

LETTERS TO NURSING PAPERS

Adapting Social Measurement

I read your article in *Nursing Papers* with interest and was curious about your positive correlation between right and left opinionation. I gather from what you say, it's possible that these are not necessarily organized in such a way that an individual is predominantly left — or right — opinioned? What is the possibility that your new scale isn't sorted in the same way as Rokeach's were?

I would be interested in having a copy of the scale and scoring used, and possibly could try it out on some other groups of students.

Do you expect to identify changes between students at the beginning and end of the baccalaureate program? In which direction?

Pleased to see it written up; keep it going!

Helen Elfert
Assistant Professor
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University of British Columbia
July 1971

The points you raise in respect to the adapted opinionation scale are of much interest to me. From my understanding of Rokeach's scale, I concur with you that individuals, in general, are not characterized by being either right or left opinionated, that opinionation is a single dimension varying in degree or intensity in various people and population groups. The right-left factor reflects where one sets the mid-point, the generally acknowledged modal point of view regarding an issue, by people in general, as determined by judges in preparing the items for the scale. The difficulty of course is finding judges sufficiently similar to the group with which one proposes to use the new scale to determine the modal attitude, and of course the range of views is considerable. In adapting items for a Canadian nurse population the modal points of view to various items were not sufficiently well established in advance to give a scale that is neutral in this respect. I am expecting that modal attitudes will vary by geographical location, social class, sex, level of education, age, religious orientation, and the rural-urban characteristic of an individual's background. Undoubtedly there are other influencing factors too. When we have a broader range of views it may be possible to re-balance the scale on the right-left characteristic to make it neutral.

Considering your second point, the items were sorted by random selection, as were Rokeach's.

I certainly am glad to send the scale on to you. I should be pleased to hear your results if you choose to use it in British Columbia. This would be a useful contribution to what I hope will be an accumulation of norms from various locations.

At the present we are collecting data on incoming baccalaureate students. We plan to do this again when students complete the program. I feel we also should collect data outside nursing from other university students, from age cohorts not in university, from other kinds of nursing students, and practicing nurses. This information would help us to see if our group is select in respect to opinionation. As yet, however, I have not implemented this part of the plan.

As to what do we expect to find, I'm still thinking that students will become less opinionated as they progress through the program. But does it really matter if they are opinionated or not — I cannot say. It is the critical question as I see it, and it needs to be tested through performance clinically.

Ruth C. MacKay
Associate Professor
School of Nursing
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August 1971

Responses to Problems of Editorial Policy

I cannot help but respond to the suggestion that critiques of research articles or original papers be included. I think it would be both helpful to the reader, and a step in the direction of positive growth for the profession. Possibly it might provide some back-up for you in selecting materials for publication. I should have welcomed such assistance from a critical appraiser in connection with the article of mine you just published.

Further, the publication of position statements appears to me to serve a very useful function, especially when responses are included. Let us hear more from the other disciplines too. So many processes found in nursing are common to other areas, especially the helping professions. Dr. Moore's study should certainly be of interest to nursing.

I noted that *Nursing Papers* is being covered in the routine cataloguing of materials covered by the *International Nursing Index*, an additional aid to anyone searching the literature.

Ruth C. MacKay
Associate Professor
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July 1971

In response to your editorial questions in the latest issue of *Nursing Papers*, I am apprehensive about the inclusion of research critiques unless the critiques are kept very, very short which is extremely difficult to do. My preference would be to *have* the reports and critique them myself. A guide for self-critiquing might be very useful. The critique policy you suggest would be very nice but I suspect we can't afford it at this time.

I agree with the policy of the publication of position statements if they cannot be made available to us in any other form. If we cannot afford the space, could a source page list such documents and we could write for a copy?

If there is a policy to publish research reports on nursing from other disciplines, you may be deluged by the "publish or perish" problem among other groups. Personally, I would like to see priority given to work by nurses (who may have graduate degrees in another discipline) rather than providing a forum for the others who should be able to publish in their own periodicals.

By all means include advertising by university schools of nursing and book publishers.

Margaret C. Cahoon
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July 1971

Health Care Evaluation Seminar

There is growing attention throughout Canada to improving the availability, effectiveness and efficiency of health care services. The Department of National Health and Welfare, the Medical Research Council, and other national and provincial agencies are supporting innovative demonstration programmes in the organization and delivery of health care.

These developments are hampered by the scarcity of personnel capable of evaluating health care programmes. Although fellowship and degree programmes in health care evaluation are expanding, their impact will not be felt for several years. Furthermore, the duration and location of formal training programmes render them inaccessible to many health professionals, administrators and others who are grappling with the day to day operation and evaluation of health care programmes.

In an effort to bridge this gap, and with the support of the National Health Grant, a group of health care evaluators have developed a series of written and audio-visual educational resources encompass-

ing the measurement of health and health care needs, the measurement and evaluation of health care, and the tools and techniques of evaluation, including economic and operations research methods, alternative strategies to evaluation, and suggestions on the organization and financing of an evaluation project.

These educational materials, which have been produced in both Canadian languages, for use across Canada in a series of Health Care Evaluation Seminars, the first of which is to be held the week of November 14-19 at the new Health Sciences Centre at McMaster University in Hamilton, Ontario. These Seminars will be directed to health professionals, administrators, and others concerned with health care evaluation.

Applicants will be asked to submit a health care evaluation proposal, which will serve to focus on their activities during an intensive one-week educational programme which will include continuous access to a learning resources area, individual tutorial sessions, group discussions and seminars, and consultations with experts in health care evaluation. It is anticipated that most of the participants will have developed a detailed evaluation design by the conclusion of the seminar, and in many cases it will be possible to continue the tutorial relationship on a long term basis.

Inquiries and requests for application forms for the Health Care Evaluation Seminar to be held at McMaster University from November 14-19 may be obtained by writing to Mrs. Marjorie Baskin, Seminar Co-ordinator, Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario.

Scholarships and travel awards are available and applicants who are not selected for the November seminar will automatically be reconsidered for the next seminar which is to be held approximately six months subsequently.

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