between Sacramento and the city of Oakland. From either city Rio Vista is, then, approximately 45 miles.

Rio Vista is a thriving agricultural community, one square mile in area, situated along the west bank of the Sacramento River. In recent years many wells producing natural gas have been drilled in the surrounding territory. Just beyond the town is located a large farm implement manufacturing plant. Wide acres of rich soil extend in all directions, for the productive delta farmlands grow crops the year round—wheat, peas, beans, oats, corn, barley, sugar beets, asparagus, tomatoes, and Bartlett pears. Homes of the townspeople are on the sloping hills overlooking the picturesque Sacramento River. The city has a pretty park in the center of the residential section, a large swimming pool for the older children and adults, and a wading pool for toddlers. The city has two banks, a public library, two hotels, a modern city hall on the bank facing the river, and a large floating dock for visiting boats.

In the Rio Vista community are three distinct classes of people: (1) Wealthy ranch owners, professional people, and merchants; (2) clerical and industrial workers; (3) farm
laborers who work the ranches, till the soil, and harvest the crops.

There are three separate elementary schools and one high school. Both the high school and the elementary schools have had recent additions built. A new primary school was added in 1955 to care for the ever-increasing student population.

The city of Rio Vista was the first municipality in California to fluoridate its drinking water for the prevention of dental caries.
II. OVERVIEW OF THE HIGH SCHOOL AND ITS STUDENTS

Rio Vista Joint Union High School is a four-year, bi-county high school serving the southeastern section of Solano County, and the Delta Region of southern Sacramento County. It is comprised of five elementary school districts: Monte­zuma, Ryer Island, Beaver Union, Isleton Union, and Rio Vista. The high school has an average daily attendance of three hundred students with an assessed valuation per student of $162,170. The district tax is a low sixty cents per hundred dollars assessed value.24 As of June 30, 1954, the total assessed valuation of the school district for the fiscal year of 1953-54 was $54,303,000.25 "Local salary committees must assume responsibility for collecting data on current assessed valuation and A.D.A."26

The students attending the high school were distributed as follows: White, 80 percent; remaining 20 percent composed of Mexican, Filipino, Oriental, and other mixed strains. Students came from the various socio-economic levels. Some


25 The total $54,303,000, assessed valuation for fiscal year 1953-54, is a figure quoted from the Office of Solano County Superintendent of Schools, Tennant C. McDaniel, Court House Annex, Fairfield, California.

26 California Teachers Association, op. cit., p. 3.
parents were ranchers, some tenant farmers, some field workers. Other parents were of the professional and the so-called white-collar class, and a large percentage from the laboring class. None appeared to be in want, since work was easily obtained and comparatively well paid.

More than 50 percent of the students rode to school daily in busses operated by the school. Most of the students ate lunch in the school cafeteria, which served a dietically balanced hot noon meal for $1.00 a week per student. Many of those who lived in the city of Rio Vista and were within walking distance of their homes had their lunch at home.

The school has had two new additions of classrooms since the original building was erected in 1915. One addition was made in 1939, the second in 1954. Plans were in process for a boys' gymnasium, and a larger cafeteria. Both were scheduled for completion in a few years.

The school staff, exclusive of administration, consisted of 22 full-time teachers and one full-time nurse. The curriculum offered seven course patterns. These were: College preparatory, industrial arts, homemaking, agriculture, commercial, general, and a modified college preparatory for those planning on attendance at a junior college. These varied patterns answered the needs of all the students of Rio Vista Joint Union High School. Approximately two percent
of the graduates attended universities, and a much larger percentage attended junior colleges. More than a few of the agriculture and shop students went directly into farming or into industry.

The high school was the center of most of the community activities for the students. The school had a band, a chorus, majorettes, and drum corps. School organizations took part in all community activities as well as those held in the neighboring areas. Athletics had a prominent part in school and town activities. Parties and dances were scheduled throughout the year.

III. DESCRIPTION OF THE COURSE

As a preface to detailed description of the home nursing course taught at Rio Vista Joint Union High School, two topics seemed to merit inclusion; namely, a brief synopsis of the history of home nursing, and sufficient reference to the American Red Cross Home Nursing Course.

The need for home nursing was clearly recognized as long ago as 1859, practically a century ago, when that illustrious woman, Florence Nightingale, published a book entitled Notes on Nursing. In this early opus Miss Nightingale wrote:

The following notes . . . are meant simply to give hints for thought to women who have personal charge of the health of others. Every woman, or at least almost
every women . . . at one time or another in her life, has charge of the personal health of somebody, whether child or invalid,—in other words, every woman is a nurse. Every day sanitary knowledge, or the knowledge of nursing is recognized as the knowledge which everyone should have.27

Interest in home nursing grew during the first World War, and even became a prerequisite course to nurse's aide work. The terrible influenza epidemic of 1918 and 1919 increased the need of home nursing skill, and so courses in home nursing were widely adopted in both public and private schools, for the young and for adults. Ante-dating and concomitant to popular acceptance of home nursing courses, the Red Cross embarked on a program of public health nursing, which was at first known as Town and Country Nursing Service because it was confined almost exclusively to rural nursing and service for small towns.

The ever-active, ever-growing Red Cross established as early as 1909 a home nursing program. In 1939 Jane Delano and Isabel McIsaac wrote the pioneer text on elementary hygiene and care of the sick. Later editions of this work were entitled Home Hygiene and Care of the Sick, and in 1941 the name was changed to Red Cross Home Nursing. Purpose of the book was to help homemakers and potential homemakers meet

the personal and family health problems in their own homes. It was not intended as a text for those persons preparing to nurse for hire in homes or hospitals.

In 1916 this Red Cross Home Nursing Course was adopted by the secondary schools in many parts of the United States. At first, teachers were supplied by the Red Cross organization. Later the Red Cross cooperated with the schools and trained the staff teachers in Red Cross techniques and in some cases even supplied equipment for classes. Today most of the secondary schools have teachers on the regular school staff who have been trained by the Red Cross. If these teacher-students follow the prescribed course of studies, certificates are granted on completion of the course.

For convenience the content of the American Red Cross Course was divided into two units. The first was known as Home Care of the Sick, and the second unit was Mother and Baby Care. Each unit had six subdivisions. Home Care of the Sick was subdivided into these topics: When sickness occurs, the patient goes to bed, the clean and well-groomed bed patient, food and medicine ordered by the doctor, simple treatments ordered by the doctor, summary and review which includes instructions relating care of the sick to control of communicable diseases. The second half of the course also had a sixfold arrangement of material. This unit, captioned Mother
and Baby Care, contained the following chapters: Before the baby comes, the baby is born, after the baby is born, the baby's first year, the child's health in an expanded environment, and the child at home.

The course under discussion in this work, that is to say, the course taught at Rio Vista Joint Union High School parallels to some extent the well established, well tested Red Cross Home Nursing Course. Objectives of the course were clearly defined and explained both to students about to enter upon the course, and to their parents. Objectives were explicitly stated. These were:

**Unit one.**

1. To review and understand the structure and function of male and female reproductive systems.

2. To understand how a new life begins and progresses to birth.

3. To learn to appreciate the worth of good pre-natal care.

4. To learn infant and child growth and development.

5. To understand infant and child feeding and nutrition.

6. To acquaint students with community facilities for infant and child care.

**Unit two.**

1. To understand the need for nursing care of the sick chronic, convalescent, and aged in the home.

2. To learn the basic principles of nursing for the care of the sick in the home.
3. To learn simple nursing procedures for home care of the sick.

4. To learn to carry out the doctor's orders relating to medicine, nourishment, and simple treatments.

5. To learn to make and use improvised equipment for care of the bed-ridden and the sick.

6. To develop skills in nursing procedures and treatments in daily home care of the sick.

Letters were supplied to parents of all students about to undertake the course. The objectives were stated, and contents of the course outlined. If parental permission was withheld, that student was not to be included in the class.

Unit one dealt with mother and baby care, reversing the order as taught in the American Red Cross Course. It was found that more interest was shown when the mother and baby care unit was given first. This coincides with the statement of Patricia Hilliard, in her survey of the Hammond, Indiana schools on the advisability of offering a class in home nursing in the high schools.

I was of the opinion that there was not enough interest to warrant the expense in equipment and personnel. Basing this opinion on previous experiences, I felt that there was more student interest in the child care and development part of the course than in the actual Home Nursing and Care of the Sick. 28

Unit one was divided into ten lessons as follows:

1. Introduction to the course. (With audio-visual aids)
Pre-test on prenatal and infant care.

28 Hilliard, op. cit., p. 191.
a. Female reproductive organs. Menstruation, function and purpose.
b. Male reproductive organs.

2. Baby is born.
   a. Care of the cord and of genitals.
   b. Drops in eyes of newborn, and importance of this precaution.
   c. Bathing the baby. Accompanied by demonstrations. Eye, nose, mouth care stressed.
   d. Toilet trays. Samples exhibited and demonstration of use.
   e. Birth certificate. List of ten important reasons for a birth certificate. Samples shown.

3. Infant feeding.
   b. Sterilization of equipment and preparation of formula.
   c. Comparison between commercial and home prepared foods.
   d. Vitamins C and D. Importance to infant growth discussed.
   e. Written test on material covered to date.

4. Handling and care of baby.
   a. Baby bed and other equipment discussed. Demonstrations of a firm bed.
   b. Care of and types of diapers and folds. Demonstrations given.
   c. Baby holds demonstrated. Feeding, burping, carrying, and holding the baby. Safety stressed.
   d. Habit and emotional training discussed.

5. Baby's first year.
   a. Medical supervision. Local baby clinics and public and private care explained.
   b. Immunization and vaccinations discussed.
   c. Foods demonstrated and explained—strained, soft, chopped, and others.
   d. Need and amount of sleep and rest discussed.
   e. Teeth. Importance of the temporary ones. Dental charts used. Stressed importance of first permanent molar (6 year molar).
   a. Baby's development during the first year—physical, mental, and emotional.
   b. Child training in almost all phases. Feeding, sleeping, play, and toilet training.
   c. Problems, such as thumb-sucking, fear, jealousy, and temper. Ways to solve these problems were discussed.
   d. Discipline. Examples of successful methods.

7. The pre-school years.
   a. Communicable diseases. (Minor and major diseases) Dangers of German measles to mother and baby.
   b. Duties of local health agencies and the public health nurse.
   c. Phases of this period of child's development.

8. School years.
   a. Growing up healthfully.
   b. After tests. The same as the pre-test.

   a. Written tests on the above material taught.
   b. Student demonstrations on skills and procedures.

10. Review of examination—question and answer period.

    Unit two concentrated on nursing in the home with special care not to repeat the content of Unit one. Each unit was allotted the same overall time, that is, 50 minute classes, five days per week, for a period of three full weeks. Credit for the six weeks spent was not recorded separately on the students' permanent grade records, but was made a part of the wider course in home economics.

    Contents of the second unit, like that of the first were divided into ten lessons of practically equal length.
These lessons were as follows:

1. Introduction to the course. (With Audio-visual aids)
   Pre-test in home nursing. Sickness in the home.
   a. Learning how to make a paper bag for waste disposal.
   b. Learning how to wash hands properly when caring for the sick.
   c. Learning how infection is spread. Use of an all-over apron.
   d. Observing evidence of illness and discussing sickness in the home.

2. How to make a bed.
   a. Demonstration of making a bed with and without a patient in the bed.
   b. Demonstration of different bed positions. Use of improvised materials for a back rest, knee rest, foot board, bed table.
   c. Learning to read a thermometer. Three types of temperatures discussed and demonstrated.
   d. Learning how to take pulse and respiration.
   e. Practice on taking temperature, pulse and respiration.

3. Recording. Samples of charts shown. Learn to make a chart for a patient.
   a. How to keep a record for the doctor.
   c. How to fill, use and care for hot water bottle and ice bag. Use and care of heating pad explained.
   d. Test on material taught to date.

   a. How to give a bath to a bed patient step by step.
   b. Demonstration of alcohol and other rubs.
   c. Explanation and demonstration of kinds of enemas.

5. Carrying out the doctor's orders.
   a. Demonstration of hot and cold packs. Dangers of burning stressed.
   b. Demonstration of child and adult inhalations. Dangers of burning stressed.
c. Demonstration of improvised equipment for inhalations and other special needs.

6. How to give medicine and food to the patient demonstrated.
   b. Diets: Liquid, soft, light and regular diets discussed and demonstrated.
   c. Sample trays of each diet prepared by students.
   d. Second test given in material listed in 4, 5, and 6 above.

7. How to care for a patient with a communicable disease.
   a. Basic knowledge of communicable diseases. Discussion on modes of transmission of infection.
   b. Demonstration of use of the communicable disease gown.
   c. Explanation of different types of disinfectants on the market and those which are used today.
   d. Safe disposal of leftover foods, and discharges of patients with communicable diseases.

8. How to care for the aged, chronic, and convalescent patient.
   a. Principles to consider in carrying for this special group.
   b. Stress put on mental conditions which are equally as important as physical conditions. Stressed patience.
   c. Importance of need of safe hobbies for this group.

   a. Written tests on above material taught.
   b. Student demonstrations to manifest skills acquired.

10. Review of examination - question and answer period.
    Short talk on the adolescent period and the venereal diseases.

The twenty lessons outlined in the preceding pages were at no time considered exhaustive of the subject matter, but time limitations precluded more comprehensive teaching. Widening the range of subjects would have necessarily diluted the treatment given the material included in the course.
CHAPTER IV

NEED FOR INSTRUCTION IN NURSING

Statistics, authoritative statements, corroborations abound to acquaint the public with two somewhat related facts—the alarming shortage of competent nurses, and the practical value of home nursing instructions. Few are the families who escape illness, injury or surgery over indefinite periods of time. Nearly every family has to meet cases of illness or injury at some time or another. Much of the worry, wonderment and confusion that frequently results for unpreparedness can be reduced if some member of the family has the knowledge and skill required to give simple home nursing care to the sick or injured. Doctors are recommending home care rather than costly hospitalization for patients when circumstances are favorable. This is particularly true when there is no urgent need of attendance by an expert or no need of special equipment.

Bringing this thought closer to youth, the American Junior Red Cross neatly stated the usefulness of home nursing instruction.

At some time nearly every home experiences a need for nursing care for a sick member of the family. Often a girl or a boy will have to assist in giving this care, especially if the mother is unable to do so. To be able to give even acceptable nursing care, girls and boys need to learn how to do simple skills, how to recognize common signs of illness, how to assist the doctor or
visiting nurse, and at the same time save their own energy. They also need to learn how to prevent the spread of disease through consideration of others and by using ordinary cleanliness measures—for themselves, their family, and their community.29

Paralleling this quotation is another well expressed by Cecilia L. Schulz, R. N.

Almost every woman at one time or another assumes the role of amateur nurse. Science has lengthened the human life span, but grandma and grandpa are still subject to the chronic ills of old age, and all of us are subject to the hazards of accidents. . . . Knowing what to do in caring for her homebound patient gives the amateur nurse self-assurance and enables her to provide many necessary comforts. When it comes to carrying out the doctor's orders, she usually does a fine job. . . . In all likelihood, she can give a bed bath, change sheets with the patient in bed, take the temperature, pulse, respiration of her charge.30

With its customary savoir-faire, the American Red Cross points out that whoever you are, whatever your circumstances, you need to know home nursing. In a leaflet entitled, Red Cross Home Nursing and bearing the pertinent paraphrase, "2,900,000 men and women can't be wrong," the Red Cross drills home the point that every family should be prepared. If you're engaged, if you're a bride, if you're a mother, if you're a father, if you're a grandmother, if you're a career girl, if you have a veteran in your home, if you have a chronic

29 American Junior Red Cross, "Participation in Home Nursing Instruction," American Red Cross Nursing Services, August, 1950, p. 2.

invalid in your home, if there's a communicable disease in your community, if hospital space is not available, if you can't find a nurse, you need to know home nursing. With startling statistics this excellent leaflet shows facts that make training in home nursing a "must" in preparing to meet life's exigencies. Thus,

Each year disabling diseases strike 225 out of every 1000 under fifteen years of age.

More than one person in six has some chronic disease, orthopedic impairment, or serious defect of hearing or vision.

More babies - 225,955 more - died during the war than all men killed in action.

Approximately 2,640,000 people are ill every day in the United States. And 35 percent of these are cared for in their homes.

Statistics such as those just given are sufficient to justify the assertion that training in home nursing is preeminent in any school wishing to prepare its students to meet successfully the vicissitudes of health and illness. However, the very dearth of trained nurses to care for the sick and the injured strengthens the case in favor of adequate home nursing training.

31 American Red Cross, Red Cross Home Nursing. October, 1948, pp. 2-3.

32 Ibid., p. 4.
This training, of such acknowledged value and practical use, is not, intrinsically, a form of learning obtainable only in a public high school. Nevertheless, since learning apart from classroom instruction is often delayed, inaccurate, haphazard and inadequate, the school seems the best, if not the only, place to impart and to acquire skill and knowledge in home nursing. Writing with admirable insight into the history of home nursing and child care courses in New York City, Dorothy Lincoln stated:

Many of our high school students bear the personality and emotional scars caused by well-intentioned parental ineptitude. Because of this and because of weakening in the home influence, it is the duty of curriculum builders, specifically in the high schools, to prevent such future contingencies, by providing courses for senior girls and they correlate well with general science, biology, home economics, and with the social studies. . . . Through these courses senior girls gain an understanding of the many problems which face them, not only as future mothers, but in their present roles.33

If courses in family relationships, and specifically, a course in home nursing and mother-and-baby care was of eminent value in New York City schools, such a course would be of equal or greater value in a rural community high school. Great metropolitan centers have other institutions besides the accredited schools to provide training, e.g., vocational schools, instructional centers, distributive educational

programs. The small community looks to its high school almost exclusively for the training of youth. In Rio Vista, California, no other agency is prepared to provide the training in home nursing and in mother-and-baby care except the local high school.

Four distinct factors in modern American life lend, each in its own way, weight to the growing need for skill in home nursing. The first of these factors is the increasing birth-rate, consequently the increasing probability of practical use of knowledge in caring for mother and child. The birth rate—births per one thousand of the population—declined steadily in the United States from 37 births until it reached a low of 17 per thousand in the depression year of 1935. Since this time it has risen steadily, spurtting upward immediately after World War II, until as of 1954, the figure stands at 25 births per 1000 of the enumerated population.

Departing from rates and focusing on an absolute number, the writer recalls that Martin Agronsky, a radio commentator speaking on the Alka Selzer Program over the National Broadcasting Corporation network on May 3, 1955, stated that 11,000 new babies were born in the United States every day. That training in caring for this bumper crop of babies is a current need no one will deny.

The second factor favoring more education in home nursing is our growing old age problem. Gerology and geriatrics
have become distinct interests in the field of medical research. Doctor Roland R. Cross, Illinois Director of Public Health, writes:

In the last half century, medical care, public health, and scientific research have brought dramatic progress in the health of the American people. Perhaps nothing is more indicative of this improvement than the increase in longevity. In 1900 the average span of life in the United States was about 49 years. Today the figure is nearing 70. 34

Today there are more than 12,000,000 people in this country who are past 65, and the number is increasing rapidly. 35 Nor is the increasing number of oldsters equally distributed through the nation. California and Florida, being states with mild climates, hence readily sought by those who have retired and are free to settle elsewhere than where they had made a livelihood, have more than their proportionate share of aged people. In the past fifty years the general population of California has increased seven-fold, while the number of those residing in the state who are over 45 years of age has increased nearly ten-fold, and those over 65 or older almost twelve times. But we must not conclude that outsiders alone have caused this growth in aged people in California. Much of this growth reflects the longer lives


of young people who migrated to California years before they reached retirement.

A third factor indicating a greater need for home nursing is the shortage of trained nurses and of hospital facilities. Pin-pointing this shortage was the tenor of an article appearing in *Time Magazine*. According to this medical report, the Texas Medical Center in Houston had a bed capacity of 310, but only 93 were in use owing to the shortage of nurses.36

The fourth factor is the increase of hospital insurance in effect. The country's leading insurance plan, popularly known as Blue Cross, now covers more than thirty million people. In round numbers this means that almost one person out of every five has insurance against the cost of hospitalization and surgery. And this is but one of dozens of organizations underwriting health insurance. According to an advertisement appearing in *Life Magazine*, one family in three will have a member needing hospital care within a year.37 This statement illustrates the commonness of need, but indirectly it vindicates the common usefulness of home nursing knowledge.


President Eisenhower, in his 1954 message to Congress stated that "Illness put eight million U. S. families in debt in one year. . . . More than seven million suffer from arthritis or other rheumatic diseases. . . . Illness cost U. S. families over ten billion dollars per year."[38]

With these facts in mind there is little need to stress the fact that home nursing and mother-and-baby care are courses needed by the students of Rio Vista Joint Union High School.

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CHAPTER V

AN EVALUATION OF THE HOME NURSING COURSE AT
RIO VISTA JOINT UNION HIGH SCHOOL

To prevent possible misunderstanding, the writer wishes
to point out that, although the chapter heading expressly
names only a Home Nursing Course, the term is to be understood
to include both units of the course given at Rio Vista Joint
Union High School.

The study was made to determine the value of the course,
its possible weaknesses, uses to which it had been put, opin­
ions as to content, duration, placement on schedule, and
related points of improvement.

The method of securing the information sought was that
of the mailed questionnaires to five students followed by
personal interview with 25 students. The preliminary mailed
questionnaire was used in order to learn if perchance any
bias existed because of the personal element in an interview.

Inasmuch as the core of this study was data and opin­
ions gathered initially by questionnaire, it seemed proper to
justify this method on the basis of a study in research. In
past decades writers on educational subjects frequently cast
aspersions on the questionnaire. Some years ago F. P. Whitney
rather caustically wrote, "The questionary is, perhaps, the
worst device the researcher can use, both because of its
inherent deficiencies, and because of its bad reputation."\(^39\)

On the other hand, T. L. Kelley of Harvard University, while admitting that this device suffers from certain disabilities, said, "The only instrument available for predicting future values is the questionary."\(^40\) Another authority, L. V. Koos of the University of Chicago, gives as basic and essential criteria of a good questionnaire two easily ascertained qualities in the respondent—(1) ability to answer the queries, and (2) willingness of the one questioned to give reliable answers.\(^41\)

The National Education Association, in a research bulletin published in 1930, set forth the following list of questions whereby one might determine the worth, the reliability of a questionnaire:

- a. Is the questionnaire adequately sponsored?
- b. Is the purpose of the study frankly stated?
- c. Is the questionnaire on a worthy educational topic?
- d. Is the questionnaire well organized?
- e. Are the questions briefly and clearly worded?


f. Can the questions be briefly answered with check or figure?
g. Is the information obtainable only through a questionnaire?
h. Is it set up in proper mechanical form?  

Another authority, a former secretary of the National Society for the Study of Education, G. M. Whipple, gives seven useful guideposts to follow in constructing a questionnaire:

1. It should be within the comprehension of those who are to answer it.
2. It should demand a minimal of writing.
3. It should be directed primarily to matters of ascertainable facts and less to matters of opinion.
4. It should elicit unequivocal replies, especially if these are to be subjected to statistical treatment.
5. It should deal with matters worth investigating.
6. It should stimulate supplementary communication from recipients of the questionnaire.
7. It should promise the respondent a copy of established results of the questionnaire. 

According to Dr. Edward A. Taylor, supervisor of testing and evaluation in the Alameda County Schools office at Oakland, California, "Careful studies have indicated that the questionnaire technique, if carefully carried out, yields valid and reliable data."  


A further word on the worth or usefulness of the questionnaire as an instrument in research and as a reliable means may be taken from G. A. Lundberg, who states, "The Questionnaire in its most valuable form is the outline for the personal interview."45

I. PROCEDURE

The present study has followed the above guideposts, that is to say, the questionnaires have been constructed according to the enumerated criteria, and were designed expressly as an outline for the subsequent interview. In the present investigation a degree of bias due to the personal element was found to be non-existent since none of the information given by mail varied from that gathered by the later personal interview. Responses were identical in both methods of approach.

The questionnaire checklist contained sixty-two questions pertaining to problems in home nursing, and mother-and-baby care.46 This questionnaire checklist was answered by thirty former students of Rio Vista Joint Union High School, students who had participated in the course designed to demonstrate skills in home care of the sick, and in the care

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46 Sample questionnaire supplied in appendix.
of mother and baby. Of these thirty questionnaire checklists five were sent through the mail and filled out by the recipients, while the remaining 25 were filled in by the investigator using the personal interview method. No comparison was intended between the knowledge and techniques acquired in this course and those achieved elsewhere.

II. FINDINGS

Status. It was found that over 86.7 percent of the students were married, and lived in their own quarters. All had children. One-hundred percent had high school training only in home nursing and mother-and-baby care. Those who had helped nurse relatives, friends, or neighbors totaled 56.7 percent. There were 30 percent who taught others the nursing procedures they themselves had learned at the Rio Vista school.

Use of material. The problems of habit training, and handling of the baby appeared to have been adequately cared for, as over 90 percent of the students had dealt with these problems without difficulty. One-hundred percent of these young mothers stated that the course had given them assurance and satisfaction, and that it had increased their confidence in preparing for motherhood and caring for their babies. Fifty-six and seven tenths percent of them reported that they
had breast fed their babies, even though in many cases the breast feeding was of short duration.

In the home nursing unit 96.7 percent felt that the nursing experience was of value, though only 63.4 percent had had illness requiring nursing care. Of the eleven nursing procedures listed on the questionnaire, 26.1 percent used them frequently, 23.6 percent used them occasionally, and 50.3 percent never had used them. In the nursing treatments, reportedly 17.1 percent used them frequently, 24.8 percent used them seldom, and the remaining 58.1 percent had never used them. One notable finding was that 86.7 percent of the mothers said they sought early medical care because it had been advised in the course.

The questionnaire had been divided into four parts. The first part contained 23 questions calculated to yield pertinent personal history. These were directed towards marital status, employment, residence, children cared for, student's family background, length of attendance at school, grade level in which course in home nursing and mother-and-baby care was taken, nursing care used or needed in the home, value of the course in daily family living, response in case of emergency need for nursing help, nursing as a career, and desirability of course for their own children.47

47 For detailed breakdown of responses, see appendix.
The second part of the questionnaire concentrated on discovering to what extent the course had contributed to an understanding of conception, pregnancy, prenatal care, preparing layettes, bathing the infant, training habits, birth certification, feeding formula, immunization and vaccination, foods, literature supplied as an aid, and as expressed before the question was asked, "Would you wish your child to take such a course in high school?"

The third part of the questionnaire was similar to the second section, but the queries were related to home nursing rather than to mother-and-baby care.

The fourth part of the questionnaire related to attitudes and opinions of former students, together with suggestions for improvement if the course was found worth continuing in the high school. The substance of findings gained from this part of the questionnaire will be treated below.

A question test was given in home nursing to discover and compare the knowledge in nursing procedures had by those students who completed the course and by those students who had not enrolled in the course. Test results revealed that this latter group made approximately four times as many errors as did those who had taken the course. Because the questions asked in the test referred to commonplace nursing situations, the writer has included them, in table form, in the appendix.
One may judge from the number of errors made by the two groups, respectively, how much better informed were those students who had had the course in home nursing.\textsuperscript{48}

**SOME ATTITUDES OF THOSE WHO HAD THE COURSE**

This section of the chapter purports to record and examine the attitudes as expressed in both the questionnaire and the subsequent personal interview that constituted the basis of this evaluation. From these freely expressed attitudes and beliefs of former students who have married, have had children, and are best qualified to weigh the worth of the course under investigation, the writer's own conclusions are largely drawn. The reliability of such premises as data obtained by questionnaire has already been given sufficient mention.

It was found that one hundred percent of the students felt that the understanding of how a new life begins, as taught them in the course, had been of value in their own pregnancies. There were 86.7 percent who felt they were psychologically prepared for their first prenatal examination. A total of 93.3 percent felt that the course had helped them in daily living.

It was interesting to note that in these days of nurse and hospital shortages and constant fear of war, 100 percent

\textsuperscript{48} Table, Test Results in Home Nursing, appears in the appendix.
would gladly help in case of a real emergency or disaster. Also, that all without exception would like their own children to take such a course. Moreover, the full 100 percent indicated that they considered the high school course in home nursing and mother-and-baby care desirable. There were 83.4 percent who believed the contents were satisfactory, but the other 16.6 percent thought the course should have more time for the same content rather than additional content.

Among the opinions listed, 90 percent indicated the course should be taught in a separate department, fully equipped, and preferably not as units of another more comprehensive course. The entire group questioned and interviewed wanted to see the course retained, but 83.4 percent suggested that it be altered so that more time, scope and practice could be allowed. There were 60 percent who felt that the course should be elective, and 73.4 percent stressed that it should be given in the senior year. This was in keeping with the seasoned opinion of Dorothy Lincoln who said of the New York City schools courses in home nursing and child-mother care, "These courses are intended primarily for senior girls with the high school, who will soon be leaving the protection and guidance of school life for wider paths of endeavor."49

49 Lincoln, op. cit., p. 72.
CHAPTER VI

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary. This study of a course given in home nursing and mother-and-baby care at Rio Vista Joint Union High School was accomplished by means of a questionnaire and follow-up interviews. This way of establishing reliable premises from which to draw valid conclusions was integrated into a composite source, and the findings expressed in the body of this study.

In reviewing the available literature, it was apparent that many authorities contend that courses in home nursing and mother-and-baby care were highly desirable, were practical and deserving of widest recognition in the modern high school curriculum. However, very little literature seemed to exist on what should be the content of such a course. One notable exception was the American Red Cross Course in Home Nursing.

Questionnaires were prepared, evaluated, improved, rewritten in accordance with approved canons of construction. Simplicity, objectivity, and adequacy were sought in preparing the questionnaire. Since the universe studied was of necessity small, consisting of 30 students or approximately ten percent of Rio Vista Joint Union High School average daily attendance, it was possible to obtain a hundred percent response. Interviews elicited the same response as previously mailed questionnaires.
had obtained. It appeared that bias had not jeopardized the reliability of the responses given. These responses were then numbered and tabulated.

The purpose of the project was adhered to without appreciable deviation; namely, to determine the value of a particular course, its practicality, its usefulness to students, recent mothers, and to the community. An attempt was made to avoid any indoctrination or presentation of teacher viewpoint.

Conclusions. From the data gathered, the attitudes expressed, opinions given and suggestions made, the following conclusions are presented:

1. That, the home nursing and mother-and-baby care as taught at the Rio Vista Joint Union High School during the years of 1943-1954 appeared to be useful, and of definite practical value in daily family living; in experiencing motherhood, in caring for infants and children, and in the care of the sick in the home.

2. That, students not having the course, showed scanty knowledge in nursing procedures and would have little or no ability in performing the most ordinary nursing services. (based on the nursing test).

3. That, all of those interrogated, showed active interest in the study and would gladly help nurse in their communities in case of emergency or disaster.
4. That, the questionnaire personal interview method was the most productive way of obtaining the necessary data.

5. That, as a result of the home nursing course, nursing as a career appealed to ten students, or 30 percent of the group. For various reasons, however, they did not continue toward their desired goal.

6. That, the administrator of Rio Vista Joint Union High School who had been consulted throughout this project had appreciated the survey and found the information gathered of value and has made use of the material in revising the high school curriculum for the benefit of future students.

Recommendations. Seven recommendations are herewith made upon the basis of the data:

1. The course should be retained in the curriculum of the Rio Vista Joint Union High School. As a direct result of the course the young mothers visited expressed confidence in preparing for motherhood, and in caring for their babies. They were of the opinion that the nursing experiences had proved to be of real value to them. When viewed in retrospect, they believed the course proved to be desirable, and as noted above, all of those questioned recommended that the course be retained.
2. The course should be taught in a separate department, and not in conjunction with another. In order to have more time, more practice, more equipment, the women interviewed believed that the course should not be taught as a sub-unit of another course. Many felt that additional time for the course as well as additional material in the course would have helped them appreciably in family living.

3. The course should have its own fully equipped quarters. In order to secure the practice, the time, and the feeling of being in a sickroom environment, the women urged that separate quarters be made available for the course. One of the weaknesses of the course was the hurry, lack of time for demonstrations and practice, and no appropriate place to perform scarcely acquired skills.

4. The course should be altered to have more time, scope, practice, and should be elective. The nursing procedures taught would have been better utilized had the women attained greater ability through more practice. Lack of ability was invariably attributed to insufficient practice and time. It is recommended that the course be lengthened to one full semester. Also, recommended that the course be elective as 60 percent of those interviewed indicated.

5. The course should be given in the senior year. Because girls are more mature, and think more seriously of marriage
in their senior year of high school, most of the women interviewed felt that they would have been better motivated at this time to learn the skills taught. A few believed that, on account of drop-outs, the course should be taught earlier. If taught before senior year, the drop-outs might still be in school and would get the benefit of the training. However, it is recommended that, until the need is more adequately established than was evident in this study, the course be placed in the senior year.

6. Girls should be taught the course alone. Accepting the majority opinion of those interviewed, the writer recommends that for the present the course be taught to girls only. These girls can later train their husbands in the essentials. If sufficient interest is shown by the boys, or the curriculum is found flexible enough to include a course of the same content and purpose, its inclusion in the curriculum is recommended for boys also.

7. A re-study of the course and its value should be made at a later date. Many of the women interviewed had not yet had an opportunity to use some of the skills taught them. Therefore, if they should be interviewed at a later date, it might be found that their attitudes would be changed. For illustration, the women who had at least one baby were more certain and gave fuller answers to the questions
on prenatal and baby care than they did on questions on home nursing. Moreover, it is well-known that chronic diseases and surgery do not become prevalent until later in life. Also, the aged will not be with them for some years, as their parents and relatives are still comparatively young. In regard to accidents, most of those children of the students interviewed will not come into contact with the outside world until they outgrow the infant and toddler stage, and begin to be endangered in street or playground. Therefore, a re-survey is recommended at a later stage.
BIBLIOGRAPHY
A. BOOKS


B. PERIODICALS


G. PUBLICATIONS OF LEARNED ORGANIZATIONS


D. PUBLISHED PAMPHLETS

American Red Cross, Red Cross Home Nursing, October, 1946. 4 pp.

American Junior Red Cross, "Participation in Home Nursing Instruction," American Red Cross Nursing Services, August, 1950, p. 2.

E. UNPUBLISHED MATERIALS


<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pulse rate is the same for males and females.</td>
<td>11</td>
</tr>
<tr>
<td>2. Changing of an occupied sick bed can only be done correctly in the hospital.</td>
<td>16</td>
</tr>
<tr>
<td>3. Ice baths are filled with ice and water combined.</td>
<td>16</td>
</tr>
<tr>
<td>4. Prevent burns accidents.</td>
<td>21</td>
</tr>
<tr>
<td>5. Home care of the sick demands hospital equipment.</td>
<td>16</td>
</tr>
<tr>
<td>6. A commonly used home antiseptic is named Hexol.</td>
<td>16</td>
</tr>
<tr>
<td>7. Hot water bottles are always filled to the top.</td>
<td>16</td>
</tr>
<tr>
<td>8. Children's steam inhalations must be carefully supervised to prevent accidents.</td>
<td>21</td>
</tr>
<tr>
<td>9. Bed baths are given only to hospital patients.</td>
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</tr>
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<td>16</td>
</tr>
<tr>
<td>22. Ice bags are filled with ice and water combined.</td>
<td>16</td>
</tr>
</tbody>
</table>

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Errors made by twenty-five seniors who had the home nursing course three years previous:

| Errors | 44 |

---

Errors made by twenty-five freshmen taken at random who had not had the course:

| Errors | 197 |
SAMPLE INTRODUCTION LETTER

Rio Vista, California
April 11, 1955

Dear

Did you know that your former teachers at Rio Vista Joint Union High School are very much interested in you?

Your experience as a homemaker and a mother can help us to evaluate and improve our program and meet the problems of the future. Will you help?

You can help by allowing the school nurse to interview you. The more information she can gather concerning your use of the home nursing and mother and baby care course, the better she will be able to help future students.

You can expect her to call you sometime within the next few weeks to make arrangements for seeing you.

Sincerely,

Chas. R. Hale,
District Superintendent
SAMPLE QUESTIONNAIRE

A. Pertinent History

1. Are you married? Yes__, no___. Are you a housewife? Yes__, no____.

2. Are you employed out of your home? Yes____, no____, full time____, part time____.

3. Do you live in your own separate dwelling? Yes____, no____.

4. Do others besides your husband and/or children live with you? Yes____, no____.

5. Do you live with others? Yes____, no____, relatives____, friends____, others____.

6. Do you have help in your home? Yes____, no____, full time____, part time____.

7. Do you have children of your own? Yes____, no____, number of boys____, number of girls____.

8. Do you have children other than your own? Yes____, no____, number____, relationship________.

9. Were you an only child? Yes____, no____, number of children younger____, older____, were you a twin____?

10. Were you raised by your mother____, father____, both____, relatives____, others____?

11. What year did you complete in school? 9th____, 10th____, 11th____, 12th____, higher______.

12. What year did you take Home Nursing and Mother-and-baby Care?__________

13. Did you ever or do you now have chronic invalids in your home that require nursing care? Yes____, no____, number of cases____, and type of cases__________.

14. Did you ever or do you now have elderly persons in your home that require nursing care? Yes____, no____, number of cases____, type of cases__________.
15. Have you ever or do you now have early hospital release cases that require nursing care? Yes____, no____, number of cases____, type of cases______________.

16. Have you helped nurse friends, neighbors or relatives? Yes____, no____.

17. Have you other than high school training in care of the sick? Yes____, no____.

18. Have you taught others nursing skills learned in high school? Yes____, no____.

19. Did the instruction in Home Nursing and Mother-and-baby Care influence your vocational choice? Yes____, no____, don't know____.

20. Did the course help in daily family living? Yes____, no____, don't know____.

21. Would you help to nurse in case of emergency or disaster? Yes____, no____.

22. Would you like your child to take such a high school course? Yes____, no____.

23. Did nursing as a career appeal to you as a result of the course? Yes____, no____.

B. Abilities – mother and baby care.

1. Did you seek early medical care in your pregnancy? Yes____, no____, month____________________.

2. Did the understanding of how a new life begins help you? Yes____, no____.

3. Were you prepared psychologically for your first prenatal exam? Yes____, no____.

4. Did you attend the prenatal clinics? Yes____, no____.

5. Did you prepare infant layettes? Yes____, no____. How many____/
6. Did you breast feed your baby? Yes____, no____, how many____, how long______________.

7. Did you feel confident in handling and bathing your baby? Yes____, no____, why?__________________________.

8. Did you utilize the habit training ideas? Yes____, no____, why?______________________________.

9. Do you have your children's birth certificates? Yes____, no____.

10. Do your children have regular medical supervision? Yes____, no____, private M.D.?____.

11. Do you attend the well-baby conferences? Yes____, no____, irregular____, regular____.

12. Do you prepare formula by individual bottles?____, 24 hour bottles____.

13. In your opinion did the lessons on prenatal care increase your confidence in preparing for motherhood? Yes____, no____.

14. Did the school experience you gained in mother and baby care give you satisfaction and assurance? Yes____, no____.

15. Did your children receive immunizations? Yes____, no____, Did your children receive vaccinations? Yes____, no____.

16. Check the supplementary foods given your children. Citrus or tomato juice? Yes____, no____, daily____, irregular____.
   Cod or other fish oils? Yes____, no____, daily____, irregular____.
   Sieved vegetables? Yes____, no____, home prepared food____, commercially prepared food____.

17. Did you find the literature given you helpful? Yes____, no____, don't know____.

18. Do you now read books and magazines on care of children? Yes____, no____.
19. Did your desire for children increase as a result of the course? Yes____, no____.

20. Were you pleased to have had the course? Yes____, no____, don't know____.

C. Abilities - home nursing

1. Did you have illness requiring home nursing? Yes____, no____.

2. Did you have communicable diseases? Yes____, no____.

3. Did you find your practice nursing experience of value? Yes____, no____.

4. Did you or your family have any accidents? Yes____, no____, surgery? Yes____, no____, chronic requiring home nursing? Yes____, no____.

5. Did you prepare a home medicine chest? Yes____, no____.

6. Do you read medical articles in books and magazines? Yes____, no____.

7. Check according to scale the simple nursing procedures you used:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Frequently</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Taken and recorded temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Taken and recorded pulse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Taken and recorded respiration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Kept a record for the doctor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Made a bed for the sick</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Changed an occupied sick bed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Moved and changed patient's position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Given back rubs to patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Given medicine to the sick</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Prepared diets for the sick</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Prepared and given bed baths</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Check simple nursing treatments ordered by the doctor you have used:

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Frequently</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Prepared and gave an ice bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Prepared and gave a hot water bottle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Prepared and gave an enema</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Prepared and gave a throat irrigation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Prepared and gave a steam inhalation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Prepared and gave cold moist packs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Prepared and gave hot moist packs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Check the improvised equipment you have made and used for the sick:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Frequently</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Back rest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Bed table</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Foot rest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Knee rest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. A protective limb cradle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Heal and/or elbow ring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Pressure buttocks ring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Raised bed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Blanket robe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. A refuse bag</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Attitudes concerning the course

1. Do you consider high school courses in mother and baby care and home nursing desirable? Yes____, no____, why________________________

2. Do you consider the contents of the home nursing and mother and baby care course you took in high school satisfactory? Yes____, no____, why________________________
3. Do you believe the course might better be given in cooperation with another subject, i.e., physical education, social science, or orientation? Yes____, no____, why do you think so?__________________________.

4. In your opinion what year might the student benefit most by this instruction? 9th____, 10th____, 11th____, 12th____. Why do you think so?__________________________

5. Should the course be elective?____, or compulsory?____.

6. Should the course be taught to girls alone?____, boys alone?____, to mixed groups?____, or to girls and boys separately?____.

7. Should the present course be retained as is?____, retained but altered?____, or discontinued?____.

8. In your opinion was the course boring?____, or interesting?____, informative?____, or enjoyable?____.

9. Would nursing as a career appeal to you as a result of the course? Yes____, no____, give reasons why.

10. Would you care to suggest specific changes for improving the course?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
A. Pertinent History

1. There were 26 who were married; 3 divorced; 1 single.

2. Five were employed out of the home; 2 full time; 3 part time.

3. There were 24 who lived in their own separate dwellings; 5 with relatives; 1 with friends.

4. Only 1 had part time help in her home, and she had 3 children.

5. Twenty-eight came from homes where there were brothers and sisters; 2 were only children; 2 were twins and were not related to each other.

6. There were 25 who were raised by both parents; 3 by the mothers; 1 by the father; and 1 by relatives.

7. All had children of their own and one had 2 step-daughters besides her own baby daughter.

8. Six completed the 10th grade; 5 the 11th grade; 18 the 12th grade; and one had had a year at the University of California.

9. Of the persons requiring nursing care in the home; 4 had had chronic invalids, 2 had had elderly relatives; and 4 had nursed ambulatory surgery cases.

10. Seventeen had helped nurse friends and relatives and 9 had taught others nursing skills learned at school.

11. All but one felt that the course had helped her in daily family living and she felt she didn't know.

12. Sixteen felt that the course had influenced their vocational choice.

13. Ten, or one-third of the group, felt that nursing as a career appealed to them as a result of the course but for various reasons did not go through with it.

14. All, or 100 percent of the group, felt that they would like their children to take such a course, and all would help to nurse in an emergency or in case of disaster. Another interesting point was that the entire group had
received only high school training in home nursing and mother-and-baby care.

15. Eight of the students had the course in 1948, eight had the course in 1949; two in 1950; six in 1951; two in 1952; three in 1953; and one in 1954.

B. Abilities--Mother-and-baby care.

1. Twenty-six sought early medical care, that is before the 3rd month, 2 in the 4th month, 1 in the 5th month, and 1 in the 7th month.

2. There were 26 who felt they were psychologically prepared for the first medical examination, and the other 4 were embarrassed and unprepared, even though they knew what to expect. They felt differently on their 2nd or 3rd prenatal examination but were still shy.

3. Four attended prenatal clinics in connection with army services medical care. Seven attended well-baby clinics; 3 of these for shots only. The remainder had private medical doctors for the supervision of their babies.

4. Twenty-eight prepared infant layettes; 1 had hers given to her as a gift, and the other gave her baby for adoption soon after birth.

5. Seventeen breast-fed their babies. Time range of breast feeding was one week to seven months.

6. Twenty-seven felt confident in handling and bathing their babies; 3 felt that the babies were so small that they were timid at first to handle them.

7. Twenty-nine had made use of the habit training ideas; 29 had received their baby's birth certificates; one had not yet received the birth certificate.

8. Twenty-four of the babies had completed their immunizations and 19 had been successfully vaccinated. The rest were still too young and one had been sick.

9. Twenty-eight of the babies had been given vitamins D and C; 25 of the babies had supplementary foods daily; 25 had commercial foods daily and 10 of these had both home and commercial foods; 3 had home prepared foods only, and two were too young.
10. Twenty-six found the pre-natal and infant literature helpful, one lost her literature, one gave it away and two didn't know.

11. Twenty-seven now read articles on care of children, two were too busy, and one was not interested.

12. The desire for children increased by fifty percent as a result of the course. The other fifty percent felt it was a normal want.

13. All, or 100 percent of the group, felt that the understanding of how a new life begins helped them. It increased their confidence in preparing for motherhood and gave them satisfaction and assurance in experiencing motherhood and in preparing and caring for their babies. This was all information that was not given to them in their homes and many felt that they would not have known what was happening to them, but because of the course in mother-and-baby care in high school they understood the process of birth and knew what to expect.

C. Abilities--Home nursing.

1. Twenty-nine of the former students had found their nursing experiences had been of value to them. Nineteen of them had had illnesses requiring home nursing care.

2. In a breakdown of illnesses, seven had had communicable disease, nine surgery, and one had had chronic conditions to nurse.

3. Twenty-four of the former students were interested and read material in books and magazines on medicine, and twenty had prepared home medicine chests.

4. Of the simple nursing procedures listed in the questionnaire, 26.1 percent used them frequently, 23.6 percent used them seldom and 50.3 never used them.

5. Of the simple nursing treatments ordered by the doctor, 17.1 percent used them frequently, 24.3 percent used them seldom, and 58.1 percent never used them.

6. The improvised equipment they had made and used for the sick in the home, .8 percent used it frequently, .27 percent used it seldom, and 89.3 never used it.
D. Attitudes concerning the course.

1. Desirability of the course.
   a. Preparation for future  12
   b. Not available otherwise  3
   c. Only place to get it         3
   d. Best place to get it         2
   e. Need it eventually           2
   f. Makes things easier           2
   g. Gives confidence                2
   h. Too busy later                  1
   i. Glad to have had it            1
   j. Learned a lot                    1
   k. No home training in it         1

2. Satisfaction of the course.
   a. Hit all the high spots         1
   b. Good - worthwhile               2
   c. Helped                           3
   d. More is necessary               12
   e. Complete                          2
   f. Covered everything               1
   g. Worthwhile                        1
   h. O.K.                               1
   i. Adequate                           2
   j. Know what to expect              1

3. Should the course be given in cooperation with another subject?
   a. Important enough alone             10
   b. O.K. as is                           1
   c. Worked out nicely                    1
   d. Too confusing, interferes           2
   e. Divided interest                     1
   f. P.E. class should take it          1
   g. More interesting alone              1
   h. Not sure                             1

4. Benefits of the instruction (year and reasons)
   a. 9th grade--to take care of drop outs  4
   b. 10th grade--to take care of drop outs  3
   c. 11th grade--to take care of drop outs  1
   d. 12th grade--won't forget 2
      ready for it                         5
      interested in marriage               4
4. Cont'd more mature review closer to need more interested Total for 12th Gr. 22

5. Should the course be elective or compulsory?
   a. Elective 18
   b. Compulsory 12

6. Should the course be taught to girls alone?
   a. Girls alone 8
   b. Boys alone 0
   c. Mixed groups 6
   d. Girls and boys separately 16

7. Should the present course be retained as is?
   a. Retained as is 5
   b. Retained but altered 25

8. What was your opinion of the course?
   a. Boring (part of the time) 3
   b. Interesting 27
   c. Informative 30
   d. Enjoyable 25

9. Would nursing appeal to you as a career?
   a. Nursing career appealing 10
   b. Not appealing 20

10. Changes for improving the course.
    a. Give the course in senior yr. 22
    b. Own department 15
    c. Elective 14
    d. More content 14
    e. More time 18
    f. More practice 10
    g. More equipment 4
    h. Mixed groups 6
    i. Doctor and nurse speakers 2
    j. Compulsory 12
    k. Live babies 3
10. Cont'd

1. Too fast—rushed 4
m. Full semester 8
n. Fine as is 2
o. Girls teach husbands 1
p. Valuable teaching 1
q. Best course taken in H.S. 1
r. Boys need it also but
   would disrupt the class 1