ATTITUDES OF NURSING STUDENTS TOWARD MENTAL RETARDATION BEFORE AND AFTER CURRICULAR EXPERIENCE WITH MENTALLY RETARDED CHILDREN

By

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A DISSERTATION PRESENTED TO THE GRADUATE COUNCIL OF THE UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA
1974
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To my husband and children
ACKNOWLEDGMENTS

I am indebted to the students in the University of Florida College of Nursing, and to their faculty, without whose cooperation the research could not have been accomplished.

For continued support throughout my doctoral program, I gratefully acknowledge the chairman of my committee, James W. Hensel. His interest and sincere concern have been appreciated.

To the other members of my committee, Vynce Hines and Dorris Payne, I extend my genuine appreciation for the unique contribution each has made. Vynce Hines contributed patience, understanding and practical advice. Dorris Payne is especially recognized and valued for her unfailing support and interest in my professional development. My success in the doctoral program is largely due to her scholarly assistance and personal interest.

Among others who have directly or indirectly influenced the research, I wish to thank Professors Pauline Barton and George Policello, doctoral colleague David Williams, and my typist Nancy McDavid.
My doctoral venture would not have been possible without the encouragement and loving support of my husband, Malcolm Baker, and our children, Eric Baker and Michael Baker. I am deeply grateful.
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Abstract of Dissertation Presented to the Graduate Council of the University of Florida in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

ATTITUDES OF NURSING STUDENTS TOWARD MENTAL RETARDATION BEFORE AND AFTER CURRICULAR EXPERIENCE WITH MENTALLY RETARDED CHILDREN

By

Amanda Sirmon Baker

December, 1974

Chairman: Dr. James W. Hensel
Major Department: Curriculum and Instruction

This study sought to determine whether or not the attitudes of nursing students toward mental retardation were different after a planned curricular experience with mentally retarded children. The sample consisted of 72 nursing students enrolled in the University of Florida College of Nursing, in the summer and fall quarters, 1974. There were 46 students who had not had the planned experience with mentally retarded children and 26 students who had already had the experience.

The design of the study was the Static-Group Comparison discussed by Campbell and Stanley. The Attitude Behavior Scale Toward Mental Retardation (ABS-MR) developed by John E. Jordan was used to measure attitudes and information about mental retardation. The ABS-MR was divided into 10 subscales. Hypotheses were formulated for eight of these subscales. The hypotheses predicted that there would be a significant difference in the pretest and posttest
groups in their attitudes toward mental retardation and in their knowledge about mental retardation. There was a difference in the mean scores for all eight hypotheses, but only two were statistically significant, one of which concerned the subjects' perceptions of what other people generally believe about interacting with the mentally retarded; the other dealt with the subjects' perceptions of aspects of life or life situations.

The differences were all in a negative direction except for the difference on the subscale dealing with knowledge about mental retardation which was in a positive direction.

It was concluded that there was a difference in attitudes after the planned curricular experience with mentally retarded children, factual information may increase as a result of planned curricular experience and attitudes tended to become more negative after such experience.
CHAPTER I

INTRODUCTION

Professionals, as well as parents, react differently to the birth of a retarded child. Some of the reactions are unpredictable; some are expected, but all reactions arise from the individual differences of the people involved.

For nine months, parents dream dreams and the appearance of a defective baby brings grief and mourning that kill the dreams. At such critical moments the child must still be cared for. Sometimes the family and/or the community cannot provide adequate care.

Separation, or just the thought of separation, can reawaken buried fears and anxieties. The retarded child reminds parents and professionals of their own inadequacies and the first impulse is to isolate the offender.

As Nichtern (1974) says:

The growth of our children not only moves them away from us and out of the family but brings them to the public marketplace as products as well as consumers before they may be ready. Their identification as something special--retarded--makes them both a special product and a special consumer. . . . The special program for the special child adds yet another dimension. Often the participating individual acquires
the identity of the program. This is true for child, family and professional alike. Once given the identity of "retarded" or any other similar designation, this classification tends to track the individual. . . . It helps make identification a broken promise of dreams never to be achieved and goals never to be fulfilled. (pp. 4-5)

Society is organized to provide common goals for its members. The retarded cannot cope with such structure and quickly become thorns in the sides of parents, professionals and others. Because retardation is a function of disturbances in development and displacements in time, the child may behave in ways that appear immature for his age or inappropriate to the time and place involved.

As the trend to conformity and standardized norms of behavior increases, an increasing number of individuals are labeled as retarded. The way these individuals are treated, whether with neglect, kindness, cruelty, ignorance, becomes a part of their very nature.

The history of retardation suggests that it is as much a record of society's needs and organization at any moment as it is of the existence of the retarded. (Nichtern, 1974, p. 11)

Few references exist that describe the care of the retarded before 1800. During the nineteenth century the Industrial Revolution revealed more and more people who were too slow or incompetent to function at the complex level required.
Mass-production moved from the factory to the institutions and by the nineteenth century facilities for the retarded were in operation throughout Western Europe and in America.

At this same time, the professionals made their first serious attempt to define mental retardation, the psychologist, the physician and the educator, however, had different definitions.

The timing of this emerging interest and the varying points of view suggest the concept of retardation to be more dependent on man's interpretation and prejudice than an entity unto itself. (Nichtern, 1974, p. 30)

**Problem**

The professional judgment that labels an individual as retarded not only identifies or defines behavior. Such identification also categorizes that person as an inferior member of a sub-group requiring control and external structure.

Much credence is given to the results of standardized tests as "objective" and "concrete" measures of retardation. With such tests normal is equated with average and the child who tests below the average is labeled abnormal.

A child with a crippling orthopedic problem is not ostracized. A child with a congenital heart defect is not separated from home and family. Each is allowed to live and grow to his ultimate limits. But a child who is
labeled retarded is considered immediately for institutional care.

Once labeled as retarded an individual is rarely reclassified. His only recourse is to relocate and lose the label. For those who cannot lose their identities, the only hope is in an interested and enlightened society in which he may be allowed to achieve his maximum potential.

Nurses are members of that society and the attitudes they have developed influence the care they plan and provide. Individuals of differing abilities, in and out of institutions, alone or in groups, all are included in a nurse's patient load. The care any nurse can plan and provide reflects not only her own attitudes but also the attitudes of those who have taught her.

Experiences in the curriculum of nursing programs can help shape the attitudes and prepare nurses more adequately to plan nursing care that meets the needs of all individuals. If these experiences are to meet the needs of both students and society, the curriculum must be constantly evaluated and revised.

Most attitudes can be changed and modified but can attitudes toward mental retardation be altered significantly?

The problem which has been addressed in this study was the effect of planned learning experience with retarded children on the attitudes of the nursing students towards mental retardation.
The Purpose

The purpose of this study was to determine whether or not the identified attitudes of baccalaureate nursing students towards mental retardation were different after a planned experience with retarded children.

The study was designed to answer such questions as:
1. Can attitude change be linked to specific experiences?
2. Are attitudes of nursing students toward mental retardation different after a planned experience with retarded children?
3. If there are attitude differences, are they in a positive or negative direction?

Need for the Study

Nurses are expected to plan and implement care for all individuals in our society, yet few preparatory programs include experiences with mentally retarded individuals as part of the curriculum.

Mental retardation is one of the most serious handicapping conditions of individuals in the United States. It affects the social, economic and personal welfare of all Americans. Retarded individuals are denied opportunities to develop or to plan for themselves and thus become a burden to those who must assume responsibility for their care, education and rehabilitation.
If the true measure of a civilization is reflected in the value placed upon the least able in that civilization, the United States measure is not commensurate with the country's advancement in other areas. In the rush to demonstrate "caring" for the mentally retarded, millions of dollars were appropriated for programs in the 1960s. In spite of these programs, however, the plight of the mentally retarded has been changed only slightly. Negative social attitudes of individuals and groups toward the mentally retarded inhibit change. Real change occurs when attitudes reflect a positive view of the mentally retarded individual as an individual. Social programs have demonstrated that society can accept responsibility for handicapped individuals, but can society develop a positive attitude towards them? Can institutional care be replaced by something more effective?

Ignorance, prejudice and shortsightedness foster the segregation of the retarded in family, school and institution. The cost of this segregation is inestimable in the millions of dollars spent on care and in the untold anguish of the retarded and of their families. If alternative methods of care are to be developed, research in attitude change toward the mentally retarded is needed.

The bases upon which this study was conceptualized were: (1) a desire for improving the plight of the mentally retarded in our society, (2) the experiential
inadequacies of professional nurses and (3) the need for curriculum revision in nursing education.

Desire for Improving the Plight of the Mentally Retarded in our Society

Mentally retarded individuals are at a critical disadvantage in a technologically advanced civilization. Individuals who function at an adequate level in a simple environment might find themselves identified as mentally retarded in complex industrialized surroundings. The complexity of the society, plus the advanced techniques for identification of the mentally retarded by medicine, psychology and education, increase the likelihood of these individuals being singled out as "mentally retarded" and becoming part of an abnormal subgroup, a subgroup too often denied the rights and privileges of participating in the normal activities and life of their community.

Experiential Inadequacies of Professional Nurses

Often nurses are the persons to whom a family turns first in a time of distress, however, nurses are usually ill prepared to deal with problems related to mental retardation. They confront this problem both in the hospital and in the community and have difficulty dealing with it in terms of their own feelings and in terms of offering any assistance to the families or to the retarded
individual. Nursing has an obligation to meet the needs of this group in our society. But it is difficult to meet the needs of others until one's own needs are met. Nurses are members of the general population and reflect the social mores of the time, including the prevalent attitudes about mental retardation. However, perhaps social change could be facilitated by nurses who have developed more positive attitudes toward the mentally retarded. There has been little research done on attitudes of nurses.

The Need for Curriculum Revision in Nursing Education

Nursing is responsible for assisting in health maintenance of all people, whether they be institutions (hospitals, etc.) or in the community. Nursing care is concerned with the health of individuals, of families and of larger groups, whether they be normal or abnormal, sick or well. However, the curriculum in nursing education usually focuses on illness. If nurses are to meet the needs of their clients, the curriculum must include opportunities for nursing students to study and work with many different individuals and groups, to focus on wellness. The mentally retarded are included as individual clients or in groups of clients.
Definition of Terms

For the purpose of this study, the following definitions were used:

- **Attitude (dependent variable).**—"A mental and neural state of readiness, organized through experience and exerting a directive or dynamic influence upon the individual's response to all objects and situations to which it is related" (Allport, 1935, p. 799).

- **Nursing 340 experience (independent variable).**—Basic pediatric nursing course which includes a two-week learning experience working with mentally retarded children at Sunland Training Center, Gainesville, Florida.

- **Nursing student.**—A student enrolled in junior or senior courses in the University of Florida College of Nursing.

- **R.N. student.**—A student enrolled in the University of Florida College of Nursing at the time of the study who was already licensed as a Registered Nurse.

- **Generic student.**—A student enrolled in the University of Florida College of Nursing at the time of the study who was not yet licensed as a Registered Nurse.

- **Mental retardation.**—A societal concept by which members of that society are categorized as mentally retarded or slow (Gunzburg, 1958). A concept not easily definable being more of "a social process than a clinical entity" (Nichtern, 1974, p.31).
ABS-MR (Attitude Behavior Scale-Mental Retardation).--
developed by John E. Jordan. Contains attitude subscales,
plus subscales on demographic factors, contact with handi-
capped persons, life situations, and information about
mental retardation (Appendix A).

Group A.--Those students who had not had Nursing 340
and the planned experience with retarded children at Sun-
land Training Center, Gainesville, Florida, and who were
administered the ABS-MR as a pretest only.

Group B.--Those students who had had Nursing 340 and
the planned experience with mentally retarded children at
Sunland Training Center, Gainesville, Florida, and who
were administered the ABS-MR as a posttest only.

Subscale I or ABS-I-MR.--The first section of the
ABS-MR which measures the subject's perception of how other
people compare the mentally retarded to those who are not
mentally retarded (Appendix A, pp. 70-72).

Subscale II or ABS-II-MR.--The second section of the
ABS-MR which deals with what the subject thinks other people
generally believe about interacting with the mentally
retarded (Appendix A, pp. 73-76).

Subscale III or ABS-III-MR.--The third section of the
ABS-MR which deals with what the subject feels is the right
or wrong way to behave toward mentally retarded persons for
himself (Appendix A, pp. 77-80).
Subscale IV or ABS-IV-MR.—The fourth section of the ABS-MR which deals with how the subject would act toward the mentally retarded individual in given situations (Appendix A, pp. 81-84).

Subscale V or ABS-V-MR.—The fifth section of the ABS-MR which deals with how the subject would act toward the mentally retarded individual in given situations (Appendix A, pp. 85-87).

Subscale VI or ABS-VI-MR.—The sixth section of the ABS-MR which deals with the subject's actual experience with mentally retarded persons (Appendix A, pp. 88-91).

Subscale VII or ABS-VII-MR.—The seventh section of the ABS-MR which deals with demographic information (Appendix A, pp. 92-96).

Subscale VIII or ABS-VIII-MR.—The eighth section of the ABS-MR which deals with the subject's experiences or contacts with handicapped persons (not specifically mentally retarded) (Appendix A, pp. 97-100).

Subscale IX or ABS-IX-MR.—The ninth section of the ABS-MR which deals with the subject's feelings about several aspects of life or life situations (Appendix A, pp. 101-102).

Subscale X or ABS-X-MR.—The tenth section of the ABS-MR which deals with information about mental retardation (Appendix A, pp. 103-105).
CHAPTER II

THE REVIEW OF THE LITERATURE

The idea of attitude change toward mental retardation includes the concepts of attitude and attitude change per se. Therefore, the review of the literature was divided into research studies in attitude toward mental retardation or toward the mentally retarded and related literature.

Related Literature

The concept of attitude has played a central role in the development of American social psychology (Kiesler, Collins and Miller, 1969). Studies in the area of attitude theory and organization were numerous as reviewed by Rosenberg and Hovland (1960) and Kiesler et al., (1969).

Social psychologists before World War II concentrated on attitude measurement and scaling while those after World War II devoted their attention to theoretical and empirical issues in attitude change (Kiesler et al., 1969). In fact, as early as 1918 social psychology was defined as the scientific study of attitude (Thomas and Znaniecki, 1918).
Definitions

Definitions of attitude vary according to the theorist's orientation. Allport's (1935) definition was found widely in the literature.

An attitude is a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related. (p. 799)

Triandis (1971) proposed a definition that he felt included many of the central ideas used by attitude theorists as follows: "An attitude is an idea charged with emotion which predisposes a class of actions to a particular class of social situations" (p. 2).

Thurstone advocated a broad definition of attitude in 1928, but later modified that definition to "the intensity of positive or negative affect for or against a psychological object. A psychological object is any symbol, person, phrase, slogan or idea toward which people can differ as regards positive or negative affect" (Thurston, 1946, p. 39). This definition was accepted by many theorists who developed scales for measuring attitudes.

Guttman (1950) defined attitude as a "delimited totality of behavior with respect to something" (p. 51). This is a behavioral definition rather than a cognitive one and lends itself to a facet theory analysis which Guttman (1959) developed. Bastide and van den Berghe (1957) proposed
four types or levels of interaction with an attitude object. Guttman (1959) elaborated these into a facet theory analysis in which he defined four of these levels:
(a) Stereotype, (b) Norm, (c) Hypothetical Interaction, and (d) Personal Interaction (Jordan, 1970).

Kerlinger (1964) defined attitude as "Predisposition to think, feel, perceive and behave toward a cognitive object" (p. 483). This definition or variations of it recurred often in the literature and represents the cognitive theorist's concept of attitude.

Attitudes and behavior were linked together by McGinnies (1970) when he referred to attitudes as a class of performances under the control of a specified social referent—much as any other learned behavior. Beatty (1969) also linked behavior and attitudes. Kiesler et al. (1969) proposed that it is not necessary to ask whether or not attitudes and behavior are correlated, but rather we should ask when are attitudes and behavior correlated and what factors affect the size of the correlation. They further discussed this point by stating

... our notions that a particular attitude correlates with a particular behavior may be incorrect, not because of a general failure of attitudes to have any relationship to behavior but because our intuitive notions about which attitudinal factors are correlated with which behavioral factors are incorrect. While our theoretical analysis of attitudes definitely commits us to a position that attitude factors should, in general, be correlated with some behavioral factors, it does not commit us
to a position that each attitude factor should be correlated to all behavioral factors. (Kiesler et al., 1969, p. 36)

A study often discussed in relation to behavior and attitude was one by La Piere (1934), which dealt with the apparent inconsistency exhibited by motel or restaurant proprietors who actually served a Chinese couple even though they had said they would not do so in response to a letter query. Kiesler et al. (1969) maintained that these were both behaviors in different situations, rather than the letter representing only attitude and the response to the couple as only behavior.

Attitude change was another area in the study of attitudes. Theories of attitude change might be divided into two types: a literary or conceptual definition and an operational definition. An operational definition defines a concept by specifying the procedures used to measure the concept and is based on the conceptual or literary definition (Kiesler et al., 1969). Studies in attitude change have often used the concept of dissonance as proposed by Festinger (1957), "Two elements are in a dissonant relation if, considering these two alone, the obverse of one element would follow from the other" (p. 13). Although highly controversial, dissonance theory and other consistency theories have been useful to social psychology and the study of attitude change (Kiesler et al., 1969).
Kiesler et al. (1969) summarized their critical review of theoretical approaches to attitude change

... for the most part theorizing in this area is still at a relatively low level: assumptions are not made explicit; relations between theoretical constructs are not spelled out; and the details necessary for precise predictions are often missing. Consequently, we feel that detailed criticism is necessary and desirable at this stage in the study of attitude change. (p. 343)

A comprehensive review of the literature (Jordan, 1968) on attitude studies indicated that four classes of variables seemed to be important determinants, correlates and/or predictors of attitude: (a) econ-demographic factors such as age, sex and income; (b) socio-psychological factors such as one's value orientation; (c) contact factors such as amount, nature, perceived voluntariness, and enjoyment of the contact; and (d) the knowledge factor, i.e., the amount of factual information one has about the attitude object. These variables are included in the Attitude Behavior Scale Toward Mental Retardation (ABS-MR) developed by Jordan and used in his study Attitude-Behavior Toward Mentally Retarded Persons: A Cross-Cultural Analysis, (1970).

**Attitudes Toward the Mentally Retarded**

The concept of attitude has played a central role in the development of American social psychology (Kiesler et al., 1969). Studies in the area of attitude theory and
organization were numerous as reviewed by Rosenberg and Hovland (1960) and Kiesler et al. (1969).

Attitudes toward the disabled have been studied particularly since World War II in an effort to plan programs to meet the needs of the physically handicapped. Jordan (1968) and Yuker (1970) have conducted comprehensive studies in this area and their studies serve as transition from the study of attitude theory as a concept to the study of attitudes toward a broadly defined group.

A review of the studies conducted and reported since 1960 which have focused specifically on attitudes toward the mentally retarded could be classified in four primary groups: (1) family attitudes, (2) attitudes of professionals, (3) public attitudes (nonspecific groups), and (4) cross-cultural attitudes.

Family Attitudes

Attitudes of family members toward the retarded child were reported in four studies. Early research in this area usually concentrated on the reactions and perceptions of the mother toward the child. Barber (1963) found that the attitudes of mothers of mentally retarded children were not influenced by the sex of the children but were influenced by the child's intellectual capacity and behavior. The influence of socioeconomic status was significant and was one of the most important variables influencing the attitudes
of mothers of mentally retarded children. Barber surmised that this research indicated that having a mentally retarded child tended to intensify some of the corresponding attitudes already held by parents of normal children of similar socio-economic status. The study included only families where the retarded child lived at home and therefore the findings could not be generalized to mothers who had placed their children in other living arrangements.

More recent research has included other family members. Condell (1966) investigated the attitudes of parents of retarded children, living in a rural setting. Some discrepancy seemed to exist between the parents' attitudes and the attitudes of the professionals involved. Such a discrepancy may have arisen because of the different educational and socioeconomic background of the urban, academically oriented professional group. Parental attitudes varied in this sample. Although parents sought professional help they did not always accept it, especially when professional goals and parental needs varied.

While many studies have concentrated on the relationship between mother and child, very few have included the father. Gumz and Gubrium (1972) examined the comparative perceptions of mothers and fathers toward a mentally retarded child of their own. The hypotheses of this study asserted that the father's role is that of instrumental leader while the mother's role is that of expressive
leader. The instrumental function focuses on relations of the system with other systems; its goals are to achieve adaptation, to maintain equilibrium and instrumentally to establish the desired relations to external goal objects. The expressive area concerns itself with the "internal" affairs of the system; to maintain integrative relations between members and to manage tension between component parts of the social system. Although not consistently statistically significant, evidence from a sample of 50 families with retarded children showed that there was a tendency for fathers to perceive their child more instrumentally than mothers, the latters' perceptions being more expressive.

Family attitudes were further studied by Adams (1965) who looked at the comparison of attitudes of adolescents toward both normal and retarded brothers. The results of this study seemed to indicate that mentally retarded brothers living at home did not adversely influence their siblings.

Attitudes of Professionals

Recognizing the importance of teachers and education in the lives of the retarded, researchers have explored various aspects of teachers' attitudes toward the retarded. Legant (1966) did not find any significant differences among the attitudes of regular classroom teachers, teachers of the handicapped, and teachers who had been exposed to
professional courses in teaching handicapped children but who were not actively engaged in doing so. The opposite of this was found by Proctor (1967) in a dissertation which investigated the relationships between the teachers' knowledge of exceptional children, the kind and amount of their teaching experience and their attitudes toward classroom integration of retarded children. Differences were found between groups of teachers which related directly to their knowledge about mental retardation and the amount of their teaching experience.

Teacher bias was explored by Soule (1972) in an attempt to examine the effect of expectancy on the subsequent behavior of institutionalized severely retarded children. No effects of experimentally induced teacher bias were found in this study of 24 subjects. Blazovic (1973) demonstrated that parents, teachers and retarded students differ in their attitudes toward integrated programs for borderline educable mentally retarded students. Regular class teachers perceived special classes as being more beneficial to borderline retardates than regular classes, the retarded students did not recognize or acknowledge differences between regular and special classes and parents appeared ambivalent toward preferences. Conversely Jones (1971) found that mildly retarded students rejected the labels and stigma associated with the special education, that teachers held lowered expectations for these students and had not
developed strategies for the management of stigma in classes for the educable mentally retarded.

There were references made in the literature to the attitudes of nurses toward mental retardation (Steele, 1971; Koch, 1971; Nichtern, 1974), but no research was found in this specific area. Steele emphasized the necessity for the nurse to have worked through her own feelings toward mental retardation before attempting to help parents of a retarded child for her attitude and behavior may serve as a guide for parents (Steele, 1971). Koch (1971) presented the interdisciplinary approach toward mental retardation involving many different professions; nursing being one of these. The importance of attitudes was stressed throughout the book. Nichtern (1974) wrote a book for parents of a retarded child with emphasis on the importance of attitudes, of society as a whole and especially of parents and those professionals working directly with the child. Nursing texts in pediatric nursing usually included a short section on mental retardation based on the clinical aspects of the condition and the nurse's responsibility in prevention, case finding and management with little or no mention made of attitudes of the nurse (Marlow, 1973; Blake, Wright and Waechter, 1970).
Public Attitudes

In spite of increased information about mental retardation in the media, emphasis on programs and huge amounts of money allocated by governmental and private agencies during the 1960s, Gottwald (1970) found a tremendous naivete in public awareness about mental retardation. Meyers, Sitkei and Watts (1966) also found this lack of understanding concerning the educable mentally retarded child's potential by both groups in their study, one a random sample of an urban population, the other a sample of families with a child enrolled in special classes in public school. Their study did reveal a more accepting attitude of home care and public education for the educable mentally retarded (EMR) as opposed to the trainable mentally retarded (TMR) and a more accepting attitude by non-Caucasians and those of "liberal-casual" religions. Edgerton and Darno (1972) studied the attitudes of Anglo- and Mexican-Americans toward the moderately retarded (TMR). The results indicated that most Anglo- and Mexican-Americans from a large urban area preferred home care as opposed to hospital care. As the respondents became more "middle-class," however, they tended to choose hospitalization.

Investigation of attitudes of the public in connection with tours of institutions for the retarded indicated that while the tours may produce attitude change, this change is often in a positive direction toward the institution and
toward parents (Sellin and Mulchahay, 1965; Kimbrell and Luckey, 1964; Warren, Turner and Brody, 1964) and in a negative direction toward the retarded themselves or toward working with the retarded (Sellin and Mulchahay, 1965; Warren et al., 1964). Sartin (1965) found that while there were fewer misconceptions following a unit of study which included tours of institutions, the attitudes which the students expressed were more negative toward the mentally deficient, but more positive toward the slow learner and toward other groups of children.

Cross-Cultural Attitudes

Mental retardation and the attitudes toward mentally retarded persons are problems which are present in all societies. In an attempt to investigate the attitude behaviors toward retarded persons, Jordan (1970), using the variables identified in 1968, conducted an extensive seven-nation study of four classes of variables which he believed to be important determinants, correlates and/or predictors of attitudes: (1) econ-demographic factors such as age, sex and income, (2) socio-psychological factors such as one's value orientation, (3) contact factors such as amount, nature, etc., of contact, and (4) the knowledge factor. Jordan's results indicated that increased knowledge of mental retardation did not necessarily indicate increased positive attitudes, type of contact with the retarded was
related to the attitudes expressed, amount of education was positively related to favorable attitudes toward mental retardation, age was not related to attitudes toward mental retardation, women scored higher on positive attitudes toward mental retardation than men, those who scored high in efficacy did not necessarily score high in positive attitudes toward the mentally retarded.

Comparison of attitudes between the U.S. and Europe was done by Lippman (1972). He found that European countries, especially the Scandinavian countries, have a more positive attitude toward the mentally retarded than the U.S. The provisions made for the retarded reflected this positive attitude.

Conclusion

The review of the literature indicated that research in the area of attitudes has intrigued psychologists and sociologists since the early 1900s. Although there has been much controversy in the field, the results of the studies help researchers to better understand attitudes and attitude change. These findings have been widely used by experts in communication and advertising and are beginning to be used by experts in other fields.

The area of attitudes and attitude change as related to behavior and behavior change was less clearly defined and needs further research and study.
The area of nurses' attitudes toward mental retardation has only recently appeared in the literature (Steele, 1971; Nichtern, 1974; Koch, 1971). Research in this area has not been reported.
CHAPTER III

METHODOLOGY

Hypotheses

Jordan recommended that the ABS-MR be tabulated as separate subscales, rather than as whole (Jordan, 1970). When the entire scale was differentiated into subscales, eight hypotheses were formulated for this study.

Hypothesis I:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their perception of how other people compare the mentally retarded to those who are not retarded as measured by the ABS-I-MR.

Hypothesis II:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing
students who have had a planned curricular experience with mentally retarded children (Group B) in their perceptions of what other people generally believe about interacting with the mentally retarded as measured by the ABS-II-MR.

Hypothesis III:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their feelings about the right or wrong way to behave toward mentally retarded persons as measured by the ABS-III-MR.

Hypothesis IV:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in the way they believe they would act toward mentally retarded individuals in given situations as measured by the ABS-IV-MR.

Hypothesis V:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their identified
feelings toward the mentally retarded as measured by the ABS-V-MR.

Hypothesis VI:
There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their actual experience with mentally retarded individuals as measured by the ABS-VI-MR.

Hypothesis VII:
There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their expressed feelings about life situations as measured by the ABS-IX-MR.

Hypothesis VIII:
There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in the amount of information they possess about mental retardation as measured by the ABS-X-MR.
Sample

Ninety-four students volunteered to participate, but 22 did not return the ABS-MR. There was no way to contact those who did not return the ABS-MR as anonymity had been maintained. The study sample, therefore, consisted of 72 students enrolled in the University of Florida College of Nursing during the summer and fall quarters, 1974. As part of their program pediatric nursing was required, but the students could elect to take the course at any point in their upper division work. The students who participated in the study were, therefore, in either their junior or senior year of a baccalaureate program in nursing. The sample reflected the student admissions to the College of Nursing and was predominantly white, female and young. No attempt was made to control such variables as age, sex, race, religion, or educational background (i.e., R.N. or generic students).

The sample consisted of 70 females and 2 males, whose ages ranged from under 21 years old to 50 years, with the majority in the 21-30 age bracket. There were 56 who were single, 14 married, 1 divorced and 1 widowed. Their religion was predominantly Protestant (41 of the total 72), 14 Catholic, 2 Jewish, 12 other or none, while 3 preferred
not to answer. Fifty-three listed some college or university level education, while 19 listed college or university degree (see Table 1).

**Design**

The separate sample Pretest-Posttest Design proposed by Campbell and Stanley (1963, p. 53) was the original design of this study. Randomization could not be maintained; therefore, the design used was the Static-Group Comparison (Campbell and Stanley, 1963, pp. 12-13). This is considered a pre-experimental design by Campbell and Stanley. The sources of internal invalidity are similar on the two designs, but the Static-Group Comparison does not control for threats to external validity (Campbell and Stanley, 1963, p. 8 and p. 40). The design can be illustrated by the diagram:

```
   X
---0
  0
```

The first threat to internal validity is that of selection. If $0_1$ and $0_2$ differ, this difference could have well come about because the groups were different to begin with. In this particular study, there was a degree of control for this; as the two groups were all in the junior or senior year of the same baccalaureate nursing
Table 1
SUBJECTS IN GROUP A AND GROUP B COMPARED FOR SEX, AGE, MARITAL STATUS, RELIGION AND EDUCATION

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>44</td>
<td>26</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 21</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>21-30</td>
<td>28</td>
<td>24</td>
</tr>
<tr>
<td>31-40</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>41-50</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<td></td>
</tr>
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<td>Married</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Single</td>
<td>35</td>
<td>21</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer not to Answer</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Catholic</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Protestant</td>
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<td>18</td>
</tr>
<tr>
<td>Jewish</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other or none</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college or university</td>
<td>34</td>
<td>19</td>
</tr>
<tr>
<td>College or university degree</td>
<td>12</td>
<td>7</td>
</tr>
</tbody>
</table>
program, and were all volunteers in the sample. This would assume a certain amount of similarity in age, educational level and occupational interests. They were all anonymous and did not receive any external rewards or recognition for participating in the study.

Mortality (loss of subjects) is another threat to internal validity. There were 22 students who volunteered to participate but who failed to complete the ABS-MR. Their anonymity had been maintained, so there was no way to determine who they were. It can only be assumed that participants from both groups failed to return the ABS-MR.

Interaction of selection and maturation is another threat to internal validity. It is assumed that the voluntary selection, the similarity of age and educational backgrounds and the short time span of the testing controlled for this in some degree.

The Static-Group Comparison design has no controls for threats to external validity; but, many of the experimental designs and quasi-experimental designs proposed by Campbell and Stanley have no controls in this area. The results, then, are not considered generalizable to any population other than the one involved in the study.

The design does control for threats to internal validity for history (external events not related to effects of X), testing, instrumentation and regression.
These controls, plus the ones imposed by the anonymity of subjects, the similarity of subjects and the absence of external rewards for participation make this a strong enough design to warrant its use in this particular study.

Instrumentation represents a hazard when interviewers are used. This was not the case in this study, as all information was obtained through a written instrument where the subjects remained anonymous.

**Instrumentation**

Attitudes (the dependent variable) were measured using the Attitude Behavior Scale-Mental Retardation (Appendix A) developed by Jordan (1970) for use in a cross-cultural analysis of seven nations. Jordan (1970) described the Attitude Behavior Scale-Mental Retardation (ABS-MR):

The construction of the ABS-MR was guided by the facet design which makes it possible to construct items by the method of intuition or by the use of judges. Facet theory (Guttman, 1959, 1971, 1970) specifies that the attitude universe represented by the item content can be substructured into semantic profiles which are systematically related according to the number of identical conceptual that they hold in common. The substructuring of an attitude universe into profiles facilitates a sampling of items within each of the derived profiles, and also enables the prediction of relationships between various profiles of the attitude universe. This should provide a set of clearly defined profiles for cross-national, cross-cultural, and sub-cultural comparisons. (p. 5)
Reliability for the ABS-MR test development samples as determined by the Hoyt analysis of variance method ranged from .60 to .85. Reliability estimates obtained by the sample procedures on the seven-nation data indicate the reliabilities are equal to or, in many instances, better than those obtained on the test development samples (Jordan, 1970). Validity of the ABS-MR was assessed by the "Known Group" method and by the results of a simplex test. The groups scored approximately as expected.

The ABS-MR, as developed by Jordan (1970), was divided into six subscales, plus sections on demographic factors, contact with handicapped persons, life situations, and information about mental retardation. For the purpose of this study, the ABS-MR was used as developed by Jordan with the original subscales (I-VI), and the sections on demographic factors, life situations, and information about mental retardation were given subscale numbers VII-X for tabulation purposes. The ABS-MR was administered as a total instrument, then analyzed as subscales.

Jordan (1970) strongly recommended maintaining the anonymity of subjects in an effort to control for social desirability pressures.

Procedure

The ABS-MR was administered to students enrolled in the College of Nursing during the summer and fall quarters,
1974. Participation was voluntary and all those students who had not had the Sunland experience were designated as Group A. Those students who had completed the Sunland experience were designated as Group B.

The curricular experience (or independent variable) for this study consisted of a two-week period when nursing students worked with mentally retarded children as part of their course in pediatric nursing. The pediatric nursing course was required for graduation and the two-week experience was a required part of the course. The students participated in the care of children in Willow Cottage at Sunland Training Center, Gainesville, Florida. These children ranged in age from 4 through 14 years and ranged in development from 6 months through 4 years; therefore, they are classified as severely retarded. They are dependent on others for most of their care. The nursing students were responsible for completing developmental assessments of these children, for planning and implementing care based on these assessments and for either writing a paper or developing and evaluating a project related to the care of the children (Appendix B, Course Outline). Students spent at least 12 hours weekly in the cottage. In addition there were weekly seminars with participating students and instructors. Daily conferences were held as needed. Instructor(s) assistance was available at all times from either the instructor who regularly worked in the cottage with the
students or from other instructors in the pediatric nursing course.

Students were allowed to modify the course outline requirements when necessary to meet their own learning needs. A minimum level of competence was required, however, in order to receive credit for the experience.

Those students who had completed the experience and those students who had not yet been assigned to Sunland were tested during the same six-week period. Because of the length of the ABS-MR and the time required to answer the questions, the students were allowed to complete the tests at home. The subjects were assured of anonymity and were asked to be honest in their answers. No other directions were given. The completed tests were returned to the researcher immediately and all data were available for analysis within one day of the last testing session.

Assumptions and Limitations

Analysis of data was influenced by underlying assumptions and limitations identified early in the study.

It was assumed that

1. The ABS-MR accurately tested attitudes toward MR.
2. The students were truthful in answering the questions of the ABS-MR.
3. Students chosen during the time period involved were comparable to students in any other time period.
Certain limitations had to be considered when interpreting the data:

1. Many students had preconceived ideas of what "nursing" was. Working with mentally retarded children at Sunland did not always fit this preconception and biases were formed.

2. The curricular experience was required, not elective, and students sometimes developed a set against it for this very reason.

3. The limited period involved (two weeks) did not afford time to resolve the emotional impact or the stress of cognitive learning requirements compounded by that emotional impact.

4. The environment of a state institution may have contributed to reactions that might not have occurred or might have been different in another setting.

5. Participation in the study was voluntary and thus involved a select or particular group of individuals whose attitudes may have influenced their volunteering.

6. The same instructor did not teach the curricular experience to all the sample involved and individual instructor biases may have influenced student attitudes.
CHAPTER IV

DATA ANALYSIS

This study investigated the effects of a planned curricular experience upon the attitudes of baccalaureate nursing students toward mental retardation.

Eight hypotheses were formulated for the study and were tested with computer analysis using multivariate general linear hypothesis procedures.

Hypothesis I:
There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their perception of how other people compare the mentally retarded to those who are not retarded as measured by the ABS-I-MR.

Analysis of data revealed no significant difference between the groups in their perception of how other people compare the mentally retarded to those who are not retarded as measured by the ABS-I-MR. An F statistic of 3.982 was necessary for significance at the .05 level. The F statistic
for this hypothesis, however, was .641 and therefore not significant (see Table 2).

Hypothesis II:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their perceptions of what other people generally believe about interacting with the mentally retarded as measured by the ABS-II-MR.

Analysis of data revealed a significant difference between the groups in their perceptions of what other people generally believe about interacting with the mentally retarded as measured by the ABS-II-MR. An $F$ statistic of 3.982 was necessary for significance at the .05 level. The $F$ statistic for this hypothesis was 5.067 and, therefore, was significant (see Table 3).

Hypothesis III:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their feelings about the right or wrong way to behave toward mentally retarded persons as measured by the ABS-III-MR.
### Table 2
#### ANALYSIS OF VARIANCE TABLE FOR HYPOTHESIS I

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
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</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>28.043</td>
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<td>28.043</td>
<td>.641</td>
</tr>
<tr>
<td>Within Groups</td>
<td>3061.831</td>
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<td>43.740</td>
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</table>

### Table 3
#### ANALYSIS OF VARIANCE TABLE FOR HYPOTHESIS II

<table>
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</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>191.043</td>
<td>1</td>
<td>191.043</td>
<td>5.067</td>
</tr>
<tr>
<td>Within Groups</td>
<td>2638.956</td>
<td>70</td>
<td>37.699</td>
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</tr>
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</table>
Analysis of data revealed no significant difference between the groups in their feelings about the right or wrong way to behave toward mentally retarded persons as measured by the ABS-III-MR. An F statistic of 3.982 was necessary for significance at the .05 level. The F statistic for this hypothesis, however, was .010 and therefore not significant (see Table 4).

Hypothesis IV:
There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with retarded children (Group B) in the way they believe they would act toward mentally retarded individuals in given situations as measured by the ABS-IV-MR.

Analysis of data revealed no significant difference between groups in the way they believed they would act toward mentally retarded individuals in given situations as measured by the ABS-IV-MR. An F statistic of 3.982 was necessary for significance at the .05 level. The F statistic for this hypothesis, however, was only 2.435 and therefore not significant (see Table 5).

Hypothesis V:
There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing
Table 4

ANALYSIS OF VARIANCE TABLE FOR HYPOTHESIS III

<table>
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<tbody>
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<td></td>
</tr>
<tr>
<td>Groups (BG)</td>
<td>0.312</td>
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<td>0.312</td>
<td>0.010</td>
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<tr>
<td>Within</td>
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<tr>
<td>Groups (WG)</td>
<td>2017.632</td>
<td>70</td>
<td>28.823</td>
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</table>

Table 5

ANALYSIS OF VARIANCE TABLE FOR HYPOTHESIS IV

<table>
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<td></td>
</tr>
<tr>
<td>Groups (BG)</td>
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<td>Within</td>
<td></td>
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<tr>
<td>Groups (WG)</td>
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<td>70</td>
<td>41.386</td>
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students who have had a planned curricular experience with mentally retarded children (Group B) in their identified feelings toward the mentally retarded as measured by the ABS-V-MR.

Analysis of data revealed no significant difference between the two groups in their identified feelings toward the mentally retarded as measured by the ABS-V-MR. An $F$ statistic of 3.982 was necessary for significance at the .05 level. The $F$ statistic for this hypothesis was 0.726 and therefore not significant (see Table 6).

Hypothesis VI:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their actual experience with mentally retarded individuals as measured by the ABS-VI-MR.

Analysis of data revealed no significant difference between the groups in their actual experience with mentally retarded individuals as measured by the ABS-VI-MR. An $F$ statistic of 3.982 was necessary for significance at the .05 level. The $F$ statistic for this hypothesis was 0.022 and therefore not significant (see Table 7).

Hypothesis VII:

There will be a significant difference between nursing students who have not had a planned curricular experience
Table 6
ANALYSIS OF VARIANCE TABLE FOR HYPOTHESIS V

<table>
<thead>
<tr>
<th>Source</th>
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<td>0.726</td>
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<tr>
<td>Within Groups</td>
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Table 7
ANALYSIS OF VARIANCE TABLE FOR HYPOTHESIS VI

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<td>0.022</td>
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<tr>
<td>Within Groups</td>
<td>1533.016</td>
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<td>21.900</td>
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with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their expressed feelings about life situations as measured by the ABS-IX-MR.

Analysis of data revealed a significant difference between the two groups in their expressed feelings about life situations as measured by the ABS-IX-MR. An F statistic of 3.982 was necessary for significance at the .05 level. The F statistic was 7.082 for this hypothesis and therefore was significant (see Table 8).

Hypothesis VIII:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in the amount of information they possess about mental retardation as measured by the ABS-X-MR.

Analysis of data revealed no significant difference between the two groups in the amount of information they possess about mental retardation as measured by the ABS-X-MR. An F statistic of 3.982 was necessary for significance at the .05 level. The F statistic for this hypothesis was 0.616 and therefore not significant (see Table 9).
Table 8
ANALYSIS OF VARIANCE TABLE FOR HYPOTHESIS VII

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups (BG)</td>
<td>61.859</td>
<td>1</td>
<td>61.859</td>
<td>7.082</td>
</tr>
<tr>
<td>Within</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups (WG)</td>
<td>611.418</td>
<td>70</td>
<td>8.734</td>
<td></td>
</tr>
</tbody>
</table>

Table 9
ANALYSIS OF VARIANCE TABLE FOR HYPOTHESIS VIII

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups (BG)</td>
<td>2.087</td>
<td>1</td>
<td>2.087</td>
<td>0.616</td>
</tr>
<tr>
<td>Within</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups (WG)</td>
<td>237.023</td>
<td>70</td>
<td>3.386</td>
<td></td>
</tr>
</tbody>
</table>
Of the eight hypotheses formulated for the study, six were rejected and two were supported.

Although the differences could not be totally attributed to the planned curricular experience at Sunland, significant change did occur in two areas, and some change occurred in all areas.

In the ABS-MR, a high score denotes a more positive attitude. On all subscales measuring attitude the mean pretest scores were higher than the mean posttest scores (sub-scales I-VI, IX). On subscale X measuring information about mental retardation possessed by the individual, the mean of the posttest scores was higher than the mean of the pretest scores (see Table 10). The difference was not significant, but the subjects did apparently acquire a little more factual information about mental retardation from their curricular experience.

However, on the attitude subscales, the differences were all in a negative direction. Subscales I and IX were significantly in a negative direction (see Tables 3 and 8).

Discussion of the Results

The negative change in attitudes after the planned curricular experience in this study implies that attitudes can be changed with experiences. The results of this study are in agreement with the studies involving tours of
### Table 10

**REGRESSION COEFFICIENTS (MEAN SCORES) FOR GROUPS A AND B AND ON EACH SUBSCALE**

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Group A</th>
<th>Group B</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>33.260*</td>
<td>31.961</td>
<td>1.299</td>
</tr>
<tr>
<td>II</td>
<td>32.891*</td>
<td>29.500</td>
<td>3.391</td>
</tr>
<tr>
<td>III</td>
<td>48.021*</td>
<td>47.884</td>
<td>0.137</td>
</tr>
<tr>
<td>IV</td>
<td>48.347*</td>
<td>45.884</td>
<td>2.463</td>
</tr>
<tr>
<td>V</td>
<td>38.086*</td>
<td>36.500</td>
<td>1.586</td>
</tr>
<tr>
<td>VI</td>
<td>30.478*</td>
<td>30.307</td>
<td>0.170</td>
</tr>
<tr>
<td>IX</td>
<td>23.891*</td>
<td>21.961</td>
<td>1.929</td>
</tr>
<tr>
<td>X</td>
<td>9.250</td>
<td>9.651*</td>
<td>-0.354</td>
</tr>
</tbody>
</table>

*p=<.05

**Note:** The higher the score the more positive the attitude measured.
institutions in which the subjects' attitudes toward the mentally retarded changed in a negative direction after tours of institutions (Sellin and Mulchahay, 1965; Kimbrell and Luckey, 1964; Warren et al., 1964). These were discussed in Chapter II—The Review of the Literature. The results are also in agreement with the study by Sartin (1965) who found that while there were fewer misconceptions following a unit of study which included tours of institutions, the attitudes which the students expressed were more negative toward the mentally deficient (see Chapter II).

Jordan (1970) discussed the problem of deciding between the more realistic answer and the more positive answer on the ABS-MR. This may account for part of the negative change in this study. Nursing students are usually assumed to have altruistic feelings or attitudes. These feelings may have to adapt to reality when the student participates in actual experiences. Interpretation of this change could be done using Festinger's concept dissonance: "Two elements are in a dissonant relation if, considering these two alone, the obverse of one element would follow from the other" (Festinger, 1957, p. 13). The actual experience with the mentally retarded children in Willow Cottage becomes the element which causes dissonance in the attitudes of the student. The attitudes towards mental retardation are brought into agreement with the behavior of the student toward the mentally retarded. Thus, if the student feels repulsed, helpless,
angry, etc., toward the retarded individuals or toward the experience, the attitudes related to this concept will change in a negative direction to agree with feelings. Actual experience working with mentally retarded individuals introduces many more possible dissonant elements than a classroom learning experience might.

The background experience with handicapped individuals revealed by the questions on subscale VIII (Appendix A, pp. 97) may also account for some of the differences in attitudes between the two groups. Subscale VIII (Appendix A, p. 97) begins by asking for handicapping condition with which the subject has had the most actual experience; 35 percent of Group A listed mental retardation, 62 percent of Group B listed mental retardation (see Table 11). The types of experiences indicated by subjects were similar in both groups as 52 percent of Group A listed work experience and 57 percent of Group B listed work experience (see Table 11). The negative differences begin to show up on ability to avoid contact, where 13 percent of Group A indicated they could not have avoided the contact while 30 percent of Group B could not have avoided contact. Responses to other opportunities available also show differences as 28 percent of Group A indicated that other jobs were available which were fully acceptable to them when they chose to work with handicapped individuals. No subjects in Group B indicated this (see Table 11).
Table 11
GROUPS A AND B COMPARED ON EXPERIENCES OR CONTACTS WITH HANDICAPPED PERSONS

<table>
<thead>
<tr>
<th>Handicapping Condition</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind/partially blind</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Deaf/partially deaf, speech impairment</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Crippled/spastic</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Mentally retarded</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Social or emotional</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of Experiences</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read or studied</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Friend or relative</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Worked with personally handicapped</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>No answer</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ability to Avoid Contact</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couldn't avoid</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Could have avoided with great difficulty</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Could have avoided with considerable</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Could have avoided with some inconvenience</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Could have avoided without any difficulty</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What Other Opportunities for Employment Were Available:</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>No experience</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td>No other job available</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Other jobs--not at all acceptable to me</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other jobs--not quite acceptable</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other jobs--fully acceptable</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>26</td>
</tr>
</tbody>
</table>
Table 11 (continued)

<table>
<thead>
<tr>
<th>Feelings About Experience or Contact With Mentally Retarded Persons:</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>No experience</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Definitely disliked</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Did not like very much</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Liked it somewhat</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Definitely enjoyed it</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>26</td>
</tr>
</tbody>
</table>
Feelings about experiences or contacts with mentally retarded persons also reveal differences (see Table 11). While no subjects in Group A indicated that they definitely disliked their contacts, 15 percent of Group B indicated this. Also 48 percent of Group A indicated they liked the experience somewhat, only 27 percent of Group B so indicated.

These data imply that Group A had had more positive experiences with handicapped individuals including mentally retarded individuals than Group B. The fact that Group B's curricular experience was in a state institution and was a required part of a course for academic credit rather than a voluntary experience over which the volunteer has a certain amount of control may account for some of these differences.

The intensity scores were also subjected to computer analysis using multivariate general hypothesis procedures. No significant differences were found between the two groups. The mean scores for the posttest groups were higher than the mean scores for the pretest group on all subscales except subscale VI (see Table 12). These higher scores imply that the posttest group was more certain of responses on all subscales except subscale VI.

These intensity scores were not dealt with in depth in this study, but will be used in future research.
Table 12

REGRESSION COEFFICIENTS (MEAN SCORES) FOR GROUPS A AND B ON INTENSITY FACTORS FOR SUBSCALES

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Group A</th>
<th>Group B</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>40.086</td>
<td>42.307</td>
<td>-2.220</td>
</tr>
<tr>
<td>II</td>
<td>42.043</td>
<td>44.000</td>
<td>-1.956</td>
</tr>
<tr>
<td>III</td>
<td>45.304</td>
<td>46.692</td>
<td>-1.387</td>
</tr>
<tr>
<td>IV</td>
<td>47.630</td>
<td>48.000</td>
<td>-0.369</td>
</tr>
<tr>
<td>V</td>
<td>47.652</td>
<td>47.769</td>
<td>-0.117</td>
</tr>
<tr>
<td>VI</td>
<td>34.000</td>
<td>32.038</td>
<td>1.961</td>
</tr>
<tr>
<td>IX</td>
<td>28.108</td>
<td>28.346</td>
<td>-0.237</td>
</tr>
</tbody>
</table>

Note: The higher score denotes that subjects were more certain of their responses.
CHAPTER V

SUMMARY, CONCLUSIONS AND IMPLICATIONS

Summary

Purpose of the Study

The purpose of this study was to determine whether or not the identified attitudes toward mental retardation of baccalaureate nursing students were different after a curricular experience with mentally retarded children.

Questions for Study

This study sought to answer the following questions:

1. Can attitude change be linked to specific experiences?

2. Are attitudes of nursing students toward mental retardation different after a planned experience with retarded children?

3. If there are attitude differences, are they in a positive or a negative direction?
Need for the Study

There was a need for nurses to plan and implement better nursing care for mentally retarded individuals and their families. It was assumed that nursing care reflected the attitudes of nurses, and awareness of attitudes of nursing students toward mental retardation could help faculty in planning preparatory programs. The bases upon which the study was conceptualized were a desire for improving the plight of the mentally retarded in our society, the experiential inadequacies of professional nurses and the need for revision of curriculum in nursing education.

Design of the Study

The design of this study was the Static-Group Comparison discussed by Campbell and Stanley (1963).

The Sample

The sample consisted of 72 nursing students in the junior or senior year of a baccalaureate program during the summer and fall quarters in the University of Florida College of Nursing. Of these 72 students, 46 had not yet had the planned curricular experience with mentally retarded children and were designated as Group A, while 26 had had the experience and were designated as Group B.
Instrumentation

The Attitude Behavior Scale Toward Mental Retardation (ABS-MR) developed by Jordan (1970) was used to assess attitudes toward mental retardation and knowledge about mental retardation of Group A who had not yet had the planned curricular experience and Group B who had had the experience. The ABS-MR was divided into subscales I-X for tabulation purposes and for hypothesis testing (see Definition of Terms for description of subscales).

Analysis and Interpretation of Data

The ABS-MR was divided into 10 subscales, each involving different data related to attitudes, demographic factors, and knowledge possessed by the individual about mental retardation (see Definition of Terms).

The following hypotheses were formulated for the study:

Hypothesis I:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their perception of how other people compare the mentally retarded to those who are not retarded as measured by the ABS-I-MR.
Hypothesis II:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their perceptions of what other people generally believe about interacting with the mentally retarded as measured by the ABS-II-MR.

Hypothesis III:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their feelings about the right or wrong way to behave toward mentally retarded persons as measured by the ABS-III-MR.

Hypothesis IV:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in the way they believe they would act toward mentally retarded individuals in given situations as measured by the ABS-IV-MR.
Hypothesis V:
There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their identified feelings toward the mentally retarded as measured by the ABS-V-MR.

Hypothesis VI:
There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their actual experience with mentally retarded individuals as measured by the ABS-VI-MR.

Hypothesis VII:
There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in their expressed feelings about life situations as measured by the ABS-IX-MR.
Hypothesis VIII:

There will be a significant difference between nursing students who have not had a planned curricular experience with mentally retarded children (Group A) and nursing students who have had a planned curricular experience with mentally retarded children (Group B) in the amount of information they possess about mental retardation as measured by the ABS-X-MR.

The data were subjected to computer analysis using multivariate general hypothesis procedures. The mean score of Group A was higher than the mean score of Group B on all subscales except subscale X. Only two were statistically significant at the .05 level, however. Those with significant differences were subscales II and IX which dealt with the subject's perception of what other people generally believed about mentally retarded persons and how the subject perceived certain life situations. The higher score denoted a more positive attitude on the ABS-MR; therefore, the attitude difference was in a negative direction on seven of the eight subscales; significantly so on two of these. Subscale X dealt with factual information about mental retardation; there was a difference in the positive direction on the mean scores on subscale X of the two groups, but it was not significant.
The data indicated that there was a significant difference in attitudes on subscale II which involved perceptions of what other people generally believed about interacting with the mentally retarded and on subscale IX which dealt with life situations. These differences were to a more negative attitude after the experience.

The intensity factors on the ABS-MR were subjected to computer analysis also. No significant changes occurred here. There were higher mean scores for the posttest group which implied that the subjects were more certain of their responses.

Differences between the groups were revealed in the demographic data on subscales VII and VIII. These data indicated that Group A had had more voluntary contact with mentally retarded persons and had enjoyed it more. These data were analyzed for frequency of response.

Both the intensity factors and the demographic data will be used in further research.

The negative difference in attitudes might be attributed to subjects having brought their idealistic attitudes more into agreement with reality and might be interpreted according to Festinger's theory of dissonance (see Discussion of the Results, p. 47).
Conclusions

The results of the study were stated in the following conclusions:

1. There were differences in attitudes after this planned curricular experience.
2. Factual information may increase as a result of the planned curricular experience.
3. Attitudes tended to become more negative after such experience.

Implications

Basic to this study were certain assumptions and limitations: It was assumed that the ABS-MR accurately tested attitudes toward mental retardation, that students were truthful in answering the questions on the ABS-MR and that the students chosen during the time period involved were comparable to students in any other time period.

Limitations included (1) many students had preconceived ideas of what "nursing" was, (2) the curricular experience was required, not elective, and students sometimes developed a set against it for this very reason, (3) the limited period involved did not afford time to resolve the emotional impact or the stress of cognitive learning requirements compounded by that emotional impact, (4) the environment of a state institution may have contributed to reactions that might not have occurred or might have been different in another
setting, (5) participation in the study was voluntary and thus involved a select or particular group of individuals whose attitudes may have influenced their volunteering, and (6) the same instructor did not teach the curricular experience to all the sample involved and individual instructor biases may have influenced student attitudes.

Implications can be made based on the data obtained and the conclusions drawn.

Education Implications

1. Since the data indicated that there was a difference in attitudes after planned curricular experiences, these experiences should be planned to allow the student the time and opportunity to deal with her own personal feelings and attitudes while preparing to be a practitioner in a helping relationship.

2. Curricular experiences which include positive interactions with mentally retarded individuals in the community and in the institution, could be planned for and with students.

3. Faculty attitudes toward mental retardation need to be assessed and dealt with in an effort to help them help students.

4. Changes in attitudes in the negative direction may very well indicate that the student is facing reality and adjusting to it. This is better accomplished in the student status with faculty and peer support, than as a graduate in a helping role to others.
5. If the nursing needs of society are to be met, the curricula in preparatory programs for nurses must include learning experiences with the groups within that society. The mentally retarded are one such group.

6. If nursing care is to be effective, it has to be based on knowledge of the client, his needs and the clinical entities affecting the client. This knowledge base is obtained as a student and through clinical practice and further study. Nursing care for the mentally retarded require this knowledge base and needs to be included in the curricular of preparatory programs for nurses.

7. If preparatory programs for nurses are to include curricula relative to mental retardation, there must be faculty prepared to teach in this area. Teacher preparatory programs for faculty in nursing need to include the area of mental retardation in their programs.

8. Nurses encounter mentally retarded individuals in almost all areas of nursing practice. The nurse's own needs must be dealt with before she can meet the needs of her clients. Learning experiences which recognize these individual needs are important in all preparatory programs for nurses and in continuing education for nurses.

**Nursing Practice Implications**

1. One of the nurse's primary roles at this time, in the area of mental retardation, is that of prevention. In order
to understand the importance of this role and the consequences of lack of prevention, nurses need information about mental retardation.

2. Case finding or identification is part of the nurse's responsibility in prevention. In order to identify, the nurse must be able to assess development. Knowledge about mental retardation is essential for this also.

3. If nurses are to be competent to plan and implement care for all individuals in our society, they need learning experiences that involve many different groups, including the mentally retarded. These experiences could help nurses to identify the many similarities between individuals and groups and yet the uniqueness of each one.

4. If nurses' attitudes are reflected in the care they plan and implement, learning experiences which provide opportunities for positive interactions are important, keeping in mind that realistic attitudes are also important. Nursing care must be based in reality to be effective.

Research Implications

1. Research in education and the effects of curricular experiences on students' attitudes is needed. These research data could assist in planning programs to prepare nurses more effectively.

2. Research in nursing practice in the area of mental retardation would enable nurses to evaluate more accurately the nursing care they plan and provide.
3. Reports of research being done in the area of prevention of mental retardation would assist nurses in their roles in prevention. Studies specifically dealing with nursing and prevention need to be conducted and made available for use by practitioners.

4. This study should be repeated after revision of the curricular experience to document any changes in attitudes. A longitudinal study would be helpful, also, to ascertain whether or not time makes a difference in attitude change.

5. A research study in individual coping behaviors correlated with this study might give insights into attitude change of students.

6. This study could be refined and itemized by subject, rather than by groups and perhaps reveal some significant findings.

7. A study correlating attitude change of individual subjects with other measures of personality might make it possible to predict attitude change and plan for it more effectively in education and in practice.
APPENDICES
APPENDIX A

ATTITUDE BEHAVIOR SCALE-MENTAL RETARDATION
ATTITUDE BEHAVIOR SCALE--MR

DIRECTIONS

This booklet contains statements of how people feel about certain things. In this section you are asked to indicate for each of these statements how most other people believe that mentally retarded people compare to people who are not retarded. Here is a sample statement.

Sample 1.

1. Chance of being blue-eyed
   1. less chance
   2. about the same
   3. more chance
   
   If other people believe that mentally retarded people have less chance than most people to have blue eyes, you should circle the number 1 as shown above.

   If other people believe the mentally retarded have more chance to have blue eyes, you should circle the number 3 as shown below.

   1. Chance of being blue-eyed
      1. less chance
      2. about the same
      3. more chance

   After each statement there will also be a question asking you to state how certain or sure you were of your answer. Suppose you answered the sample question about "blue eyes" by marking about the same.

   Next you should then indicate how sure you were of this answer. If you felt sure of this answer, you should circle the number 3 as shown in Sample 2.

Sample 2

1. Chance of being blue-eyed  2. How sure are you of this answer?
   1. less chance    1. not sure
   2. about the same 2. fairly sure
   3. more chance    3. sure

Source: John E. Jordan, College of Education, Michigan State University.
APPENDIX A (continued)

Directions: Section I

In the statements that follow you are to circle the number that indicates how other people compare mentally retarded persons to those who are not mentally retarded, and then to state how sure you felt about your answer. Usually people are sure of their answers to some questions, and not sure of their answers to other questions. It is important to answer all questions, even though you may have to guess at the answers to some of them.

Other people generally believe the following things about the mentally retarded as compared to those who are not retarded:

1. Energy and vitality
   1. less energetic
   2. about the same
   3. more energetic

2. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

3. Ability to do school work
   1. less ability
   2. about the same
   3. more ability

4. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

5. Memory
   1. not as good
   2. same
   3. better

6. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

7. Interested in unusual sex practices
   1. more interested
   2. about the same
   3. less interested

8. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

9. Can maintain a good marriage
   1. less able
   2. about the same
   3. more able

10. How sure are you of this answer?
    1. not sure
    2. fairly sure
    3. sure

11. Will have too many children
    1. more than most
    2. about the same
    3. less than most

12. How sure are you of this answer?
    1. not sure
    2. fairly sure
    3. sure
APPENDIX A (continued)

Other people generally believe the following things about the mentally retarded as compared to those who are not mentally retarded:

13. Faithful to spouse
   1. less faithful
   2. about the same
   3. more faithful

14. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

15. Will take care of their children
   1. less than most
   2. about the same
   3. better than most

16. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

17. Likely to obey the law
   1. less likely
   2. about the same
   3. more likely

18. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

19. Does steady and dependable work
   1. less likely
   2. about the same
   3. more likely

20. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

21. Works hard
   1. not as much
   2. about the same
   3. more than most

22. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

23. Makes plans for the future
   1. not as likely
   2. about the same
   3. more likely

24. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

25. Prefers to have fun now rather than to work for the future
   1. more so than most people
   2. about the same
   3. less so than most people

26. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure
Other people generally believe the following things about the mentally retarded as compared to those who are not retarded:

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Likely to be cruel to others</td>
<td>1. more likely</td>
</tr>
<tr>
<td></td>
<td>2. about the same</td>
</tr>
<tr>
<td></td>
<td>3. less likely</td>
</tr>
<tr>
<td>28. How sure are you of this answer?</td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>29. Mentally retarded are sexually</td>
<td>1. more loose than others</td>
</tr>
<tr>
<td></td>
<td>2. about the same</td>
</tr>
<tr>
<td></td>
<td>3. less loose than others</td>
</tr>
<tr>
<td>30. How sure are you of this answer?</td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>31. Amount of initiative</td>
<td>1. less than others</td>
</tr>
<tr>
<td></td>
<td>2. about the same</td>
</tr>
<tr>
<td></td>
<td>3. more than others</td>
</tr>
<tr>
<td>32. How sure are you of this answer?</td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>33. Financial self-support</td>
<td>1. less able than others</td>
</tr>
<tr>
<td></td>
<td>2. about the same</td>
</tr>
<tr>
<td></td>
<td>3. more able than others</td>
</tr>
<tr>
<td>34. How sure are you of this answer?</td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>35. Mentally retarded prefer</td>
<td>1. to be by themselves</td>
</tr>
<tr>
<td></td>
<td>2. to be only with normal people</td>
</tr>
<tr>
<td></td>
<td>3. to be with all people equally</td>
</tr>
<tr>
<td>36. How sure are you of this answer?</td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>37. Compared to others, education</td>
<td>1. is not very important</td>
</tr>
<tr>
<td></td>
<td>2. is of uncertain importance</td>
</tr>
<tr>
<td></td>
<td>3. is an important social goal</td>
</tr>
<tr>
<td>38. How sure are you of this answer?</td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>39. Strictness of rules for mentally retarded</td>
<td>1. must be more strict</td>
</tr>
<tr>
<td></td>
<td>2. about the same</td>
</tr>
<tr>
<td></td>
<td>3. need less strict rules</td>
</tr>
<tr>
<td>40. How sure are you of this answer?</td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td>3. sure</td>
</tr>
</tbody>
</table>
Directions: Section II

This section contains statements of ways in which other people sometimes act toward people. You are asked to indicate for each of these statements what other people generally believe about interacting with the mentally retarded in such ways. You should then indicate how sure you feel about your answer.

Other people generally believe that mentally retarded persons ought:

<table>
<thead>
<tr>
<th>Statement</th>
<th>How sure are you of this answer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>41. To play on the school playground with other children who are not mentally retarded</td>
<td>1. not sure</td>
</tr>
<tr>
<td>42. How sure are you of this answer?</td>
<td>2. fairly sure</td>
</tr>
<tr>
<td>43. To visit in the homes of other children who are not mentally retarded</td>
<td>3. sure</td>
</tr>
<tr>
<td>44. How sure are you of this answer?</td>
<td></td>
</tr>
<tr>
<td>45. To go on camping trips with other children who are not mentally retarded</td>
<td>1. not sure</td>
</tr>
<tr>
<td>46. How sure are you of this answer?</td>
<td>2. fairly sure</td>
</tr>
<tr>
<td>47. To be provided with simple tasks since they can learn very little</td>
<td>3. sure</td>
</tr>
<tr>
<td>48. How sure are you of this answer?</td>
<td></td>
</tr>
<tr>
<td>49. To stay overnight at the homes of children who are not mentally retarded</td>
<td>1. not sure</td>
</tr>
<tr>
<td>50. How sure are you of this answer?</td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td>3. sure</td>
</tr>
</tbody>
</table>
APPENDIX A (continued)

ABS-II-MR

Other people generally believe that mentally retarded persons ought:

51. To go to parties with other children who are not mentally retarded
   1. usually not approved
   2. undecided
   3. usually approved

52. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

53. To be hired for a job only if there are no qualified non-mentally retarded people seeking the job
   1. usually approved
   2. undecided
   3. usually not approved

54. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

55. To live in the same neighborhood with people who are not mentally retarded
   1. usually not approved
   2. undecided
   3. usually approved

56. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

57. To date a person who is not mentally retarded
   1. usually not approved
   2. undecided
   3. usually approved

58. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

59. To go to the movies with someone who is not mentally retarded
   1. usually not approved
   2. undecided
   3. usually approved

60. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

61. To marry a person who is not mentally retarded
   1. usually not approved
   2. undecided
   3. usually approved

62. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure
## APPENDIX A (continued)

**ABS-II-MR**

Other people generally believe that mentally retarded persons ought:

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>63. To be sterilized (males)</td>
<td>How sure are you of this answer?</td>
<td>1. usually approved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. undecided</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. usually not approved</td>
</tr>
<tr>
<td>64. How sure are you of this answer?</td>
<td></td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td>65. To be sterilized (females)</td>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>66. How sure are you of this answer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67. To be desirable as friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>68. How sure are you of this answer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>69. To be regarded as having sex appeal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70. How sure are you of this answer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>71. To be regarded as dangerous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72. How sure are you of this answer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73. To run machines that drill holes in objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>74. How sure are you of this answer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75. To be trusted with money for personal expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>76. How sure are you of this answer?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other people generally believe that mentally retarded persons ought:

77. To work at jobs he can do even if he has almost no speech
   1. not usually so
   2. not sure
   3. usually so

78. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

79. To be forced to totally provide for themselves
   1. usual
   2. not sure
   3. not usual

80. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure
APPENDIX A (continued)

ABS-III-MR

Directions: Section III

This section contains statements of the "right" or "moral" way of acting toward people. You are asked to indicate whether you yourself agree or disagree with each statement according to how you personally believe you ought to behave toward mentally retarded persons. You should then indicate how sure you feel about your answer.

In respect to people who are mentally retarded, do you believe that it is usually right or usually wrong:

81. To take a mentally retarded child on a camping trip with normal children
   1. usually wrong
   2. undecided
   3. usually right

82. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

83. To permit a mentally retarded child to go to the movies with children who are not mentally retarded
   1. usually wrong
   2. undecided
   3. usually right

84. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

85. To allow a mentally retarded child to visit overnight with a child who is not mentally retarded
   1. usually wrong
   2. undecided
   3. usually right

86. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

87. To take a mentally retarded child to a party with children who are not mentally retarded
   1. usually wrong
   2. undecided
   3. usually right

88. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

89. For the government to pay part of the cost of elementary education for mentally retarded children
   1. usually wrong
   2. undecided
   3. usually right

90. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure
In respect to people who are mentally retarded, do you believe that it is usually right or usually wrong:

91. For the government to pay the full cost of elementary education for mentally retarded children
   1. usually wrong
   2. undecided
   3. usually right

92. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

93. For the government to pay the full cost of a high school education for mentally retarded children
   1. usually wrong
   2. undecided
   3. usually right

94. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

95. For the government to pay part of the medical costs related to the disability
   1. usually wrong
   2. undecided
   3. usually right

96. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

97. For the government to pay all of the medical costs related to the disability
   1. usually wrong
   2. undecided
   3. usually right

98. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

99. To be given money for food and clothing by the government
   1. usually wrong
   2. undecided
   3. usually right

100. How sure are you of this answer?
    1. not sure
    2. fairly sure
    3. sure

101. To mix freely with people who are not mentally retarded at parties
     1. usually wrong
     2. undecided
     3. usually right

102. How sure are you of this answer?
     1. not sure
     2. fairly sure
     3. sure
APPENDIX A (continued)

ABS-III-MR

In respect to people who are mentally retarded, do you believe that it is usually right or usually wrong:

103. To go on dates with someone who is not mentally retarded
   1. usually wrong
   2. undecided
   3. usually right

104. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

105. To go to the movies with someone who is not mentally retarded
   1. usually wrong
   2. undecided
   3. usually right

106. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

107. To marry someone who is not mentally retarded
   1. usually wrong
   2. undecided
   3. usually right

108. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

109. To be a soldier in the army
   1. usually wrong
   2. undecided
   3. usually right

110. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

111. To provide special laws for their protection
   1. usually wrong
   2. undecided
   3. usually right

112. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

113. To provide special help to get around the city
   1. usually wrong
   2. not sure
   3. usually right

114. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

115. To sterilize the mentally retarded
   1. usually right
   2. not sure
   3. usually right

116. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure
APPENDIX A (continued)

ABS-III-MR

In respect to people who are mentally retarded, do you believe that it is usually right or usually wrong:

117. To put all mentally retarded in separate classes, away from normal children
   1. usually right
   2. not sure
   3. usually wrong

118. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

119. To reserve certain jobs for the mentally retarded

120. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure
APPENDIX A (continued)

ABS-IV-MR

Directions: Section IV

This section contains statements of ways in which people sometimes act toward other people. You are asked to indicate for each of these statements whether you personally would act toward mentally retarded people according to the statement. You should then indicate how sure you feel about this answer.

In respect to a mentally retarded person, would you:

121. Share a seat on a train for a long trip
1. no
2. don't know
3. yes

122. How sure are you of this answer?
1. not sure
2. fairly sure
3. sure

123. Have such a person as a fellow worker
1. no
2. don't know
3. yes

124. How sure are you of this answer?
1. not sure
2. fairly sure
3. sure

125. Have such a person working for you
1. no
2. don't know
3. yes

126. How sure are you of this answer?
1. not sure
2. fairly sure
3. sure

127. Live in the next-door house or apartment
1. no
2. don't know
3. yes

128. How sure are you of this answer?
1. not sure
2. fairly sure
3. sure

129. Extend an invitation to a party at your house
1. no
2. don't know
3. yes

130. How sure are you of this answer?
1. not sure
2. fairly sure
3. sure

131. Accept a dinner invitation at his house
1. no
2. don't know
3. yes

132. How sure are you of this answer?
1. not sure
2. fairly sure
3. sure
APPENDIX A (continued)

**ABS-IV-MR**

In respect to a mentally retarded person, would you:

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>How sure are you of this answer?</th>
</tr>
</thead>
</table>
| 133. Go to the movies together                                                           | 1. no  
2. don't know  
3. yes                                                 | 1. not sure  
2. fairly sure  
3. sure                                               |
| 135. Go together on a date                                                               | 1. no  
2. don't know  
3. yes                                                 | 1. not sure  
2. fairly sure  
3. sure                                               |
| 137. Permit a son or daughter to date this person                                         | 1. no  
2. don't know  
3. yes                                                 | 1. not sure  
2. fairly sure  
3. sure                                               |
| 139. Permit a son or daughter to marry this person                                        | 1. no  
2. don't know  
3. yes                                                 | 1. not sure  
2. fairly sure  
3. sure                                               |
| 141. Feel sexually comfortable together                                                   | 1. no  
2. don't know  
3. yes                                                 | 1. not sure  
2. fairly sure  
3. sure                                               |
| 143. Enjoy working with the mentally retarded                                            | 1. no  
2. don't know  
3. yes                                                 | 1. not sure  
2. fairly sure  
3. sure                                               |
| 145. Enjoy working with the mentally retarded as much as other handicapped               | 1. no  
2. don't know  
3. yes                                                 | 1. not sure  
2. fairly sure  
3. sure                                               |
APPENDIX A (continued)

ABS-IV-MR

In respect to a mentally retarded person, would you:

147. Enjoy working with mentally retarded who also have emotional problems
   1. no
   2. don't know
   3. yes

148. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

149. Hire the mentally retarded if you were an employer
   1. no
   2. don't know
   3. yes

150. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

151. Want the mentally retarded in your class if you were a teacher
   1. no
   2. don't know
   3. yes

152. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

153. Require the mentally retarded to be sterilized if you were in control
   1. yes
   2. don't know
   3. no

154. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

155. Separate the mentally retarded from the rest of society if you were in control
   1. yes
   2. don't know
   3. no

156. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

157. Believe that the care of the mentally retarded is an evidence of national social development
   1. no
   2. don't know
   3. yes

158. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure
APPENDIX A (continued)

ABS-IV-MR

In respect to a mentally retarded person, would you:

159. Provide, if you could special classes for the mentally retarded in regular school
     1. no
     2. don't know
     3. yes

160. How sure are you of this answer?
     1. not sure
     2. fairly sure
     3. sure
Directions: Section V

This section contains statements of actual feelings that people may hold toward the mentally retarded. You are asked to indicate how you feel toward people who are mentally retarded compared to people who are not mentally retarded. You should then indicate how sure you feel of your answer.

How do you actually feel toward persons who are mentally retarded compared to others who are not mentally retarded:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Disliking</td>
<td>2. How sure are you of this answer?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. more</td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td>2. about the same</td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td>3. less</td>
<td>3. sure</td>
</tr>
</tbody>
</table>

3. Fearful

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. more</td>
<td>1. not sure</td>
<td></td>
</tr>
<tr>
<td>2. about the same</td>
<td>2. fairly sure</td>
<td></td>
</tr>
<tr>
<td>3. less</td>
<td>3. sure</td>
<td></td>
</tr>
</tbody>
</table>

5. Horrified

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. more</td>
<td>1. not sure</td>
<td></td>
</tr>
<tr>
<td>2. about the same</td>
<td>2. fairly sure</td>
<td></td>
</tr>
<tr>
<td>3. less</td>
<td>3. sure</td>
<td></td>
</tr>
</tbody>
</table>

7. Loathing

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. more</td>
<td>1. not sure</td>
<td></td>
</tr>
<tr>
<td>2. about the same</td>
<td>2. fairly sure</td>
<td></td>
</tr>
<tr>
<td>3. less</td>
<td>3. sure</td>
<td></td>
</tr>
</tbody>
</table>

9. Dismay

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. more</td>
<td>1. not sure</td>
<td></td>
</tr>
<tr>
<td>2. about the same</td>
<td>2. fairly sure</td>
<td></td>
</tr>
<tr>
<td>3. less</td>
<td>3. sure</td>
<td></td>
</tr>
</tbody>
</table>

11. Hating

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. more</td>
<td>1. not sure</td>
<td></td>
</tr>
<tr>
<td>2. about the same</td>
<td>2. fairly sure</td>
<td></td>
</tr>
<tr>
<td>3. less</td>
<td>3. sure</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX A (continued)

ABS-V-MR

How do you actually feel toward persons who are mentally retarded compared to others who are not mentally retarded:

13. Revulsion
   1. more
   2. about the same
   3. less

14. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

15. Contemptful
   1. more
   2. about the same
   3. less

16. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

17. Distaste
   1. more
   2. about the same
   3. less

18. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

19. Sickened
   1. more
   2. about the same
   3. less

20. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

21. Confused
   1. more
   2. about the same
   3. less

22. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

23. Negative
   1. more
   2. about the same
   3. less

24. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure

25. At ease
   1. less
   2. about the same
   3. more

26. How sure are you of this answer?
   1. not sure
   2. fairly sure
   3. sure
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<th>Number</th>
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<tr>
<td>27</td>
<td>Restless</td>
<td>28. How sure are you of this answer?</td>
</tr>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2. fairly sure</td>
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<tr>
<td></td>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>29</td>
<td>Uncomfortable</td>
<td>30. How sure are you of this answer?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>31</td>
<td>Relaxed</td>
<td>32. How sure are you of this answer?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>33</td>
<td>Tense</td>
<td>34. How sure are you of this answer?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>35</td>
<td>Bad</td>
<td>36. How sure are you of this answer?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. sure</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>3. sure</td>
</tr>
<tr>
<td>37</td>
<td>Calm</td>
<td>38. How sure are you of this answer?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. not sure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. sure</td>
</tr>
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<td>39</td>
<td>Happy</td>
<td>40. How sure are you of this answer?</td>
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<td></td>
<td></td>
<td>1. not sure</td>
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<tr>
<td></td>
<td></td>
<td>2. fairly sure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. sure</td>
</tr>
</tbody>
</table>
APPENDIX A (continued

ABS-VI-MR

Directions: Section VI

This section contains statements of different kinds of actual experiences you have had with mentally retarded persons. If the statement applies to you, circle yes. If not, you should circle no.

41. Shared a seat on a bus, train or plane
   1. no
   2. uncertain
   3. yes

42. Has this experience been mostly pleasant or unpleasant?
   1. no such experience
   2. unpleasant
   3. in between
   4. pleasant

43. Eaten at the same table together in a restaurant
   1. no
   2. uncertain
   3. yes

44. Has this experience been mostly pleasant or unpleasant?
   1. no such experience
   2. unpleasant
   3. in between
   4. pleasant

45. Lived in the same neighborhood
   1. no
   2. uncertain
   3. yes

46. Has this experience been mostly pleasant or unpleasant?
   1. no such experience
   2. unpleasant
   3. in between
   4. pleasant

47. Worked in the same place
   1. no
   2. uncertain
   3. yes

48. Has this experience been mostly pleasant or unpleasant?
   1. no such experience
   2. unpleasant
   3. in between
   4. pleasant

49. Had such a person as my boss or employer
   1. no
   2. uncertain
   3. yes

50. Has this experience been mostly pleasant or unpleasant?
   1. no such experience
   2. unpleasant
   3. in between
   4. pleasant

51. Worked to help such people without being paid for it
   1. no
   2. uncertain
   3. yes

52. Has this experience been mostly pleasant or unpleasant?
   1. no such experience
   2. unpleasant
   3. in between
   4. pleasant
APPENDIX A (continued)

Experiences or contacts with the mentally retarded:

53. Have acquaintance like this
   1. no
   2. uncertain
   3. yes

54. Has this experience been mostly pleasant or unpleasant?
   1. no such experience
   2. unpleasant
   3. in between
   4. pleasant

55. Have good friends like this
   1. no
   2. uncertain

56. Has this experience been mostly pleasant or unpleasant?
   1. no such experience
   2. unpleasant
   3. in between
   4. pleasant

57. Donated money, clothes, etc., for people like this
    1. no
    2. uncertain
    3. yes

58. Has this experience been mostly pleasant or unpleasant?
    1. no such experience
    2. unpleasant
    3. in between
    4. pleasant

59. Have a husband (or wife) like this
    1. no
    2. uncertain

60. Has this experience been mostly pleasant or unpleasant?
    1. no such experience
    2. unpleasant
    3. in between
    4. pleasant

61. I am like this, myself
    1. no
    2. uncertain
    3. yes

62. Has this experience been mostly pleasant or unpleasant?
    1. no such experience
    2. unpleasant
    3. in between
    4. pleasant

63. My best friend is like this
    1. no
    2. uncertain
    3. yes

64. Has this experience been mostly pleasant or unpleasant?
    1. no such experience
    2. unpleasant
    3. in between
    4. pleasant
### Experiences or contacts with the mentally retarded:

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>65. Received pay for working with people like this</td>
<td>1. yes</td>
</tr>
<tr>
<td></td>
<td>2. no</td>
</tr>
<tr>
<td>66. Has this experience been mostly pleasant or unpleasant?</td>
<td>1. no such experience</td>
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<td>2. unpleasant</td>
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<td></td>
<td>3. in between</td>
</tr>
<tr>
<td></td>
<td>4. pleasant</td>
</tr>
<tr>
<td>67. My children have played with children like this</td>
<td>1. no</td>
</tr>
<tr>
<td></td>
<td>2. uncertain</td>
</tr>
<tr>
<td></td>
<td>3. yes</td>
</tr>
<tr>
<td>68. Has this experience been mostly pleasant or unpleasant?</td>
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<tr>
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<td>4. pleasant</td>
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<td>69. My children have attended school with children like this</td>
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<td></td>
<td>3. in between</td>
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<tr>
<td></td>
<td>4. pleasant</td>
</tr>
<tr>
<td>71. Voted for extra taxes for their education</td>
<td>1. no</td>
</tr>
<tr>
<td></td>
<td>2. not certain</td>
</tr>
<tr>
<td></td>
<td>3. yes</td>
</tr>
<tr>
<td>72. Has this experience been mostly pleasant or unpleasant</td>
<td>1. no such experience</td>
</tr>
<tr>
<td></td>
<td>2. unpleasant</td>
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<tr>
<td></td>
<td>3. in between</td>
</tr>
<tr>
<td></td>
<td>4. pleasant</td>
</tr>
<tr>
<td>73. Worked to get jobs for them</td>
<td>1. no</td>
</tr>
<tr>
<td></td>
<td>2. not certain</td>
</tr>
<tr>
<td></td>
<td>3. yes</td>
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<td>74. Has this experience been mostly pleasant or unpleasant</td>
<td>1. no such experience</td>
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<tr>
<td></td>
<td>2. unpleasant</td>
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<td></td>
<td>3. in between</td>
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<tr>
<td></td>
<td>4. pleasant</td>
</tr>
<tr>
<td>75. Have you sexually enjoyed such people</td>
<td>1. no</td>
</tr>
<tr>
<td></td>
<td>2. no answer</td>
</tr>
<tr>
<td></td>
<td>3. yes</td>
</tr>
<tr>
<td>76. Has this experience been mostly pleasant or unpleasant</td>
<td>1. no such experience</td>
</tr>
<tr>
<td></td>
<td>2. unpleasant</td>
</tr>
<tr>
<td></td>
<td>3. in between</td>
</tr>
<tr>
<td></td>
<td>4. pleasant</td>
</tr>
</tbody>
</table>
APPENDIX A (continued)

ABS-VI-MR

Experiences or contacts with the mentally retarded:

77. Studied about such people
    1. no
    2. yes

78. Has this experience been mostly pleasant or unpleasant?
    1. no such experience
    2. unpleasant
    3. in between
    4. pleasant

79. Have worked as a teacher with such people
    1. no
    2. yes

80. Has this experience been mostly pleasant or unpleasant?
    1. no such experience
    2. unpleasant
    3. in between
    4. pleasant
APPENDIX A (continued)

ABS-VII-MR*

This part of the booklet deals with many things. For the purpose of this study, the answers of all persons are important.

Part of the questionnaire has to do with personal information about you. Since the questionnaire is completely anonymous or confidential, you may answer all of the questions freely without any concern about being identified. It is important to the study to obtain your answer to every question.

Please read each question carefully and do not omit any questions. Please answer by circling the answer you choose.

81. Please indicate your sex.
   1. Female
   2. Male

82. Please indicate your age as follows:
   1. 20 years of age
   2. 21-30
   3. 31-40
   4. 41-50
   5. 50 - over

83. Below are listed several different kinds of schools or educational divisions. In respect to these various kinds or levels of education, which one have you had the most professional or work experience with, or do you have the most knowledge about? This does not refer to your own education, but to your professional work or related experiences with education.
   1. I have had no such experience
   2. Elementary school (Grade school)
   3. Secondary school (High school)
   4. College or University

*Subscale VII not identified by number in original instrument developed by Jordan.
APPENDIX A (continued)

ABS-VII-MR

84. What is your marital status?
   1. Married
   2. Single
   3. Divorced
   4. Widowed
   5. Separated

85. What is your religion?
   1. I prefer not to answer
   2. Catholic
   3. Protestant
   4. Jewish
   5. Other or none

86. About how important is your religion to you in your daily life?
   1. I prefer not to answer
   2. I have no religion
   3. Not very important
   4. Fairly important
   5. Very important

87. About how much education do you have?
   1. 6 years of school or less
   2. 9 years of school or less
   3. 12 years of school or less
   4. Some college or university
   5. A college or university degree
APPENDIX A (continued)

ABS-VII-MR

88. Some people are more set in their ways than others. How would you rate yourself?
   
   1. I find it very difficult to change
   2. I find it slightly difficult to change
   3. I find it somewhat easy to change
   4. I find it very easy to change my ways

89. Some people feel that in bringing up children, new ways and methods should be tried whenever possible. Others feel that trying out new methods is dangerous. What is your feeling about the following statement?

"New methods of raising children should be tried out whenever possible."

   1. Strongly disagree
   2. Slightly disagree
   3. Slightly agree
   4. Strongly agree

90. Family planning on birth control has been discussed by many people. What is your feeling about a married couple practicing birth control? Do you think they are doing something good or bad? If you had to decide, would you say that they are doing wrong, or that they are doing right?

   1. It is always wrong
   2. It is usually wrong
   3. It is probably all right
   4. It is always right
91. People have different ideas about what should be done concerning automation and other new ways of doing things. How do you feel about the following statement?

"Automation and similar new procedures should be encouraged (in government, business, and industry) since eventually they create new jobs and raise the standard of living."

1. Strongly disagree
2. Slightly disagree
3. Slightly agree
4. Strongly agree

92. Running a village, city, town, or any governmental organization is an important job. What is your feeling on the following statement?

"Political leaders should be changed regularly, even if they are doing a good job."

1. Strongly disagree
2. Slightly disagree
3. Slightly agree
4. Strongly agree

93. Some people believe that more local government income should be used for education even if doing so means raising the amount you pay in taxes. What are your feelings on this?

1. Strongly disagree
2. Slightly disagree
3. Slightly agree
4. Strongly agree
94. Some people believe that more federal government income should be used for education even if doing so means raising the amount you pay in taxes. What are your feelings on this?

1. Strongly disagree
2. Slightly disagree
3. Slightly agree
4. Strongly agree

95. People have different ideas about planning for education in their nation. Which one of the following do you believe is the best way?

1. Educational planning should be primarily directed by the church
2. Planning for education should be left entirely to the parents
3. Educational planning should be primarily directed by the individual city or other local governmental unit
4. Educational planning should be primarily directed by the national government

96. In respect to your religion, about to what extent do you observe the rules and regulations of your religion?

1. I prefer not to answer
2. I have no religion
3. Sometimes
4. Usually
5. Almost always

97. I find it easier to follow rules than to do things on my own.

1. Agree strongly
2. Agree slightly
3. Disagree slightly
4. Disagree strongly
APPENDIX A (continued)

ABS-VIII-MR*

QUESTIONNAIRE: HP

This part of the questionnaire deals with your experiences or contacts with handicapped persons. Perhaps you have had much contact with handicapped persons, or you may have studied about them. On the other hand, you may have had little or no contact with handicapped persons, and may have never thought much about them at all.

98. Some handicapped conditions are listed below. In respect to these various handicaps, with which one have you had the most actual experience?

1. blind and partially blind
2. deaf, partially deaf, or speech impaired
3. crippled or spastic
4. mental retardation
5. social or emotional disorders

In the following questions, 99 through 103, you are to refer to the category of the handicapped persons you have just indicated.

99. The following questions have to do with the kinds of experiences you have had with the category of handicapped person you indicated in the previous question. If more than one category of experience applies, please choose the answer with the highest number.

1. I have read or studied about handicapped persons through reading, movies, lectures, or observations
2. A friend or relative is handicapped
3. I have personally worked with handicapped persons as a teacher, counselor, volunteer, child care, etc.
4. I, myself, have a fairly serious handicap

*Subscale VIII not identified by number in original instrument developed by Jordan.
APPENDIX A (continued)

ABS-VIII-MR

100. Considering all of the times you have talked, worked, or in some other way had personal contact with the category of handicapped persons indicated in question 98, about how many times has it been altogether?

1. Less than 10 occasions
2. Between 10 and 50 occasions
3. Between 50 and 100 occasions
4. Between 100 and 500 occasions
5. More than 500 occasions

101. When you have been in contact with this category of handicapped people how easy for you, in general, would it have been to have avoided being with these handicapped persons?

1. I could not avoid the contact
2. I could generally have avoided these personal contacts only at great cost or difficulty
3. I could generally have avoided these personal contacts only with considerable difficulty
4. I could generally have avoided these personal contacts but with some inconvenience
5. I could generally have avoided these personal contacts without any difficulty or inconvenience

102. During your contact with this category of handicapped persons, did you gain materially in any way through these contacts, such as being paid, or gaining academic credit, or some such gain?

1. No, I have never received money, credit, or any other material gain
2. Yes, I have been paid for working with handicapped persons
3. Yes, I have received academic credit or other material gain
4. Yes, I have both been paid and received academic credit
APPENDIX A (continued)

ABS-VIII-MR

103. If you have been paid for working with handicapped persons, about what percent of your income was derived from contact with handicapped persons during the actual period when working with them?

1. No work experience
2. Less than 25%
3. Between 26 and 50%
4. Between 51 and 75%
5. More than 76%

104. If you have ever worked with any category of handicapped persons for personal gain (for example, for money or some other gain), what opportunities did you have (or do you have) to work at something else instead; that is, something else that was (or is) acceptable to you as a job?

1. No such experience
2. No other job was available
3. Other jobs available were not at all acceptable to me
4. Other jobs available were not quite acceptable to me
5. Other jobs available were fully acceptable to me

105. Have you had any experience with mentally retarded persons? Considering all of the times you have talked, worked, or in some other way had personal contact with mentally retarded persons, about how many times has it been altogether?

1. Less than 10 occasions
2. Between 10 and 50 occasions
3. Between 50 and 100 occasions
4. Between 100 and 500 occasions
5. More than 500 occasions
106. How have you generally felt about your experiences with mentally retarded persons?

1. No experience
2. I definitely disliked it
3. I did not like it very much
4. I liked it somewhat
5. I definitely enjoyed it
APPENDIX A (continued)

ABS-IX-MR*

LIFE SITUATIONS

This section of the booklet deals with how people feel about several aspects of life or life situations. Please indicate how you feel about each situation by circling the answer you choose.

107. It should be possible to eliminate war once and for all
   1. strongly disagree
   2. disagree
   3. agree
   4. strongly agree

109. Success depends to a large part on luck and fate
   1. strongly agree
   2. agree
   3. disagree
   4. strongly disagree

111. Some day most of the mysteries of the world will be revealed by science
   1. strongly disagree
   2. disagree
   3. agree
   4. strongly agree

113. By improving industrial and agricultural methods, poverty can be eliminated in the world
   1. strongly disagree
   2. disagree
   3. agree
   4. strongly agree

108. How sure do you feel about your answer?
   1. not sure at all
   2. not very sure
   3. fairly sure
   4. very sure

110. How sure do you feel about your answer?
   1. not sure at all
   2. not very sure
   3. fairly sure
   4. very sure

112. How sure do you feel about your answer?
   1. not sure at all
   2. not very sure
   3. fairly sure
   4. very sure

114. How sure do you feel about your answer?
   1. not sure at all
   2. not very sure
   3. fairly sure
   4. very sure

*Subscale IX not identified by number in original instrument developed by Jordan.
APPENDIX A (continued)

115. With increased medical knowledge it should be possible to lengthen the average life span to 100 years or more
1. strongly disagree
2. disagree
3. agree
4. strongly agree

116. How sure do you feel about your answer?
1. not sure at all
2. not very sure
3. fairly sure
4. very sure

117. Someday the deserts will be converted into good farming land by the application of engineering and science
1. strongly disagree
2. disagree
3. agree
4. strongly agree

118. How sure do you feel about your answer?
1. not sure at all
2. not very sure
3. fairly sure
4. very sure

119. Education can only help people develop their natural abilities; it cannot change people in any fundamental way
1. strongly agree
2. agree
3. disagree
4. strongly disagree

119. How sure do you feel about your answer?
1. not sure at all
2. not very sure
3. fairly sure
4. very sure

121. With hard work anyone can succeed
1. strongly disagree
2. disagree
3. agree
4. strongly agree

122. How sure do you feel about your answer?
1. not sure at all
2. not very sure
3. fairly sure
4. very sure

123. Almost every present human problem will be solved in the future.
1. strongly disagree
2. disagree
3. agree
4. strongly agree

124. How sure do you feel about your answer?
1. not sure at all
2. not very sure
3. fairly sure
4. very sure
103

APPENDIX A (continued)

ABS-X-MR*

MENTAL RETARDATION

This section of the questionnaire deals with information about mental retardation. Please circle your answer.¹

125. Which of the following is a preferred method of educating mentally handicapped children:

1. to give the child work he can do with his hands (handicraft, weaving).
2. to place the child in a vocational training school
3. to make the program practical and less academic
4. to present the same material presented to the average child but allowing more time for practice.

126. In educating the mentally handicapped (IQ 50-75) child, occupational training should begin:

1. upon entering high school
2. the second year of high school
3. the last year of high school
4. when the child enters school

127. The major goal of training the mentally handicapped is:

1. social adequacy
2. academic proficiency
3. occupational adequacy
4. occupational adjustment

128. Normal children reject mentally handicapped children because:

1. of their poor learning ability
2. of unacceptable behavior
3. they are usually dirty and poor
4. they do not "catch on"

129. The emotional needs of mentally handicapped are:

1. stronger than normal children
2. the same as normal children
3. not as strong as normal children
4. nothing to be particularly concerned with

¹"Correct" answers are circled on key.

*Subscale X not identified by number in original instrument developed by Jordan.
APPENDIX A (continued)

ABS-X-MR

130. The proper placement for the slow learner (IQ 75-90) is in:

1. the regular classroom
2. special class
3. vocational arts
4. regular class until age of 16 and then dropped out of school

131. In school, the slow learner usually:

1. is given a lot of successful experiences
2. meets with a great many failures
3. is a leader
4. is aggressive

132. In grading the slow learner, the teacher should:

1. be realistic, if the child is a failure, fail him
2. grade him according to his achievement with relation to his ability
3. not be particularly concerned with a grade
4. grade him according to his IQ

133. The studies with regard to changing intelligence of pre-school children indicate that:

1. intellectual change may be accomplished
2. no change can be demonstrated
3. change may take place more readily with older children
4. the IQ can be increased at least 20 points if accelerated training begins early enough

134. The development and organization of a comprehensive educational program for the mentally handicapped is dependent upon:

1. adequate diagnoses
2. proper training facilities
3. a psychiatrist
4. parent-teacher organizations

135. The mentally handicapped are physically:

1. markedly taller
2. markedly shorter
3. heavier
4. about the same as the average child of the same age
APPENDIX A (continued)

ABS-X-MR

136. The mentally handicapped child:

1. looks quite different from other children
2. is in need of an educational program especially designed for his needs and characteristics
3. can never be self-supporting
4. cannot benefit from any educational program

137. The mentally handicapped individual usually becomes:

1. a skilled craftsman
2. a professional person
3. a semi-skilled laborer
4. unemployable

138. The educationally handicapped have:

1. at least average intelligence
2. superior intelligence only
3. always have retarded intelligence
4. may have somewhat retarded, average, or superior intelligence

139. The mentally handicapped have:

1. markedly inferior motor development
2. superior motor development
3. superior physical development
4. about average motor development

140. The reaction of the public toward the retarded child seems to be:

1. rejecting
2. somewhat understanding but not completely accepting
3. accepting
4. express feelings of acceptance but really feel rejecting
APPENDIX B

COURSE OUTLINE
Sunland Rotation

We wish to welcome you to a unique, at times frustrating, and hopefully a rewarding and meaningful experience. You will be working with children who are first of all children with all the basic needs of all children, who also have handicaps (mental, orthopedic, visual, auditory, and emotional). Although you may not see the results of what you do for these children during the two short weeks that you are at Sunland, your nursing care, together with that of all the other students who preceded or follow you, will greatly influence the lives of these children. Through your efforts, they can learn to trust and relate to people, develop the potential that they have and lead richer, happier lives.

Our major objectives can only be evaluated in the years to come and by you. We hope that you will:

1. Learn to evaluate, care for, and communicate with mentally handicapped individuals on the basis of their level of developmental functioning regardless of chronological age.

2. Lose any stereotypes that you may have of the mentally retarded.

3. Gain an appreciation of the problems and needs of handicapped children and their families.

4. Apply the knowledge and skills that you acquire in the care of future mentally and physically handicapped patients that you may care for in the hospital and the community.

UNIT OBJECTIVES:

The student will be able to:

1. Assess the development, behavior and health of children with handicaps.

2. Develop objectives based on the above assessment.

3. Implement nursing intervention and activity programs to attain nursing objectives and evaluate results.
APPENDIX B (continued)

4. Communicate with children on their level of development.

5. Function as a contributing member of the nursing team and the interdisciplinary team.

UNIT REQUIREMENTS:

A. Pass-Fail Requirements:

1. Spend a minimum of 12 hours weekly in laboratory practice in Willow Cottage. Schedules are to be arranged with instructor.

2. Make a nursing assessment of one child, revise nursing objectives and orders as required, and implement orders.

3. Carry out assigned orders for three other children.

4. Write progress note (maximum length 1/2 page) on major assignment (see #2 above) and on other children if indicated at end of second week.

5. Attend weekly interdisciplinary team conferences. (Tuesday 10:00-11:00)

6. Present one child in nursing seminar. Presentation will include social and medical aspect, nursing assessment, pertinent information from other discipline assessments, and plan of care.

Each student will choose one of the following:

B. Paper or Project 15% of course grade

Paper

Select one of the following topics for study and written presentation. For each paper you are expected to review the literature, state your position or conclusions, and discuss the implications for nursing. Don't be afraid to express your own ideas, but do support your statements with readings, your own observations, or other source materials. Papers are due two weeks after leaving Sunland, with one exception—papers for final group are due one week after leaving.
APPENDIX B (continued)

1. Identify and discuss at least 5 basic psychological needs of mentally retarded children that are synonymous with those of children of normal intelligence.

2. State and defend your position on the question, "Should Mentally Retarded Children be Institutionalized?" At least two references should be from literature written since 1950.

3. Identify at least 4 areas in cottage life of mentally retarded children where nurses could develop and implement programs to improve the health of the children. Plan and describe one of these programs.

4. Identify at least 3 areas in cottage life of mentally retarded children where nurses could develop and implement programs to improve the opportunities for growth and development. Plan and describe one of these programs.

5. Define the role of nursing in the care of the mentally retarded child in an institution. Include (1) health standards, (2) growth and development, and (3) service education for institutional staff.

6. Discuss possible areas of stress and conflict in a family with a mentally retarded child (1) while the child is in the family, (2) when decision is made to institutionalize the child, and (3) after institutionalization.

PROJECT:

You may choose a project as an alternative to the paper. Your objectives must be approved by the instructor before starting work on the project. Just to give you an idea of what is possible, below are some of the projects that we have thought about. We are sure that you can think of dozens more. Projects should have theoretical base. Project reports are due the final week of classes.

1. Materials and methods for providing sensory and tactile stimulation to blind or deaf-blind children.
APPENDIX B (continued)

2. Development of safe durable play materials from common objects which are designed to promote specific developmental skills.

3. Teaching a deaf child to communicate through the use of sign language.

4. Situational doll play program for an emotionally disturbed child.

SUGGESTIONS:

If you have small portable tape recorders and radios, you will find them very helpful in working with almost all of the children.

DRESS CODE:

You may wear uniforms if you wish, but, we prefer that you wear sport dresses or pant suits. (No shorts, sweat shirts, halters, etc.) Please wear your name tag any time you are in the cottage.

FINAL NOTE:

Carol Wilson and I want to help you in every way possible. Please don't hesitate to let us know if you need help with assignments, need to talk out some of your feelings about your experiences or whatever.

Amanda Baker
Office: 392-6848
Home: 468-1656

5/24/74
APPENDIX B (continued)

BIBLIOGRAPHY

All University Libraries are sources for reading materials related to mental retardation. The libraries in Norman Hall, on 3rd floor, and in basement, Room 43, plus the Health Center Library are especially good. There are many books in my office for students' use also. The following are just suggestions to get you started.


APPENDIX B (continued)


*Available in my office (also in libraries).
APPENDIX B (continued)

FACT SHEET--SUNLAND ROTATION

1. Students are welcome in Willow Cottage. You are an important addition in these children's lives.

2. The children in Willow Cottage are not ill. You may play with them, go for walks with them, etc.

3. There are record books in the cottage which contain assessments of the children. Use these as guidelines; but trust your own observations and judgment. If you disagree with assessment, speak up. (After you have done your own assessment.)

4. If you can't work with the child assigned to you, please discuss it with Mrs. Baker. Give yourself a chance, first--also give the child a chance. Relationships take time to build.

5. Dress your child each morning as attractively as possible. (Help child learn to dress himself while doing this.) Comb hair and put shoes on child before going out.

6. When going to play yard (attached to cottage) tell cottage parent responsible for child. When going to outside to other places, for walks, to animal farm, etc., sign out in from lobby. It upsets Cottage Parents to lose a child and upsets Mrs. Baker to lose a student.

7. Most of the children have foster grandparents. These grandparents spend 2 hours each day with "their" child--either 8:30-10:30 A.M., 10:30-12:30 P.M., or 1:30-3:30 P.M. They are paid for this time and are quite interested in "their" child's progress, well-being, etc. Feel free to talk to them and help them; but don't keep "their" child during the 2 hours they are with the child. Schedules of foster grandparent's time are on bulletin board in day room, in Mrs. Baker's notebook, or you can ask Cottage Parents.

8. Cottage Parents do not live at Sunland. They work 3 shifts, 6:00-2:30, 2:00-10:30 P.M. and 10:30 P.M.-6:00 A.M. The work is hard and pay scale often low. They are responsible for cleanliness of cottage, feeding, cleaning and caring for the children.
APPENDIX C

GROUPS A AND B COMPARED ON EXPERIENCES OR CONTACTS WITH HANDICAPPED PERSONS, INCLUDING MENTALLY RETARDED PERSONS
<table>
<thead>
<tr>
<th>Handicapping Condition</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind/partially blind</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Deaf/partially deaf, speech impairment</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Crippled/spastic</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Mental retardation</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Social or emotional</td>
<td>15</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of Experiences:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Read or studied</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Friend or relative</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Worked with</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Personally handicapped</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No answer</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency of Contacts with Handicapped Individuals:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>11-50</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>51-100</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>101-500</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>501 or more</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ability to Avoid Contact:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Couldn't avoid</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Could have avoided only with great difficulty</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Could have avoided with considerable difficulty</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Could have avoided with some inconvenience</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Could have avoided without any difficulty or inconvenience</td>
<td>27</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any Material Gain from Contact:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>Yes, paid</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Yes, academic credit</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Yes, both paid and academic credit</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C (continued)

<table>
<thead>
<tr>
<th>What Other Opportunities Were Available:</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>No experience</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td>No other job available</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Other jobs available—not acceptable</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other jobs available—not quite acceptable</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Other jobs available—fully acceptable</td>
<td>13</td>
<td>0</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Frequency of Contact with Mentally Retarded Persons:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>19</td>
</tr>
<tr>
<td>11-50</td>
<td>19</td>
</tr>
<tr>
<td>51-100</td>
<td>5</td>
</tr>
<tr>
<td>101-500</td>
<td>1</td>
</tr>
<tr>
<td>501 or more</td>
<td>2</td>
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</table>

<table>
<thead>
<tr>
<th>Feelings About Experience of Contacts with Mentally Retarded Persons:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>No experience</td>
<td>1</td>
</tr>
<tr>
<td>Definitely disliked</td>
<td>0</td>
</tr>
<tr>
<td>Didn't like very much</td>
<td>13</td>
</tr>
<tr>
<td>Liked it somewhat</td>
<td>22</td>
</tr>
<tr>
<td>Definitely enjoyed it</td>
<td>10</td>
</tr>
</tbody>
</table>
BIBLIOGRAPHY


Edgerton, Robert B. and Darno, Marvin. "Community Attitudes Toward the Hospital Care of the MR," Mental Retardation, 1972, 10, 3-5.


Jones, Reginald L. Labels and Stigma in Special Education. (n.p.), May, 1971 (ERIC No. ED 054 279).


Kimbrell, Don L. and Luckey, Robert E. "Attitude Change Resulting from Open House Guided Tours in a State School for Mental Retardates," American Journal of Mental Deficiency, 1964, 69, 21-23.


Soule, Donald. "Teacher Bias Effects with Severely Retarded Children," American Journal of Mental Deficiency, 1972, 77(2), 208-211.


BIOGRAPHICAL SKETCH

Amanda Sirmon Baker was born in Daphne, Alabama, on April 3, 1934, the fifth child of Joel and Edna Sirmon. She attended public schools in Belforest, Daphne and Fairhope, Alabama. After graduating from Fairhope High School in 1951, Amanda attended the University of Alabama. Following graduation in 1955 with a Bachelor of Science in Nursing, she moved to Valparaiso, Florida, where she worked as a professional nurse for three years.

From 1958 to 1971, Amanda traveled widely with her husband, who was in the U.S. Air Force. During this time, she worked in many different positions as a public health nurse, in private duty nursing, staff nursing, supervisory work, intensive care nursing and working with handicapped children as the developer of a program for United Cerebral Palsy. She taught for one year at Albany Junior College, Albany, Georgia.

In 1971, when her husband retired from the Air Force, they moved to Gainesville, Florida, where Amanda received her Master of Nursing degree in pediatric nursing from the University of Florida in 1972. She then entered the doctoral program in Curriculum and Instruction at the University of
Florida. Amanda held teaching assistantships for three quarters in the College of Nursing, where she was involved in clinical teaching with nursing students working with mentally retarded children. She was appointed as a graduate teaching associate in the College of Nursing in May, 1974, and has continued in that position while completing degree requirements for the Doctor of Philosophy in December, 1974.

Amanda married Malcolm Baker of Eden, North Carolina, in 1957. They have two children, Eric and Michael. They are residing near Gainesville, where Amanda will be an Associate Professor in the College of Nursing, University of Florida. Her professional memberships include the American Nurses Association, the Association for Supervision and Curriculum Development, Phi Kappa Phi, Pi Lambda Theta, and Sigma Theta Tau.
I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

James W. Hensel, Chairman
Professor of Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Vyince A. Hines
Professor of Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Dorris B. Payne
Assistant Professor of Nursing

This dissertation was submitted to the Graduate Faculty of the College of Education and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

December, 1974

Dean, College of Education

Dean, Graduate School