

ATTITUDES CONCERNING NUTRITION EDUCATION
IN ASSOCIATE DEGREE NURSING PROGRAMS

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CHAPTER I

INTRODUCTION

The question often arises as to why nutrition is included in the curriculum for the student who is studying to be a nurse. Because the nurse is in closer contact with the patient than either the doctor or the dietitian, it is to the nurse that the patient often turns for information and clarification regarding services performed for him in the hospital, including nutrition. This close contact with the patient provides the nurse with the opportunity to incorporate nutrition into health teaching. Lack of sound nutrition education or negative attitudes toward nutrition by the nurse may interfere with the patient's understanding and acceptance of his diet.

The negative attitudes verbally expressed by hospital nurses toward the study of nutrition as a student has been the major reason for conducting this study. Another important factor prompting this study is the rapid growth of the two-year associate degree nursing program which will be responsible for graduating more nurses than other types of nursing programs. Since nutrition is not mentioned in the syllabi of most associate degree nursing programs, little is known as to whether nutrition is included in the program or the degree of inclusion.

Statement of the Problem

Since directors and teachers in the associate degree nursing program are charged with the responsibility of planning the curriculum and since their attitudes may give some indication of the acceptability of nutrition as a part of the curriculum, the problem of this study is to identify attitudes expressed by directors and teachers in associate degree nursing programs toward nutrition.

Purpose of the Study

The purpose of this study is to determine the attitudes of directors and teachers in associate degree nursing programs toward nutrition, to determine if the attitudes of these two groups are related and to compare current teaching of nutrition in these associate degree programs with the attitudes expressed by the respondents.

Hypotheses of the Study

The hypotheses of this study are:

1. Nurses have a negative attitude toward nutrition.
2. Nurses do not feel that nutrition is applicable to the nursing profession and does not need the same emphasis as other nursing subjects in the curriculum.

Objectives of the Study

The specific objectives of the study are to determine

1. whether or not nutrition should be included in the associate degree nursing program;

2. who should plan and evaluate the curriculum and teach nutrition;
3. personal feelings toward nutrition as they may affect the curriculum;
4. whether or not nutrition is felt to be applicable in the nursing program;
5. the importance of nutrition compared with other subjects in the nursing program.

Limitations of the Study

Limitations of the study were:

1. The study was limited to directors and teachers in the associate degree nursing programs in nine states.
2. The study was limited by the instrument used.
3. Little background material was available on attitudes of nurses toward nutrition.

A survey of the literature reveals that few studies have been undertaken regarding the attitudes of nurses toward nutrition. Background information of the growth of education in nursing, nursing education in the community college and nutrition in nursing education was helpful in developing a basis for the study of attitudes toward nutrition by directors and teachers in associate degree nursing programs.

Procedure

The following procedure was used to determine the attitudes of the directors and teachers of associate degree nursing programs

involved in this study:

1. The literature was reviewed.
2. The objectives were formulated.
3. A questionnaire was developed, pretested, revised and mailed to the selected schools of nursing.
4. Analysis of the responses was accomplished by figuring the percentages of responses in each category: Strongly agree, agree, undecided, disagree and strongly disagree for each question, with values of 5, 4, 3, 2 and 1 respectively assigned to these categories.
5. Conclusions and recommendations were made according to the results of the analysis.

CHAPTER II

LITERATURE REVIEW

Although the development of nursing itself began somewhere in the origins of civilization, nursing education as a distinct element of society has a relatively short history. It was not until the middle of the nineteenth century that nursing emerged as a profession. In 1860 Florence Nightingale, who is credited with the founding of nursing education, established a school of nursing at St. Thomas' Hospital in London, England (24).

The Growth of Education in Nursing

Many changes in the nursing profession have developed since Miss Nightingale opened her school of nursing. Her system of training women for nursing was introduced in the United States in 1873 at the Bellevue Training School (20). Other schools soon developed, but lack of financial support lead to the development of nursing schools in hospitals. It is claimed by modern educators that the hospital schools with their apprentice-type approach to preparatory training placed more emphasis on student services to the hospital than on educational programs.

Professional organizations which came into being in the early 1900's were interested in establishing standards for nursing practice; and through their efforts, legislation was enacted which set minimum standards for the practice of nursing and for educational programs (10).

These standards not only brought about improved curriculum in the diploma schools of nursing, but they gave impetus to nursing education in collegiate programs.

The first collegiate program to be organized in which nursing education was an integral part of the university was the University of Minnesota School of Nursing, which opened in 1909 (3). Although this program did not lead to a college degree, it was the first nursing education program completely under the control of an educational institution. It was described as a school that existed not for the sake of the hospital service but for the education of the nurse (31).

Baccalaureate nursing programs were established during the years 1916 to 1920 with Teachers College, Columbia University and the University of Cincinnati being the leaders in the field (3). Soon other nursing programs were established at universities such as Baylor University, the University of Michigan, Leland Stanford University and others. By 1921, collegiate nursing programs had become an established fact in the United States.

In a position paper on education for nurses published in 1965, the American Nurses' Association defined two types of nursing practice: professional and technical (5). The paper defined the essential components of professional nursing as care, cure and coordination. Education for the professional nurse should provide the knowledge to make sound judgments regarding patient care as well as to supervise, teach and direct all those who give nursing care. Technical care is defined as "carrying out nursing measures as well as medically delegated techniques...under the direction of professional nurse practitioners, by persons...educated within the system of higher education..." (p. 106).

According to the American Nurses' Association, graduates of diploma schools of nursing are technical nurses, and the majority of registered nurses today are graduates of diploma schools.

The position paper stated that "The education of all those who are licensed to practice nursing should take place in institutions of higher education" (p. 107), and that

1. The minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing.
2. The minimum preparation for beginning technical nursing practice at the present time should be associate degree education in nursing (p. 108).

The position paper, with its stress for collegiate programs for nursing, was of tremendous significance and has had a positive impact on the development of associate degree nursing programs with a corresponding decrease in the number of hospital diploma programs (3).

Another factor in the demise of the diploma schools is the economic pressures on hospitals today. Privately owned and operated hospital schools of nursing find it difficult to compete with nursing programs in state supported community colleges which offer low tuition rates. The expansion of community junior colleges is phenomenal, and it is likely that they will continue to assume an increasingly greater responsibility for the education of nurses.

Nursing Education in the Community College

Prior to the institution of nursing education programs in the community college in 1952, nursing education had been the domain of the hospital diploma schools of nursing and baccalaureate programs. Historically, the responsibility for the education of nurses had been

carried by hospitals. At the time the American Nurses' Association published its position paper, the graduates of hospital-based diploma programs comprised approximately 78 per cent of the nurses in practice (5).

In 1952, Dr. Mildred Montag (15) published her doctoral thesis Education of Nursing Technicians. She proposed a two-year college course for the preparation of nursing technicians for semi-professional or technical functions. In 1952 a five-year national research project was begun to study the feasibility of developing this type of nursing education program. The project, entitled "The Cooperative Research Project in Junior and Community College Education for Nursing," was under the direction of Dr. Montag. Seven junior-community colleges and one hospital school were selected in developing and implementing the new, two-year nursing program. The assumptions which were basic to the development of the proposal for the project were that nursing categories included the professional and the technical nurse, that the great bulk of nursing function lies in the technical category, that education for nursing belongs within the organized educational framework, that the junior-community college is the logical institution for the preparation of the technical nurse, and that education-centered rather than service-centered preparation reduces the time required for educating the nurse.

Before the five-year period allotted to the project had ended, associate degree programs of nursing education had developed from coast to coast. One conclusion of this study was that nurses prepared in a two-year community college program could carry out the functions generally associated with the registered nurse.

In this five-year study which is the basis for the organization of the associate degree schools of nursing, the curriculum was considered to be the responsibility of the faculty at each college, and no attempt was made to standardize the courses. The nursing program was an integral part of each educational institution, and the programs differed from one another as each college differed in its policies, procedures and curriculum. The principle which covered the development of the curriculum was to ensure that the nursing program was made an integral part of the college. The objectives of the nursing courses were based upon what the graduate should be able to do. Emphasis was placed on fundamentals of nursing, maternity and child care, and medical-surgical nursing. The extent to which nutrition was to be integrated in the program was not mentioned. Only one of the seven nursing programs involved in the five-year study listed a nutrition course in the curriculum.

The curriculum was generally offered in a two-year academic period and was in accordance with the individual institution's policies and regulations. According to the Guiding Principles for the Establishment of Programs in Nursing in Junior and Community Colleges, the individual institution had complete control of the program and was wholly responsible for its quality.

The number of students enrolled in the associate degree nursing program increased from 26 in 1952, the year that Dr. Montag initiated her program in community colleges, to 3,000 in 1962, illustrating the rapid growth of this program (16). Economic factors and a saving in time spent acquiring an education have contributed to the rapid growth of this program. The community college also attracts those students

whose permanent residence is close to the school. Studies have shown that the type of students who are attracted to the associate degree nursing program, compared with those in the diploma or baccalaureate program, are older, most of them are married, the family income is lower, and they tend to have a lower high school grade average (2).

The associate degree nursing program has aroused interest not only in nurse educators and junior-college administrators but has won the support and assistance of the American Association of Junior Colleges, the National League for Nursing, and the W. K. Kellogg Foundation (23). The American Association of Junior Colleges together with the National League for Nursing has sponsored conferences for the promotion of the associate degree nursing program, and the National League for Nursing has maintained a consultation service for college administrators interested in initiating this type of nursing program. Financial assistance for these colleges has been given by the Kellogg Foundation. These three agencies have contributed generously to the overall growth in the number of associate degree nursing programs.

Nutrition in Nursing Education

Since the beginning of nursing as a profession, nutrition has been an important part of the nurse's role. Florence Nightingale acknowledged the need for good nutrition, and her contribution to the field of dietetics is recognized. She stated that it is the physician who should prescribe the diet but that the art and science of feeding the patient was a function of nursing (20). Her organization of nursing emphasized the importance of food selection, preparation and service.

That nutrition is an important function of the role of the nurse is expressed in nursing textbooks. DuGas (4) lists 12 areas of nutrition that are of concern to the student nurse and has formulated nine behavioral objectives, including such items as "Explain how food helps to satisfy basic human needs" and "Describe the nurse's responsibility in providing nourishment for the patient."

The importance of the nurse's knowledge of nutrition has been emphasized by Fuerst (6), who states that the nurse is often the central person in relation to teaching patients who need help with nutritional problems. For this reason, Fuerst states that the nurse should observe general nutrition principles when teaching and keep abreast of nutrition knowledge.

Recognizing the nurse's position as a health professional, Mitchell (14) states that nurses are often asked advice about food and eating practices by patients, neighbors and various people in the community. Mitchell points out that the nurse's ability to give sound advice is dependent on the nutrition knowledge acquired and the ability to use that knowledge in a practical way.

Nutrition textbooks stress the importance of nutrition in the curriculum of nursing programs. The nurse holds a unique position by virtue of her expanding role in health care. It is the nurse more than any other member of the health team who is in close contact with the patient in the hospital, the clinic, the Public Health Department, the public schools and other positions in the community (1).

In his endorsement of nutrition in the curriculum, Briggs (32) has criticized the removal or curtailment of nutrition education in nursing programs because of pressures from other subjects. He points to the

interrelationships of nutrition to disease, patient care and good health, and emphasizes the nurse's need for nutrition education.

Williams (32) stresses the concept of teamwork in which the nurse, the nutritionist and the physician, as well as those involved in the health care of the patient, work toward the care of the total patient. She adds that the functions of nutrition (to sustain life, to promote growth, to replace loss, and to provide energy) are applicable to the concept of nursing in the nurturing and healing of patients.

Nutritionists, through their teamwork with nursing personnel, realize the importance of nutrition education in nursing programs. Manning (11) states that because patients place such great confidence in nurses, a nurse can overcome many of the obstacles that stand in the way of proper eating habits and dietary selections. She further states that the nurse has a unique opportunity to influence the nutritional status of patients of all ages, from the expectant mother to the child in the pediatric ward to the geriatric patient whose food habits are deeply entrenched.

Physicians also recognize the need for nutrition education of the nurse. According to Stare (27), nutrition education is desperately needed by many, and the nurse is in a position to render positive assistance in this field to those she serves.

In an attempt to stimulate interest among nurses and those responsible for their education, divergent attitudes toward the inclusion of nutrition in the nursing curriculum have been presented. Newton (17) presents reasons why nutrition in nursing curricula may be obsolete. Diploma schools, which were primarily the educational institutions for nursing until about 1940, taught nutrition as an isolated subject; and

considerable emphasis was placed on experience in the diet kitchen. The teacher was a dietitian whose role as an educator was a side line to her other duties. These factors, including the fact that nutrition seemed to be the province of the dietitian, resulted in negative attitudes by the students toward nutrition.

A number of factors have evolved which directly affect the role of the nurse in the nutritional care of the patient. The complex growth of medical care has resulted in smaller professional staffs to care for the patients, and the nurse's participation in food service to the patient has all but disappeared in the modern hospital. The specialization and complexities of therapeutic dietetics raises questions as to the role of the nurse in this area of patient care. As dietitians become more involved in patient contact and diet teaching, the nurse's nutritional role has changed to one of support and assistance. Such an approach does not require cooking and diet writing.

If nutrition is to be included in the collegiate program, Newton poses the question as to whom will teach the course. The cost of hiring a nutritionist to teach nurses may be prohibitive. If other departments in the college offer nutrition, the course may not be suitable for nurses, and a lack of interest on the part of the student nurse may result.

Newton concludes that there are many factors that seem to indicate that nutrition in nursing is on the downgrade: a different trend in nursing education, and increasing complexities in the role of dietitians and nurses. Many nursing programs state that nutrition is integrated, but the mere fact of integration does not assure the quality and quantity of the subject. Nurses have stated that nutrition is

an important aspect of nursing care; but they should clarify to what extent they include it in their care of the patient, for only then can nutritional programs be developed that are relevant for their needs.

Ball (17) defends nutrition as a part of the nursing curriculum and contends that nutrition is part of nursing care, that nutrition is not only a basic factor in today's society but that it offers exciting possibilities for new developments in the future. It is imperative that the nurse be prepared for the nutritional information demanded of her by patients and society. The nurse's attitude toward diet has a bearing on the patient's acceptance of his dietary regimen.

Ball further states that nurses do not inherit their knowledge of nutrition but must be taught, and the information they receive must be usable, otherwise it is worthless. An effective way to integrate diet instruction in the curriculum is to encourage the student to put herself in the place of the patient. Eating a low-sodium diet, for example, helps the nurse understand the difficulties encountered by the patient in accepting the diet.

Ball draws attention to institutions such as small hospitals, nursing homes and extended care facilities where a qualified dietitian is not available and only the nurse is qualified to deal with nutritional problems. A nurse should know as much about a diet as the well-educated patient is expected to know. In working with the community, the nurse needs a knowledge of fad diets, prenatal diets and malnutrition and should be prepared to give a professional opinion.

Prater (17), in her reaction to the preceding arguments and in order to elaborate on specific points, starts with the assumption that nutrition of the patient is a part of nursing care. Definition of

dietetics and specialization in dietetics is necessary in order for the problems mentioned by Newton and Ball to be solved. Although the knowledge of nutrition is assumed to be a part of nursing care, the functions related to nutrition in nursing care have become hazy. In large institutions where the dietary staff is adequate, the nutritional care of the patient is the responsibility of the dietitians. On the other hand, there are some health institutions in which the nurse is totally responsible for the nutritional care of the patient. The question arises as to whether or not nurses would relinquish their role in nutritional care of the patient if there were sufficient dietitians for all health care institutions.

The complexity of specialized diets precludes the nurse's involvement in teaching the patient any aspect of his diet unless the nursing curriculum has prepared the nurse for this responsibility. Prater reports that in 1967, only 15.6 per cent of nursing programs in higher education listed a course in diet therapy.

Prater further states that a clarification of the roles of both dietitians and nurses is necessary in order to determine where nursing ends and dietetics begins. This clarification should be the responsibility of nursing and nutrition educators, and agreement should be reached as to the areas of nutrition that are pertinent to nursing. Principles of nutrition and diet modification are preferable to detailed diets. Rationale is applicable in any setting, whereas specific diets may relate only to a specific institution in which a particular diet manual is used. For the nurse who anticipates a higher education at the graduate level, a good foundation in nutrition is needed.

A survey was conducted by McDaniel and Savage (12) to determine the actual amount and depth of diet instruction given by registered nurses today in the United States and to determine the diet therapy educational needs of registered nurses. The majority of the 138 nurses answering the survey questions were graduates of diploma schools; however, the two-year and four-year nursing programs were also represented. The survey information confirmed the downward trend taking place in diet therapy education in nursing school curricula. From 1929 to 1959 the number of hours spent in nutrition and in the special diet kitchen steadily decreased and have just as steadily decreased from 1960 until the present, with an increasing number of graduates from baccalaureate and associate degree nursing programs receiving no formal diet therapy education at all.

Slightly over 99.3 per cent of the nurses included in McDaniel's survey felt that diet therapy should be included in the nursing curricula. Over 60 per cent felt that the course should be taught by a dietitian on the school faculty. Among the areas of nutrition which were felt to be especially valuable and which should be included in nursing education was teaching the patient about his diet. Of the nurses surveyed, 83.3 per cent of associate degree graduates and 56.4 per cent of baccalaureate graduates reported giving diet instruction. Although diploma school graduates received more hours of formal diet therapy education, only 35.3 per cent of them stated that they gave diet instruction. According to the survey, baccalaureate graduates gave the highest mean number of diet instructions per month, followed closely by diploma graduates. Graduates of associate degree programs gave less diet instructions per month and only handed out diet sheets

or taught the relationship of the diet to the disease or diagnosis. Of those nurses who did not instruct patients in diets, approximately 45 per cent indicated that no dietitian was available at their institution to provide instruction, meaning that an important aspect of the patient's total health care was being ignored.

The survey also revealed the need for continuing education in diet therapy, with 84.4 per cent of the nurses indicating that such education courses would be beneficial to them. The authors recommended that normal nutrition be a part of the nursing curriculum prior to the study of diet therapy, and that the instructor should be a registered dietitian as a member of the school faculty. Continuing education courses in diet therapy were also recommended.

Nutritionists and nurses have worked together to identify the areas of nutrition which are essential in the nursing curriculum and to determine the degree of mastery required by nurses. The professional organizations working together toward these goals are the American Dietetic Association and the National League for Nursing (7). Difficulty has been encountered in selecting and presenting nutritional facts which are appropriate and acceptable to nurses in patient care and teaching. The rapid changes in nursing practice and nursing education in recent years, the increased enrollment in schools of nursing, the lack of qualified instructors in all areas of nursing as well as the rapidly increasing amount of scientific knowledge applicable to patient care have contributed to this difficulty.

The instruction of nutrition and diet therapy underwent little or no change until the 1950's, and interest was lacking from the standpoint of both the nurse and the dietitian (30). However, increasing

scientific knowledge in nutrition stimulated interest on the part of the public as well as the professional people. According to Greene (7) it was the developing technical knowledge in both fields that brought about their isolation from each other, and joint efforts toward a common goal in nutrition education for nurses was rare. Those who taught nutrition were unfamiliar with the total goals of the nursing curriculum. Emphasis was placed on diet kitchen experience with repeated food preparation which had little relationship to patient care. Green states that because of this, nurses developed unfavorable attitudes which affected their roles in the nutritional care of patients.

Nursing educators have questioned whether or not the traditional courses in nutrition are meeting the current needs of the nurses and whether or not the hours consumed by nutrition courses could be justified (7). The present trend is toward integration of curricula in nursing schools, and emphasis has been placed on the underlying principles of patient care in contrast to subject-oriented curricula which may be unrelated to experiences with patients on the ward (30). Various nursing schools have reported success in integrating nutrition as the instructor has worked closely with the instructors of related subjects (7) (13) (30). In some schools, nutrition is taught in the diet therapy unit; and students are taught about specific nutrients as they become aware of the patient's need for this in their nursing care. According to Miriam (13) this correlation of nutrition with the material covered in diet therapy would make nutrition more interesting. It would also enable the material to be presented as a single unit and would have added meaning for the student. The argument is made that the student is interested in the patient, and any subject which is too

remote from the task at hand leads to boredom on the part of the student. Miriam further states that nutrition should be taught in such a way that the student can use her knowledge to instruct and serve the patient in the best way possible.

The variety of nutrition programs in schools of nursing indicates that there is no one right way to incorporate nutrition in the present-day nursing curriculum (7). Willingness on the part of the faculty to make changes is essential for success in any program. Responsibility for the success of the nutrition program does not rest with the nutrition instructor alone, but she must function as a part of the entire teaching team. Greene asserts that it is essential that the students see the nutrition instructor as a member of the faculty, equally taking part in patient care and planning.

Questions regarding nutrition are included in state board examinations for registered nurse licensure (28). The test plan for state board test pool examination for registered nurse licensure dated January, 1975, includes nutrition in three of the ten categories covered by the test. The State Board Test Pool Examination has been used since 1950 for licensing professional nurses in all of the 51 states, the District of Columbia and in two Canadian provinces. This examination tests knowledge considered important by qualified nurses from the various jurisdictions in which this test is administered (15).

In 1960 the National League for Nursing released its publication Guidelines for Teaching Nutrition and Diet Therapy in Schools of Nursing (8). These guidelines were prepared by a joint committee of the Maryland League for Nursing and the Maryland Dietetic Association. Objectives were formulated covering knowledges, understandings, and

abilities needed by nurses in relation to nutrition and diet therapy. In 1966 the National League for Nursing published a project proposal for integrating diet therapy in diploma school nursing programs. This was at a time when nutrition courses were being deleted as a requirement for nurses. Nursing course syllabi gave little if any information regarding diet therapy. In 1971 the League published a new edition of this project proposal (29). The major objective of the publication was to provide a guide for diploma nursing schools in educating their students to meet the patient's nutritional needs.

Attitudes of Nurses Toward Nutrition

Recognizing that nutrition plays an important part in the patient's needs, Newton et al (18) conducted a study to determine nurses' attitudes toward and responsibility for the nutritional care of the patient. The nutritional needs of the patient were defined as those aspects of nutrition pertaining to physical needs both normal and therapeutic, patient education regarding proper eating habits, and psychological support of the patient in achieving his nutritional goals. The study assumed that the attitudes of nurses toward nutrition would vary with respect to their training, work situations, status, position, the philosophy of hospital administrators and institutional conditions, as well as the patient himself.

In this study, analysis of 347 interviews conducted in 22 hospitals revealed that nurses on all staff levels reported negative reactions to their educational experience in nutrition and/or diet therapy, and that the further the nurses were away from the patient and the higher the staff positions held, the higher the level of verbal priority they

placed on the nutritional care of the patient. Nutrition had a low priority for the staff or bedside-level nurse.

Attitudes and Attitude Measurement

Attitudes have been described as a way of looking at things or persons with liking or disliking which in turn lead to action according to the stimuli with which the individual is confronted (19) (22) (26). Sherif (26) states that an attitude means that the individual is no longer neutral, but is inclined either positively or negatively toward the referents of the attitudes.

According to Remmers (22) the measurement of attitudes is actually the measurement of opinions. In order to measure attitudes he made the assumption that they are measurable, that they vary along a linear continuum, that measurable attitudes are common to the group, and that attitudes are held by many people. That attitudes may be temporary and subject to change, rationalization and deception are recognized limitations not included in the above assumptions. Nevertheless, Remmers stresses that because of their importance in determining behavior, the measurement of attitudes is desirable.

A number of scales have been devised for the measurement of attitudes. The most frequently used methods of measurements require subjects to indicate their agreement or disagreement with a set of statements about the attitude object (25).

In 1927 Thurstone (22) devised a psychological scaling device in which opinions relevant to a given attitude object ranged from the most favorable to the most unfavorable. The development of this device was a major contribution to attitude measurement. Likert (22) in 1924

modified Thurstone's method by assigning arbitrary weights to the responses, resulting in an easier and more rapid analysis. This type of attitude measurement, as set forth by Shaw (25), has been used in this study.

CHAPTER III

PROCEDURE

The purpose of this study is to determine the attitudes of directors and teachers in associate degree nursing programs toward nutrition, to determine if the attitudes of these two groups are related, and to compare current teaching of nutrition in these associated degree programs with the attitudes expressed by the respondents.

Development of the Instrument

The study was conducted by means of a structured questionnaire mailed to the directors and staff of 100 associate degree nursing programs, which were selected on a geographical basis in nine states. A cover letter explaining the purpose of this study accompanied each set of questionnaires. A copy of the letter appears in Appendix A. Two copies of the questionnaire were sent to each associate degree program. One copy was to be answered by the director of the school of nursing, and one was to be answered by a teacher chosen by the director. All replies were anonymous. Of the 200 questionnaires mailed, 136, or 68 per cent, were returned.

A summated rating scale was developed in which respondents indicated their reaction to items by means of a five-category rating system: strongly agree, agree, undecided, disagree and strongly disagree. The categories were scored by assigning the values of 5, 4, 3,

2 and 1 respectively.

In order to pretest the questionnaire, a draft was developed and distributed among the nursing faculty members at St. John's Hospital School of Nursing in Tulsa, Oklahoma. Twenty nursing faculty members completed and returned the questionnaire. All were women with degrees ranging from Bachelor of Science in Nursing to Master of Education. All were members of the nursing faculty, and the majority had graduated from a hospital diploma school of nursing prior to enrolling in a university for work toward a degree. Their areas of specialization in St. John's Hospital School of Nursing included medical-surgical nursing, maternal and child health, and psychiatric nursing. From the results of the sample and the suggestions for improvement, a second sample questionnaire was prepared and distributed in the same institution and to the same faculty members. Upon receipt of the results of the second questionnaire, the final draft was prepared for distribution to the selected nursing programs in associate degree colleges. The final form of the questionnaire appears in Appendix B.

The questionnaire consisted of two parts. The first part contained 32 questions dealing with attitudes held by nurses. Both the directors and staff were asked to respond to this part of the questionnaire. The respondents were requested to react to items in accordance with the objectives of this study: whether or not nutrition should be included in the associate degree nursing program; who should plan and teach the nutrition course; their personal feelings toward nutrition; the applicability of nutrition in the nursing program; and the relative importance of nutrition compared with nursing subjects.

The second part of the questionnaire was attached to the director's copy only, and consisted of questions regarding the school's current nutrition program. These questions would be used in comparing their existing program with the attitudes expressed in the first part of the questionnaire.

Selection of the Sample

The population for the study consisted of faculty members and directors of nursing programs in associate degree colleges. Associate degree nursing programs were chosen for this research project because they will be graduating more nurses than other types of nursing education programs. Since it is the directors and faculty members of these programs who determine and implement the curriculum, they were the logical recipients of the questionnaire; and consequently they were invited to participate in the survey.

The states originally chosen for distribution of the questionnaire included Oklahoma and the surrounding states: Arkansas, Colorado, Kansas, Missouri and Texas. After further consideration it was felt that this would yield too small a sample and that states with larger populations, and consequently more associate degree nursing programs, should be included. In an effort to expand the size of the sample yet keep it from becoming unwieldy, the states of Pennsylvania, New York and California were added. Selection of these three states would prevent any bias that might occur due to geographical location.

A list of the associate degree nursing programs in these states was obtained from the Board of Nursing Education and Nurse Registration

in each state capitol. The number of colleges to whom questionnaires were sent in each state are as follows:

<u>State</u>	<u>Number of Colleges</u>
Arkansas	8
California	24
Colorado	6
Kansas	7
Missouri	11
New York	20
Oklahoma	8
Pennsylvania	7
Texas	<u>9</u>
	100

The number of schools in the states of Arkansas, Colorado, Kansas and Pennsylvania represent the total number of associate degree nursing programs in those states. The schools in California, Missouri, New York and Texas were selected on a geographical basis so that all areas of the state were represented. The size of the college or the size of the community were not criteria in their selection. All of the associate degree nursing programs that participated in this study were approved by their State Board of Nursing Education, and some were accredited by the National League for Nursing. The National League for Nursing is officially recognized as the national accrediting agency for nursing education by the United States Department of Health, Education, and Welfare (21).

CHAPTER IV

RESULTS AND DISCUSSION

This study has attempted to identify attitudes of directors and teachers in associate degree schools of nursing, to determine if there is a difference in the attitudes of these two groups, and to determine the degree to which nutrition is currently taught in the associate degree programs involved in this study.

The directors and teachers in 100 associate degree schools of nursing were the subjects for this study. Two copies of the questionnaire concerning attitudes toward nutrition were sent to each of the schools of nursing, one to be answered by the director of the school and the other to be answered by a teacher chosen by the director. A questionnaire concerning current teaching of nutrition in the school's program was attached to the director's copy. Of the 200 questionnaires distributed, 136 were returned, or 68 per cent.

Chi-square analysis of each attitudinal question was used to determine whether there was a significant difference between the attitudes of the directors and the teachers toward nutrition. Results of this analysis revealed that there was no significant difference in attitude toward nutrition between the directors and the teachers in these schools of nursing.

In trying to identify the attitudes of the directors and teachers, their individual responses were analyzed according to the objectives

of this study. Some of the respondents failed to answer all of the questions. In computing the analysis, the percentage of responses do not always total 100, but vary from 97 per cent to 100 per cent. The resulting data are reported in this chapter.

Six questionnaire items relating to objective number one were used to analyze the attitudes of the respondents regarding whether or not nutrition should be included in the associate degree nursing program. Analysis of Table I indicates that the majority of responses favor the inclusion of nutrition in the nursing program.

Analysis of item 1 indicates that the respondents were almost evenly divided in their attitude toward whether or not a course in nutrition should be included in an associate degree nursing program. Fifty per cent agreed that nutrition should be included in the program, while 43 per cent disagreed, and seven per cent were undecided.

In response to item 10, only six per cent felt that a high school course in nutrition is sufficient, while 88 per cent disagreed. This would indicate that the majority of the respondents felt that a college course in nutrition is needed for nursing students. A positive attitude toward including nutrition in the curriculum was indicated by their response to item 17, with 91 per cent indicating that nutrition should not be omitted from the program.

The participants' responses to items 25, 26 and 28 indicate they felt that a course in nutrition does contain value and should be a part of the nursing program. That nutrition occupies an important place in the curriculum is shown by the response to item 25, with 75 per cent of the directors and teachers indicating they did not feel

that the pressure of other subjects would necessitate removing nutrition from the program.

TABLE I
ATTITUDES CONCERNING WHETHER OR NOT NUTRITION SHOULD BE INCLUDED
IN THE ASSOCIATE DEGREE NURSING PROGRAM

Statements from Questionnaire	Per Cent				
	SA	A	U	D	SD
1. A course in nutrition should be included in an associate degree nursing program.	29	21	7	31	12
10. A high school course in nutrition should be sufficient for a nurse.	2	4	5	51	37
17. Student nurses could do just as well without this subject.	0	4	4	37	54
25. The pressure of other subjects necessitates removing nutrition from the curriculum.	1	11	10	57	18
26. Nutrition should be an elective.	1	10	11	58	18
28. There is not enough value coming from nutrition to justify the time consumed.	1	6	6	60	25

The response to item 26 indicates that 76 per cent of the respondents felt that nutrition should not be an elective. Eighty-five per cent of those participating in this study disagreed with item 28,

indicating by their response that nutrition is definitely of value in the program.

Analysis of the overall responses pertaining to objective number one shows that 77 per cent of the directors and teachers in this study felt that nutrition should be included in the program. Fourteen per cent of the respondents felt that nutrition should not be included in the program, and seven per cent were undecided.

Three questionnaire items relating to objective number two were used to analyze the attitudes of the respondents regarding who should plan and evaluate the curriculum and teach nutrition. The results are shown in Table II.

TABLE II
ATTITUDES CONCERNING WHO SHOULD PLAN AND EVALUATE THE
CURRICULUM AND TEACH NUTRITION

Statements from Questionnaire	Per Cent				
	SA	A	U	D	SD
8. A nurse should be the one responsible for teaching nutrition.	1	22	34	31	11
18. The nutritional portion of the nursing program should be planned and evaluated by nurses.	13	47	20	18	2
30. Nutrition should be taught by a dietitian or nutritionist.	18	26	31	18	4

It is readily apparent by the responses to the items in Table II that there is a considerable amount of indecision on the part of nurses as to who should teach nutrition in the associate degree nursing program. However, the responses to items 8 and 30 indicate that most of the nurses felt that teaching nutrition should not be the responsibility of the nurse. In response to item 8, only 23 per cent felt that nutrition should be taught by a nurse, while 42 per cent disagreed, and 34 per cent were undecided. In response to item 30, 44 per cent felt that a dietitian or nutritionist should teach nutrition, while 22 per cent disagreed, and 31 per cent were undecided.

A majority of those responding to item 18 felt that the nutritional portion of the nursing program should be planned and evaluated by nurses. However, 20 per cent were undecided concerning this question, with 60 per cent agreeing, and 20 per cent disagreeing.

Analysis of the overall responses pertaining to objective number two shows that 35 per cent of the directors and teachers in this study felt that nurses should be responsible for planning and teaching the nutrition program. Thirty-five per cent felt that nurses should plan the nutrition program but not teach it, and 28 per cent were undecided.

Eight questionnaire items relating to objective number three were used to analyze the personal feelings of the respondents toward nutrition. As shown in Table III, the majority of the responses to the items indicate that the participants in this survey felt that nutrition is less interesting than other nursing subjects, and that poor grades in nutrition are due to boredom and subject matter, and are not a result of the student's ability to learn. Despite these attitudes, the

respondents indicated that they did not dislike nutrition when they were student nurses.

TABLE III
PERSONAL FEELINGS TOWARD NUTRITION AS THEY MAY
AFFECT THE CURRICULUM

Statements from Questionnaire	Per Cent				
	SA	A	U	D	SD
2. Low grades in nutrition are due more to the subject than to the student's ability to learn.	13	34	19	26	7
3. The majority of student nurses feel that nutrition is interesting.	2	28	13	50	7
4. I liked nutrition better than other academic subjects when I was a student.	2	14	13	51	20
6. Any student who takes this course is bound to be benefited.	35	43	10	11	1
7. Nursing subjects are more interesting than nutrition.	15	31	20	18	6
11. Poor grades in nutrition are usually due to boredom.	5	35	26	26	5
13. A course in nutrition for nurses should include food preparation.	2	10	16	49	23
31. I disliked nutrition when I was a student.	11	19	5	50	13

In response to items 2 and 11 which refer to causes of poor nutrition grades, 47 per cent and 40 per cent respectively felt that the subject matter and boredom were responsible for poor grades in nutrition, while 33 per cent and 31 per cent respectively disagreed. The relatively high proportion of answers in the "undecided" column, 19 per cent and 26 per cent respectively, indicates that possibly some other factor may be responsible for low nutrition grades.

There were more negative responses to items 3 and 4 than positive responses, which reflects attitudes of interest toward nutrition. Fifty-seven per cent indicated that student nurses do not feel that nutrition is interesting, while 30 per cent agreed that they do, and 13 per cent were undecided. This attitude is confirmed by the responses to item 7 in which 46 per cent agreed that nursing subjects are more interesting than nutrition. However, this is not an overwhelming majority, as 24 per cent disagreed with this statement, and 20 per cent were undecided.

In response to item 4, only 16 per cent of the respondents liked nutrition better than other academic subjects when they were students, while 71 per cent disagreed and 13 per cent were undecided. However, the majority, or 63 per cent, indicated that they did not dislike nutrition when they were students. Thirty per cent agreed that they disliked nutrition, and five per cent were undecided.

Only a minority of the respondents felt that food preparation should be included in a nutrition course, while 72 per cent disagreed. Despite a slightly negative attitude toward nutrition as far as personal feelings were concerned, 78 per cent agreed that a course in nutrition is beneficial to students.

Analysis of the overall responses pertaining to objective number three shows that 60 per cent of the respondents had a positive attitude toward nutrition. However, 23 per cent had a negative attitude, and 15 per cent were undecided.

In analyzing attitudes concerning whether or not nutrition is felt to be applicable in the nursing program, eight items relating to objective number four were used. The majority of the respondents indicated by their answers that they definitely felt nutrition to be applicable in the nursing program. The results are shown in Table IV.

Items 5, 12 and 15 relate to the use of nutrition by the nursing profession. In response to item 5, 95 per cent of the participants of this study disagreed with this item and indicated by their response that nutrition is related to the care of the patient. They agreed that identification of the patient's nutritional needs is one of the nurse's responsibilities since 95 per cent responded favorably to item 12. Another indication of their support of nutrition in nursing is their response to item 15. Ninety-eight per cent disagreed with the statement that nutrition is not applicable in the nursing profession.

Two items, 16 and 22, refer to the student nurse's role in patient teaching. In response to item 16, 93 per cent felt that student nurses should teach the patient about his diet, while 76 per cent agreed with item 22, that the student could not teach the patient about his diet if she has not studied nutrition.

The directors and teachers participating in this study, who are themselves nurses, did not feel that diet therapy is more important than nutrition. In response to item 20, 68 per cent disagreed that diet therapy is more important than nutrition. It was the opinion of

61 per cent of those surveyed that nutrition does provide a good background for other nursing courses as stated in item 21.

TABLE IV
ATTITUDES CONCERNING WHETHER OR NOT NUTRITION IS FELT
TO BE APPLICABLE IN THE NURSING PROGRAM

Statements from Questionnaire	Per Cent				
	SA	A	U	D	SD
5. It is difficult to relate nutrition to the care of the patient.	2	2	1	38	57
12. Identification of the patient's nutritional needs is one of the nurse's responsibilities.	49	46	2	1	2
15. Nutrition is not applicable in the nursing profession.	0	1	1	31	67
16. Teaching the patient about his diet should be part of the student's clinical performance.	38	55	2	5	0
20. Diet therapy is more important than basic nutrition.	3	10	18	55	13
21. Nutrition provides a good background for other nursing courses.	11	50	20	14	3
22. The student nurse cannot teach a patient about his diet if she has not studied nutrition.	21	55	9	13	0
24. Administrators are usually interested in seeing that nutrition is a part of the program.	7	34	30	23	4

The extent to which administrators are interested in seeing that nutrition is a part of the nursing program is not entirely clear. Of those responding to item 24, 41 per cent agreed, 30 per cent were undecided and 27 per cent disagreed.

Analysis of the overall responses pertaining to objective number four shows that 78 per cent of the respondents felt that nutrition is applicable in the nursing program. Eleven per cent of the respondents felt that it is not applicable, and 10 per cent were undecided.

Seven questionnaire items relating to objective number five were used to analyze attitudes concerning the importance of nutrition compared with other subjects in the nursing program. The results, as shown in Table V, reveal that the respondents participating in this survey felt that nutrition is as important as other subjects included in the nursing program.

Analysis of items 9 and 23, which compare the importance of nutrition with other nursing courses, shows that most of the directors and teachers feel that nutrition is as important as other courses in the nursing program, and should be given as much consideration. They also agreed, in response to item 14, that nursing and nutrition are equally important in health care. None of them felt that the time spent studying nutrition would be better spent studying other courses related to nursing, with 93 per cent supporting nutrition in item 19.

Since state board licensure examinations include questions relating to nutrition, it was felt that the respondents might agree that this would be the main reason for including nutrition in the course. However, 89 per cent did not agree with this statement. In response to item 29, 87 per cent of the people responding did not feel that

nutrition is more difficult than medical-surgical nursing.

TABLE V

ATTITUDES CONCERNING THE IMPORTANCE OF NUTRITION COMPARED
WITH OTHER SUBJECTS IN THE NURSING PROGRAM

Statements from Questionnaire	Per Cent				
	SA	A	U	D	SD
9. Nutrition should be given as much consideration as any other course.	18	37	16	23	3
14. Nursing and nutrition are equally important in health care.	30	48	10	11	0
19. The time spent studying nutrition would be better spent studying other courses related to nursing.	0	2	4	58	35
23. Nutrition is less important than other courses in the nursing curriculum.	1	12	18	55	13
27. The most important reason for including nutrition in the curriculum is that it helps prepare the student for state board examinations.	0	7	3	49	40
29. Nutrition is more difficult than medical-surgical nursing.	0	2	10	60	27
32. The applicability of nutrition in health care would be more apparent to the student if it were offered later in the course than at the beginning.	2	17	24	46	10

Apparently a slight majority, or 56 per cent, of the respondents felt that nutrition would not be more meaningful to the students if it were offered later in the nursing course rather than at the beginning. However, 24 per cent were undecided with regard to this item.

Analysis of the overall responses pertaining to objective number five shows that 75 per cent of the respondents felt that nutrition is as important as other subjects in the nursing program.

The second part of the questionnaire which was attached to the director's copy only, consisted of questions regarding the school's current nutrition program. A tabulation of current teaching of nutrition in the associate degree nursing programs included in this study is shown in Table VI.

Of the 100 directors to whom this second part of the questionnaire was sent, 69 responded. Fifty-four of the programs teach nutrition as an integrated subject rather than as a separate course. However, this does not reveal the degree to which nutrition is included or the emphasis placed on nutrition education in these programs.

In 48 of the programs, nutrition is taught by a nurse. This contrasts sharply with the attitudes expressed by nurses in response to the items analyzed in Table II in which the participants of this study indicated that nurses should not be the one who teaches nutrition.

There is a discrepancy concerning the number of programs which indicate that they grant credit for nutrition. Twenty schools indicated in questions 8, 9 and 10 that they grant credit hours, while 25 schools indicated in questions 11 and 12 that credit for nutrition is granted.

TABLE VI
CURRENT TEACHING OF NUTRITION IN THE
ASSOCIATE DEGREE NURSING PROGRAMS
INCLUDED IN THIS STUDY

Questions	Number of Schools
1. Nutrition taught as a separate course	14
2. Nutrition taught as an integrated course	54
No response	1
3. Nutrition taught by a dietitian or nutritionist	11
4. Nutrition taught by a home economics teacher	6
5. Nutrition taught by a nurse	48
6. Nutrition taught by other*	2
No response	2
7. No credit hours earned in nutrition	22
8. 1 credit hour earned in nutrition	3
9. 2 credit hours earned in nutrition	5
10. 3 credit hours earned in nutrition	12
No response	27
11. Schools granting quarter hours in nutrition	6
12. Schools granting semester hours in nutrition	19
No response	44
13. Students take National League for Nursing achievement test in nutrition	14
14. Students do not take National League for Nursing achievement test in nutrition	51
No response	4
15. Students take National League for Nursing achievement test in diet therapy	12
16. Students do not take National League for Nursing achievement test in diet therapy	49
No response	8

TABLE VI (Continued)

Questions	Number of Schools
17. The following areas of nutrition are currently being taught:	
Carbohydrates	61
Fats	61
Proteins	61
Minerals	61
Vitamins	60
Energy metabolism	60
Digestion and absorption	61
Food-borne diseases	56
Cultural, social and psychological influences on food habits	50
Family diet counseling	58
Food fads	45
Other:	
Diet therapy	7
Fluids and electrolytes	1
Acid-base balance	1
Pediatrics	1

*Biology Department

Of the 69 schools represented in this portion of the questionnaire, only 14 require that their students take the National League for Nursing achievement test in nutrition, and only 12 require their students to take the National League for Nursing achievement test in diet therapy. This would indicate that most of the schools responding to this portion of the study do not place sufficient emphasis on nutrition to enable their students to take these achievement tests.

The majority of the schools involved in this survey teach those areas of nutrition which were considered basic and were included in the questionnaire. Other areas which are being taught in addition to those

included in the questionnaire are diet therapy, fluids and electrolytes, acid-base balance and pediatric nutrition.

The following comments by the directors of the schools of nursing were included on the last page of the questionnaire.

Nutrition is an important area in nursing, but nurses are not nutritionists or diet therapists. We should have a basic knowledge and know when to consult the expert. Nurses have been all things to all people for too long. We need to resume nursing and allow other hospital personnel to do their job.

It is not customary to teach nutrition as a separate course in an associate degree nursing curriculum. Our feeling is that nutrition is more meaningful if integrated and that the amount needed can be taught by a nurse.

The following comments were made with reference to the areas of nutrition currently being taught in these programs.

But all is too superficial. We need more in depth course. Need more hours, but how?

I would like to see quite a bit more time devoted to it as I would want to be sure that the faculty members really enjoy teaching it. The teacher's enthusiasm and skill in teaching either makes nutrition interesting or a bore. I had a marvelous teacher and I loved it.

I feel we need to do a better job in these areas. I'm not sure they receive enough attention.

We need more depth, reinforcement, etc. Students need to have a good understanding of nutrition before studying diet therapy.

Nutrition is applied in each content area for example, nutrition in pregnancy, effect on developing fetus, relationship to mental retardation. Nutrition emphasized when studying cardiovascular conditions, etc.

All are included in various other courses.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study was undertaken in an attempt to examine the attitudes of directors and teachers in associate degree nursing programs toward nutrition, to determine if there is a difference in the attitudes of these two groups, and to determine the extent to which nutrition is currently being taught in their respective schools.

In order to examine the attitudes of the respondents toward nutrition, specific objectives were formulated toward: (1) whether or not nutrition should be included in the program; (2) who should plan and evaluate the curriculum and teach nutrition; (3) personal feelings toward nutrition as they may affect the curriculum; (4) whether or not nutrition is felt to be applicable in the nursing program; and (5) the importance of nutrition compared with other subjects in the nursing program.

A study was made of related literature pertaining to the growth of education in nursing, nursing education in the community college, and attitudes of nurses toward nutrition.

A questionnaire concerning attitudes toward nutrition was developed, pretested, and revised. Two copies of this questionnaire were sent to 100 associate degree nursing programs in nine states, one copy to be answered by the director of the school of nursing and one copy to be answered by a teacher chosen by the director. A question-

naire concerning current teaching of nutrition in the school program was attached to the director's copy. Of the 200 questionnaires mailed, 68 per cent were returned. Chi-square analysis of the attitudes of directors and teachers toward nutrition revealed that there was no significant difference in attitudes between these two groups.

Analysis of specific attitudes of the participants in this study toward nutrition was accomplished by figuring the percentage of responses in each category: strongly agree, agree, undecided, disagree and strongly disagree for each question, with values of 5, 4, 3, 2 and 1 respectively assigned to these categories. The statements and their percentages were grouped according to the objective to which they pertained. Compilation of the percentages was used in analyzing the results and making comparisons and conclusions of the attitudes expressed by the participants in this study.

The following conclusions of this study are presented from the information obtained in the analysis of the attitudinal questions according to each objective.

1. Administrators and teachers in the selected associate degree nursing programs strongly support (77 per cent) the inclusion of nutrition in their program. There is an indication that they feel the course should be an integrated one rather than a separate course. Comments to this effect were written on some of the questionnaires.
2. Nurses generally feel that a dietitian or nutritionist rather than a nurse should teach nutrition in the associate degree nursing program. However, ambivalent attitudes were evident by the number of respondents who

were undecided as to whom should teach nutrition.

The nurses participating in this survey felt strongly that they should plan and evaluate the nutrition program.

3. Nurses registered a negative attitude toward nutrition in relation to subject matter and interest despite the fact that the majority (63 per cent) indicated that they liked nutrition when they were a student.
4. Nurses feel strongly (78 per cent) that nutrition is applicable in the nursing program. Their responses indicated they felt that it is a vital part of the patient's care and that teaching the patient about his diet is an important aspect of the student's education.
5. Nurses feel (75 per cent) that nutrition is as important in the nursing curriculum as other subjects pertaining to nursing and that its major importance is not in order to help students pass state board examinations.

The following conclusions are presented from the information obtained in the tabulation of current nutrition teaching revealed in the second part of the questionnaire.

1. Nutrition is generally taught as an integrated course rather than as a separate course.
2. Nutrition is generally taught by a nurse rather than a nutritionist, dietitian or home economist.
3. The majority of the schools included in this study do not grant credit for nutrition education in their program.

4. The majority of the schools do not require their students to take the National League for Nursing achievement tests in nutrition or diet therapy.

On the basis of the conclusions of this study, the original hypotheses are rejected.

Keeping in mind the results and conclusions of this study, the following recommendations are made.

1. Nutrition should be integrated and correlated with the teaching of the health and care of the patient.
2. Goals, content and methods of teaching nutrition should be planned jointly by nutritionists and nurses.
3. Nutritionists should teach nutrition in the associate degree nursing programs.
4. The nutrition instructor, whether nutritionist or nurse, should be an active member of the nursing faculty and function as a segment of the entire teaching and supervising team.
5. Nutritionists who teach student nurses should have a personal interest and educational background in teaching.
6. Teachers of nutrition should develop a curriculum which is exciting and challenging.
7. Further research should be undertaken to determine the degree to which nutrition is integrated in associate degree nursing programs.

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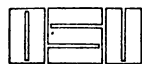
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APPENDIX A

LETTER OF TRANSMITTAL



Oklahoma State University

Department of Food, Nutrition and Institution Administration

November 15, 1973

STILLWATER, OKLAHOMA 74074
(405) 372-6211, Exts. 6007, 6091

Dear Directors and Instructors:

As a dietitian and an instructor of nutrition and diet therapy, I am interested in the role of nutrition in nursing education. I believe that the attitudes of instructors of nursing are important in determining the extent to which nutrition is taught in Associate Degree Nursing Programs.

Under the direction of Dr. Esther Winterfeldt, I am conducting a research study as a master's degree student at Oklahoma State University in the Department of Food, Nutrition and Institution Administration. My purpose is to gain insight into the attitudes of instructors in nursing education toward nutrition as a part of the curriculum.

I am asking that you help me by indicating your attitudes on the enclosed questionnaire and return to me by December 15, 1973. Two copies are enclosed, one for the director of the school, and one copy for an instructor to be chosen by the director.

Each questionnaire will be identified by a code number only, and all responses will be held in strict confidence. A stamped, self-addressed envelope is enclosed for your convenience. The average time required for completing the questionnaire in a preliminary trial was 10 minutes.

I will be pleased to send you a summary of the results of this study if you desire.

Thank you for your assistance.

Sincerely,

(Miss) Marjorie Harper
Graduate Student

Esther Winterfeldt, Ph.D.
Thesis Adviser

Enclosure

APPENDIX B

QUESTIONNAIRE

This questionnaire attempts to survey the opinions of teachers concerning nutrition as it relates to nursing education. There are no right or wrong answers to these statements. Please give your frank and honest opinion, and:

1. Read each statement carefully and mark it according to your first reaction.
2. Answer every question.
3. Give your personal point of view. Don't talk about the questions with anyone until you have finished.

For every item, please circle your personal reaction to the statement according to the following code:

SA - strongly agree; a - agree; u - undecided; d - disagree;
SD - strongly disagree.

- | | | | | | |
|--|----|---|---|---|----|
| 1. A course in nutrition should be included in an associate degree nursing program. | SA | a | u | d | SD |
| 2. Low grades in nutrition are due more to the subject content than to the student's ability to learn. | SA | a | u | d | SD |
| 3. The majority of student nurses feel that nutrition is interesting. | SA | a | u | d | SD |
| 4. I liked nutrition better than other academic subjects when I was a student. | SA | a | u | d | SD |
| 5. It is difficult to relate nutrition to the care of the patient. | SA | a | u | d | SD |
| 6. Any student who takes this subject is bound to be benefitted. | SA | a | u | d | SD |
| 7. Nursing subjects are more interesting than nutrition. | SA | a | u | d | SD |
| 8. A nurse should be the one responsible for teaching nutrition. | SA | a | u | d | SD |
| 9. Nutrition should be given as much consideration as any other course. | SA | a | u | d | SD |
| 10. A high school course in nutrition should be sufficient for a nurse. | SA | a | u | d | SD |
| 11. Poor grades in nutrition are usually due to boredom. | SA | a | u | d | SD |

- | | | | | | |
|--|----|---|---|---|----|
| 12. Identification of the patient's nutritional needs is one of the nurse's responsibilities. | SA | a | u | d | SD |
| 13. A course in nutrition for nurses should include food preparation. | SA | a | u | d | SD |
| 14. Nursing and nutrition are equally important in health care. | SA | a | u | d | SD |
| 15. Nutrition is not applicable in the nursing profession. | SA | a | u | d | SD |
| 16. Teaching the patient about his diet should be part of the student's clinical performance. | SA | a | u | d | SD |
| 17. Student nurses could do just as well without this subject. | SA | a | u | d | SD |
| 18. The nutritional portion of the nursing program should be planned and evaluated by nurses. | SA | a | u | d | SD |
| 19. The time spent studying nutrition would be better spent studying other courses related to nursing. | SA | a | u | d | SD |
| 20. Diet therapy is more important than basic nutrition. | SA | a | u | d | SD |
| 21. Nutrition provides a good background for other nursing courses. | SA | a | u | d | SD |
| 22. The student nurse cannot teach a patient about his diet if she has not studied nutrition. | SA | a | u | d | SD |
| 23. Nutrition is less important than other courses in the nursing curriculum. | SA | a | u | d | SD |
| 24. Administrators are usually interested in seeing that nutrition is a part of the program. | SA | a | u | d | SD |
| 25. The pressure of other subjects necessitates removing nutrition from the curriculum. | SA | a | u | d | SD |
| 26. Nutrition should be an elective. | SA | a | u | d | SD |

27. The most important reason for including nutrition in the curriculum is that it helps prepare the student for state board examinations. SA a u d SD
28. There is not enough value coming from nutrition to justify the time consumed. SA a u d SD
29. Nutrition is more difficult than medical-surgical nursing. SA a u d SD
30. Nutrition should be taught by a dietitian or nutritionist. SA a u d SD
31. I disliked nutrition when I was a student. SA a u d SD
32. The applicability of nutrition in health care would be more apparent to the student if it were offered later in the course rather than at the beginning. SA a u d SD

Do you now include nutrition as a separate course in the nursing curriculum? Yes No

If nutrition is not taught as a separate course, is it taught as an integrated course? Yes No

Is nutrition taught by a nutritionist or dietitian?
 a home economics teacher?
 a nurse?
 Other _____ (Please specify)

How many hours are earned in nutrition? 0 1 2 3

Are these quarter semester hours?

Do your students take the National League for Nursing Achievement Test in Nutrition? Yes No In Diet Therapy? Yes No

Please check the traditional areas of nutrition which you now include in the curriculum, and those areas which you would like to see included.

	<u>Areas of study which you now include</u>	<u>Areas of study which you would like to see included</u>
Carbohydrates	_____	_____
Fats	_____	_____
Proteins	_____	_____
Minerals	_____	_____
Vitamins	_____	_____
Energy metabolism	_____	_____
Digestion and absorption	_____	_____
Food-born diseases	_____	_____
Cultural, social and psychological influences on food habits	_____	_____
Family diet counseling	_____	_____
Food fads	_____	_____
Other	_____	_____
	_____	_____

2
VITA

Marjorie Jane Harper

Candidate for the Degree of

Master of Science

Thesis: ATTITUDES CONCERNING NUTRITION EDUCATION IN ASSOCIATE DEGREE
NURSING PROGRAMS

Major Field: Food, Nutrition and Institution Administration

Biographical:

Personal Data: Born in Kansas City, Kansas, July 30, 1920, the
daughter of Ralph and Ella Harper.

Education: Graduated from Tulsa Central High School, Tulsa,
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in Home Economics from Oklahoma State University,
Stillwater, Oklahoma, May, 1964; completed Dietetic
Internship, University of California Medical Center,
San Francisco, California, September, 1965; completed
requirements for a Master of Science degree with a
major in Food, Nutrition and Institution Administration
from Oklahoma State University, July, 1975.

Professional Experience: Therapeutic Dietitian, St. John's
Hospital, Tulsa, Oklahoma, September, 1965 to May, 1968;
Teaching Dietitian, St. John's Hospital School of Nursing,
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Summer of 1971; Adjunct Professor, Nutrition, University
of Tulsa, Tulsa, Oklahoma, Fall of 1974.

Professional Organizations: American Dietetic Association,
Oklahoma Dietetic Association, Tulsa District Dietetic
Association.