THE OPINIONS OF A SELECTED GROUP OF GENERAL DUTY NURSES REGARDING THE PERFORMANCE OF CERTAIN REHABILITATIVE ASPECTS OF NURSING

BY

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CHAPTER I

INTRODUCTION

Introduction to the Problem

In the last few decades medical science has made rapid strides in controlling many previously fatal conditions. It is not enough, however, to keep people physically alive, many in a state of physical, emotional and economic dependency. If, through the advances of medicine, people are going to be kept alive despite chronic disease and debilitating mental and physical handicaps, then society, and especially the health professions, should be interested in and accept responsibility for helping these people develop a satisfactory and useful life.

In 1918 following the first World War, Congress passed laws aimed at the vocational rehabilitation of disabled veterans. Although the Red Cross Institute for Crippled and Disabled Men was active in the following years in promoting legislation in many states for vocational rehabilitation of the disabled, little was being done by the health sciences to foster physical, emotional, and social rehabilitation. It was not until World War II that the idea of physical and psychological rehabilitation truly gained momentum under the influence of Dr. Howard Rusk and his work with the American Air Force Convalescent Centers. By revitalizing physical medicine and adding psycho-social guidance and vocational training, a comprehensive, modern concept of rehabilitation evolved. (47)

During and following World War II nursing leaders also began to realize that nursing had a profound contribution to make to the rehabilitation process and they accepted the responsibility of dissemminating the new concept of rehabilitation to the nursing profession.

Statement of the Problem

Rehabilitative nursing is based on the belief that rehabilitation, like prevention of disease, promotion of health and treatment of disorders, is a function of comprehensive patient care. As such it is an inherent responsibility of nursing.(2) Anderson states that rehabilitative nursing means "the effective utilization of appropriate nursing skills and other behaviors to assist a patient to progress towards the greatest physical, mental, social, economic and vocational usefulness of which he is capable."(2)

Authorities in rehabilitation nursing define certain nursing activities as primarily rehabilitative in nature. These rehabilitative aspects may be categorized into several broad areas: (1) prevention of complications and deformities; (2) teaching activities of daily living and patient participation in therapy; (3) planning for the future with the patient and his family with close cooperation among the various health workers; (4) helping with psychological and social problems.

If comprehensive patient care is being given, patients should be benefiting from the above listed activities. It may be conjectured, however, whether or not patients do benefit from the knowledge of rehabilitative nursing currently available. It was with this broad question in mind that this study was formulated. In an attempt to ascertain to what

and practice rehabilitative nursing two
eneral duty nurses accept responsibility for
ve activities? To what extent are these
activities performed for patients?

Importance of the Problem

In the last fifteen years great emphasis has been placed by nursing leaders on comprehensive patient care. Rehabilitative aspects of nursing are especially important in this type of care. Many schools of nursing have integrated rehabilitation into their curricula (44) and the nursing literature has included numerous articles on the role and responsibilities of the nurse in the rehabilitative process. Much of the rehabilitative process is implicit in good nursing care and yet nurses regard rehabilitative nursing as something apart, special, complicated and expensive, requiring skills which can only be learned by special instruction. Or else they view rehabilitation as something that begins when the patient goes to the physical or occupational therapy department. (16)

Since rehabilitation, to be effective, must start early, (1,9,40,6) nurses, with their early contact with patients are in a unique position as vital members of the rehabilitation team. If nurses are not aware of their responsibilities in the area of rehabilitation and if they are not assuring their patients the benefits of such knowledge, then nurses are failing to provide the type of comprehensive care the profession is striving to attain.

Limitations

The following limitations applied to this study.

1. The population surveyed was limited to registered nurses appearing on the Oregon State Board of Nursing lists of actively practicing general duty nurses who have a Portland mailing address. The population was further limited to every tenth nurse of the above group. Because of the size of the population, no wide spread generalizations can be made from the conclusions.
2. The study was limited to information which could be obtained by questionnaire.
3. The questionnaire was limited to twenty-five items regarding aspects of rehabilitation which have been stated in nursing literature as responsibilities of the nurse.

Assumptions

For the purpose of this investigation four assumptions were made.

1. Certain aspects of comprehensive nursing care can be defined as rehabilitative in nature.
2. General duty nurses are the professional nurses responsible for the direct bedside care of the patient and will have the greatest awareness of what is actually happening to the patient.
3. The selected population is a representative sample of currently registered, actively practicing, general duty nurses in the Portland area.
4. The assurance of anonymity will evoke honest responses from the respondents.

Procedure for Solution of the Problem

The questionnaire was derived from statements in the current nursing literature. Statements were chosen which were definitely rehabilitative in nature and which were said to be the responsibility of the nurse.

The questionnaire was administered to a group of registered professional nurses for their comments and criticisms, after which revisions were made as indicated. The questionnaire was also submitted for review to a professional nurse who has authored several articles on rehabilitation in the professional nursing journals.

The Oregon State Board of Nursing permitted the use of their files to compile a list of registered nurses who reside in the Portland area and who actively practice in the capacity of general duty nurses.

A pilot study was done and final revisions made in the questionnaire which was then duplicated and mailed to the selected nurses with a cover letter and a self-addressed return envelope.

The data were analyzed, interpreted and conclusions formed. Recommendations for further study were then made.

Overview of Thesis

This study has been divided into four chapters. Chapter I contains an introduction to the problem, statment of the problem and its importance. Statement of limitations, assumptions and procedure for solution of the problem complete the chapter. Chapter II reviews the literature pertaining to definitions and concepts of rehabilitation, the need for rehabilitation, rehabilitative aspects of nursing and review

of studies related to the topic. A description of the study, the sources of data, the method of collecting the data, treatment of the data and findings of the study are reported in Chapter III. The final chapter presents a summary of the study, conclusions and recommendations for further study as indicated by the obtained data.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

This study was conducted to determine whether general duty nurses are cognizant of their responsibility regarding rehabilitative aspects of nursing and whether they feel patients are receiving the benefits of rehabilitative care. With these two ideas in mind the literature was surveyed to find definitions and concepts of rehabilitation, to establish the need for rehabilitation, and to clarify those aspects of comprehensive nursing care which can be termed rehabilitative.[a]

Definitions and Concepts of Rehabilitation

The most widely used definition of rehabilitation is the one established by the National Conference on Rehabilitation to the effect that "Rehabilitation means the restoration of the handicapped to the fullest physical, mental, social, vocational and economic usefulness of which they are capable."(47) This definition is very similar to the one written by the Nursing Advisory Services for Orthopedics and Poliomyelitis which begins with the statement that "Rehabilitation is a process which assists an ill or handicapped person."(16) This seems to indicate a more helping type of process, one in which things are done with the person rather than for or to him. Maurice Grossman poses the question "Is

[a]A definition of comprehensive nursing care is given in Appendix A.

rehabilitation 'a process of assisting' or of 'restoration' or of the 'reintegration' of the individual with a disability, a handicap or a chronic illness?"(15) A. T. Jousse, Director of Physical Medicine at the University of Toronto, makes a very simple statement, "Rehabilitation means doing what needs to be done to get a person going following illness or injury."(21) Terry, et al., have quoted a more poetic definition given by Miss Mary Switzer, Director of the Office of Vocational Rehabilitation. "Rehabilitation is a bridge spanning the gap between uselessness and usefulness, between hopelessness and hopefulness, between despair and happiness."(47)

Rehabilitation is often called the third phase of medicine; the other two phases being diagnosis and therapy. Rehabilitation, however, is a continuing process, not a clearly defined entity.(51) Frederick A. Whitehouse has stated that "Rehabilitation must be conceived not as a specific corrective that takes place after other therapies are finished--and that occurs at a discrete moment in time--but as a series of connected preventive, corrective, and ameliorative activities in the life process."(52) Beatrice Wright makes a similar point when she says "There is no point at which rehabilitation begins and other phases of treatment end. Rehabilitation is a continuing process that applies to the individual so long as he needs help, and to society so long as conditions exist that interfere with the welfare of any group of its citizens."(54)

It might be said that rehabilitation is a philosophy rather than a special branch of the healing arts.(15) To quote Alice B. Morrissey "The philosophy is a vital life-giving concept that recognizes that there

are very few completely helpless patients and that almost any situation is not entirely hopeless."(29) In another article Morrissey writes that rehabilitation "embraces a wholesome adjustment to physical handicap, a process which is achieved by educating and helping the patient to integrate all his resources."(30) Rehabilitation has been construed as a "learning process for the patient"(46) and "a service to the individual."(16)

These ideas are relatively new to our society. Fifty years ago acute and often fatal epidemic diseases occupied the attention and energies of the members of the medical profession and its allies. Their efforts were directed toward saving lives, and those that survived were glad to be alive. They were glad to find a niche in the community where they would be cared for and not expected to produce. It was respectable for the disabled to be non-productive and dependent.(21) This is not true today. Mary E. Switzer makes the following statement:

> Four things have produced rehabilitation as we know it today: the accumulation of enough medical and other scientific knowledge to greatly reduce the disabling effects of illness and injury; a slow dawning appreciation of the tremendous capacity of the human body for developing compensating functions; a growing understanding and acceptance of disabled people as capable producers in our industrial society; and, finally, a widespread determination among the American people to do something about the mounting toll exacted by disability in this country.(45)

It is the aim of rehabilitation to restore the patient to a self-respecting, self-sufficient, and normal manner of living.(31)

> The many ramifications of adjustment to disability require attention to the individual's physical, emotional, and social problems, including economic matters and the nature of his inter-personal relations at home and in the wider community. The importance of 'treating the

> person as a whole' becomes less of a cliche when it is realized that such areas are interdependent, improvement in one area often depending on improvement in the others.(54)

Examine the case of an amputee. The doctor's modern surgery produces a good, usable stump. However, unless this person is helped to find and use the best prosthesis available, unless he is helped to solve his social and family problems, unless he is helped to make the vast psychological adjustments to his loss and is finally returned to the most productive employment of which he is capable, he has not been rehabilitated.

In the minds of many people rehabilitation and vocational placement have been synonymous. Even the essence of our official federal-state approach to the impaired citizen has been employment per se. "If, however, the word 'employment' is used generically, it is the true goal of rehabilitation when it means the optimum use of one's faculties."(52) All aspects of a person's life are affected by illness or handicap. Rehabilitation, therefore, cannot be concerned only with job finding, but must include equal consideration of medical, social, and psychological factors.(39)

Need for Rehabilitation

From a humane standpoint society has a moral responsibility to assist man in assuming the most active role of which he is capable. It is also an economic asset to society to provide adequate rehabilitation. Increased cost of hospitalization and nursing home care and the ever higher cost of welfare programs necessitates returning as many people as possible to economic self-sufficiency or at least to a degree of self-care

which can eliminate highly expensive hospitalization or intensive nursing home care.

Shields and Daitz clearly state the need for rehabilitation.

> Until means are found to prevent or cure the diseases which result in long-term illness, prevention of the residuals comprising the 'immobilization syndrome' obviously is a most important potential for meeting the challenge of disability. . .If this form of patient care is initiated early and before the development of physical, emotional, social, or economic impairment, it will not require the same intensity of care or the diverse and highly specialized professional skills which are necessary when dealing with patients with severe disability. There is ample evidence that such management is effective in helping to preserve physical, social economic capacity in patients with long-term illness. There is need, consequently, for much wider applications of the techniques of this form of patient care in medical practice.(42)

In 1953, eleven thousand of the 61,308 persons rehabilitated and placed in useful occupations under the state-federal vocational rehabilitation programs were receiving public assistance when their rehabilitation was started. To maintain these disabled recipients of public assistance on relief for just one year would cost an estimated $8.7 million, and yet their rehabilitation program cost only $6.4 million. The federal income tax payments made by the disabled men and women rehabilitated under this program in 1953 were estimated at $30 million over a three year period which exceeds the entire 1953 federal grants for vocational rehabilitation by more than thirty per cent.(6) In 1959, twelve hundred of six thousand individuals in nursing homes and convalescent homes in Oregon were under thirty-five years of age. Using $100 a month as a minimum figure for maintenance, in ten years this group under thirty-five will cost the government over $14 million.(20) These figures are bare minimums and

exclude those confined to their own homes or to general hospitals. A concerted effort to return even a portion of this group to at least partial self-sufficiency would be a great saving to the state.

Rehabilitative Aspects of Nursing

In nursing, as in the medical profession, the modern concept of rehabilitation is relatively new. The first mention of rehabilitation in The American Journal of Nursing deemed worthy of an entry in the annual index was two book reviews about disabled soldiers in 1919. The next index reference was for the December, 1933, Journal describing an occupational type of rehabilitation program started in 1932 at the St. Louis Tuberculosis Sanatorium. A reference in 1937 also related to rehabilitation in tuberculosis. It was not until 1944-1945 that the nursing profession raised rehabilitation to such importance and interest that related articles started appearing frequently in The American Journal of Nursing.

Helen Anderson, in 1959, stated that rehabilitative nursing, an inherent responsibility of nursing, meant the "effective utilization of appropriate nursing skills and other behaviors to assist a patient to progress towards the greatest physical, mental, social, economic and vocational usefulness of which he is capable."(2) Morrissey asserts that "Rehabilitation takes in all phases of nursing care. . .A large part of human happiness, human dignity, and human worth is dependent on the ability and willingness of the members of the nursing profession to accept their responsibilities in this new concept of patient care."(32)

Rehabilitation services should be part of all comprehensive nursing care. Both Alice Morrissey and Elisabeth Phillips emphasize that a certain amount of disability accompanies every illness although some illnesses are more disabling than others and that all patients need some type of rehabilitative nursing at some point in their illness. (33,37)

Despite the awareness of rehabilitation as an integral part of nursing by many nurses the following situation described by Helen Hartigan seems to exist.

> Unfortunately, many nurses are not familiar with the concept of nursing care which is every patient's right today. They do not realize that much of the rehabilitative process is implicit in good nursing care. They are unaware of the fact that properly carrying out a single nursing technique is tremendously important in the patient's total recovery. They regard rehabilitative nursing as something apart, something special and complicated and expensive, something that begins when the patient goes to the physical therapy department or when he begins occupational therapy, something which the nurse must go away and take a special course to learn. (16)

Florence Terry, et. al., in The Principles and Technics of Rehabilitation Nursing divided rehabilitation into three phases. The first is "medical" rehabilitation, usually thought of as the curative or therapeutic phase. The second is the "conditioning phase" when the patient's assets are evaluated and he is helped to make the transition from hospital to home. The third is the "vocational" phase during which the patient is prepared for employment. (47) It is during the first two phases that nurses have the greatest role, and yet Donald V. Wilson made explicit the nurses' role in the third phase also.

> Because a nurse is a part of the very heart of the community, she is directly concerned not only with the medical phases of rehabilitation but also with the equally pertinent social and vocational aspects. Without such an identity with community endeavour, the nurse's role in rehabilitation is not completely fulfilled.(53)

Authorities seem to agree that rehabilitation, to be effective, must start early.(1,9,6,26,38,40,44) Since nurses are among the first professional people to come in contact with the sick or disabled person they are vital members of any rehabilitation team. George G. Deaver said "We must realize the groundwork for future rehabilitation is laid while the patient is in the hospital. Rehabilitation must start in bed. After the patient has learned to expect help, it is often impossible to motivate them to help themselves."(9) Howard Rusk indicated that "rehabilitation, to be effective, must start the earliest possible moment after acute illness, patient motivation must be started by the bedside nurse."(40) Jean MacGregor made her point very clearly when she wrote

> The nurse will have the best opportunity to begin the work of rehabilitation. She cares for the patient during the critical period of an illness when he is unable to benefit from the more specialized efforts of the other members of the team. Since the rehabilitative techniques that she uses are also part of nursing care, the program under such circumstances really starts with her.(26)

It is the nurse, therefore, who has the greatest opportunity to help a patient make the early adjustment which means so much in his total recovery. She is a source of personal care, information, encouragement, motivation, guidance, and assistance.(16) Furthermore, states Chester A.

Swinyard, if the nurse ". . .makes the principles, practices, and the philosophy of rehabilitation a part of her care plan from the time the patient is admitted to the hospital, she will do much toward creating an appropriate psychosocial milieu for future intensive rehabilitation."(44)

According to Morrissey in the International Nursing Review, October, 1956, the nurse's role is highly important.

> While many professional people render specific and highly specialized services in rehabilitation, it is the professional nurse who provides a type of service that encircles and complements all others. In a way the nurse is the heart of the rehabilitation program. Though her work may be unnoticed, though frequently it is unrecognized, though she herself may be reticent in expressing the value of her contributions, she stands, nevertheless, in the very centre of all activities aimed towards the patient's complete restoration to normal living. The nurse's professional education, experience, sensitivity to the patient's needs, understanding of medical goals and continuous twenty-four hour service are salient factors in the role she does play, and must play, as a member of a rehabilitation team. (29)

Helen C. Anderson defined rehabilitative nursing as a function and responsibility of all nursing. It is the effective utilization of appropriate nursing skills and other behaviors to assist a patient to progress towards the greatest physical, mental, social, economic and vocational usefulness of which he is capable. Skills and abilities which are most contributive to rehabilitation can be identified for any given patient, but will not necessarily be the same from one patient to another.(2) She continued by listing broad areas which she designated as rehabilitative. (1) Identifying patient's needs and planning nursing care. (2) Working as an effective member of the health team. (3) Facilitating care given by others. (4) Maintaining effective working relationships with other personnel. (2)

Jeanne M. Treacy listed the areas of rehabilitative nursing as follows: (1) carrying out the treatments and procedures ordered by the doctor; (2) providing the physical care and comforts for the patient; (3) observing and reporting the patient's mental and physical condition; (4) co-ordinating the patient's plan of care with other members of the rehabilitation team; (5) developing good communication between the patient, team members and the patient's family.(49) Morrissey was more specific when she said

> The prevention of deformity and instruction in the activities of daily living, are essentially within the nurse's province. Her first responsibility is to start the rehabilitation process early, and she can do this by employing the principles of good body mechanics and good body alignment, by teaching the patient some simple exercises that will preserve muscle tone and prevent contractures, and by using mechanical devices that are designed to prevent physical deformity.(33)

Lazelle Knocke also described the role of the nurse in rehabilitation.

> The role of the nurse in rehabilitation then, might be said to include the application of those hygienic measures--the prevention of deformity or further disability, encouraging and teaching simple exercises within prescribed limits, and encouraging and teaching self-help measures--which will aid in attaining the objectives of the hospital and its personnel in physical rehabilitation, and which will make possible the next step in the rehabilitation plan without causing needless delay. (23)

Some writers seem to doubt that the above activities are adequately performed. Morrissey in The American Journal of Nursing, November, 1954, stated that "The importance of preventing deformity appears to be insufficiently stressed in basic nursing programs, and the techniques of prevention are not widely used in actual practice. This must be

corrected if we are to develop rehabilitation-minded nurses."(33) Further in the same article she made the following observation: "Although public health nurses have taught their patients self-care activities for many years, the hospital nurse, by and large, has not included them in her nursing care. We must, therefore, teach student nurses--and all nurses these techniques so that all patients can start on the road to rehabilitation as soon as possible."(33) Phillips made a similar observation when she said

> The patient must master the rudiments of self-care. Too often the need for these basic skills are overlooked. The nurse could do so much more if she had the right rehabilitative viewpoint and know-how. Too often what she does for the patient actually delays rehabilitation in the end by making him more dependent on others than his handicap justifies.(37)

Evelyn Gilbertson wrote in the November, 1954, American Journal of Nursing that the mental health aspects of rehabilitation may also be neglected but they need to receive attention from the very onset of illness also. She stated that the nurse needs to understand her own attitudes and feelings regarding the chronically ill and disabled and some of the basic conflicting emotions which the patient with long-term illness faces.(14) Mary M. Jerome includes interpersonal relations in the rehabilitative process with the following statement: "The establishment of rapport, and an attempt to understand the patient's personality in relation to his illness can be either discouraging or rewarding, depending upon the amount of effort put forth by patient and nurse. But this nursing constitutes the basis upon which all other aspects of

rehabilitation will develop."(19) Another writer emphasized psychological restoration and the correct application of principles of psychotherapy by the nurse in all contacts with handicapped persons.(32)

Little rehabilitation is possible without team work and cooperation. Here is another area where the nurse can play an important role since she is in a position to be co-ordinator and liaison between various members of the team.(10,13,29,31,53) She takes information from all of the various disciplines and applies it in giving nursing care. "In this way she is a unifier or co-ordinator for the continuity of total rehabilitation care is assured through the rehabilitation nurse who introduces principles of therapy from other areas into her general care of her patient."(29) Both Hartigan and Wilson make the interesting observation that when the other specialized members of the rehabilitation team are not available, the nurse is often expected to provide these services. She may be asked to serve as therapist, counsellor, psychologist, and social worker, and frequently gets the same results which might have been obtained if all the special service personnel were available.(16,53)

Ideally rehabilitation should be done by a large team of experts in a well equipped center, but finances and personnel are not available. In 1960 there were only seven thousand registered physical therapists and it was estimated that 43,000 additional ones were needed. An additional 44,000 occupational therapists were needed to supplement the six thousand then available. Only a handful of related workers, such as speech therapists and social workers were available compared to the 20,000 needed.(42) From the above figures it is obvious then, that a

large portion of the rehabilitation program must be accomplished by personnel available where the patients are in the local community. Mildred J. Allgire and Ruth R. Denney collaborated on a book entitled Nurses Can Give and Teach Rehabilitation, in which they made the following statements:

> Rehabilitation requires know-how but it can be given adequately for most patients by using limited equipment. Correct bed posture, exercises to prevent deformities and increase strength, wheel chair activities, gait training and self-help activities can be taught by nurses. With medical guidance, they can restore many patients from a state of dependency to one of self-sufficiency. This applies not only to large medical centers, but to any general hospital, convalescent hospital and nursing home, and it is also a responsibility of the visiting nurse.
>
> Nurses in all hospitals should be able to give and teach safe restorative care. Early care for most chronic problems is given in the general hospital near the patient's home, and these hospitals generally lack special rehabilitative personnel. But even where there is such personnel in the hospital, the patient is often not referred to them during the early phase of care; therefore, rehabilitative nursing services are necessary in these well-staffed hospitals, too.(1)

Rusk also states, "If the patient has the concept of rehabilitation and his community and hospital have the services and the understanding, he can be restored to work or self-sufficiency. For the average hemiplegic, adequate training can be given in a general hospital, in a doctor's office or even at home. He does not need a rehabilitation center."(41) MacGregor also indicates that much can be accomplished in the patient's own community using available facilities.(26)

Unfortunately rehabilitation is often not done because of the pressures on the staff to provide care of the acutely ill first.(49)

John Echternach has listed five factors prevalent in a general hospital which he feels interfere with or inhibit the process of rehabilitation. These are (1) lack of communication between departments and professional staffs, for example, the lack of staff conferences, (2) lack of understanding of the philosophy and principles of rehabilitation, (3) scarcity of both professional and nonprofessional personnel, (4) the need for "enlightened" leadership, and (5) failure to establish goals for the patient by the staff, the patient and the patient's family.(11)

Related Studies

Ruth Conrad at the University of Washington conducted a study to determine the opinions of a selected group of doctors and nurses about nurse performance of selected activities related to rehabilitation. She also derived her opinionnaire from statements in the nursing literature concerning rehabilitative aspects of nursing. She found no consistent pattern of agreement between doctors and nurses on the activities a nurse should carry out. Doctors seemd the most reluctant to agree that activities concerned with postoperative exercises should be done by the nurse. Nurses were agreed that teaching functions concerned with muscle strengthening exercises were the responsibility of the nurse. She also asked the opinion of the respondents as to who should carry out the selected activity if a nurse should not. The responses varied widely with even laity or nonprofessional workers being mentioned in some cases.

In 1958 Virginia Mueller of the University of Oregon School of Nursing wrote her master's thesis, entitled Opinions of 70 Selected Individuals Concerning the Role of the Nurse in the Rehabilitation of

Paraplegic Patients as Obtained by Interview and Questionnaire. She interviewed representatives of the seven disciplines commonly considered to be constituents of the "health team," plus eight handicapped persons. The majority of the respondents indicated that the nurse was a member of the rehabilitation team, but they felt her functions were largely in the area of psychological and physical aspects of rehabilitation rather than in the social and vocational areas.

Georgann Chase, also of the University of Oregon School of Nursing, used Function number 1 of the Functions, Standards and Qualifications for Practice of the General Duty Nurse as approved by this section of the American Nurses' Association as the basis of her study. Using a questionnaire she surveyed general duty nurses employed in six selected hospitals in Oregon to determine whether or not the statements of Function number 1 represented appropriate activities for the general duty nurse, and whether, in the opinion of those surveyed, the general duty nurse is actually performing these activities. Respondents also completed a general information sheet regarding experience, education, type of hospital in which employed and American Nurses' Association membership.

Several items of the opinionnaire were concerned with rehabilitative aspects of nursing care. These items were such as "Becomes familiar with available resources, personnel and physical facilities of the hospital and community," "Communicates and acts as liaison between patient, family, physician, hospital personnel and community agencies," and "Assists in patient education and rehabilitation, including the promotion of mental and physical health."

Approximately one-third of the respondents indicated that they felt the item concerning resources was in excess of what is appropriate for the general duty nurse and over one-half of the participants indicated that all three items were in excess of what is actually performed. Such variables as length of experience, educational background, and American Nurses' Association membership, did not seem to influence the nurses' opinions.

Nursing Research mentions a study done at the University of Pennsylvania by Eleanor Logan entitled Role of the Patient and the Nurse in the Rehabilitation Process. Unfortunately this is not a circulating volume and could not be obtained for review. Nursing Research, however, included the following brief abstract of the study.

> Patient's response to illness can be guided positively if he is aware of how he participates and if participation is achieved through common recognition of his needs and resources, if complete communication is arrived at however patient expressed needs; all patients at times regressed to some type of dependent behavior; though patients did not think of nurse as teacher, they expressed need for teaching. (25)

Leland Stanley Johnson did a survey entitled Rehabilitation in Oregon as a graduate study project. Although he stressed the need for the general hospital to provide rehabilitation facilities and the training of rehabilitation personnel such as physical therapists, and occupational therapists, he made no mention of the nurse in relation to rehabilitation. (20)

Summary

The literature was reviewed to determine concepts of rehabilitation, to establish the need for rehabilitation and to clarify those aspects of comprehensive nursing care which can be termed rehabilitative.

According to the literature rehabilitation, in relation to nursing, is a process of assisting a patient to the greatest self-sufficiency of which he is capable. Total rehabilitation will include physical, mental, social, vocational and economic factors.

Rehabilitation is a moral and economic necessity to our society. The rewards of human happiness are immeasurable, but the economic benefits which accrue to society are very definite. Returning people to society with a greater degree of self-sufficiency or even self-supporting removes a great burden from the tax rolls and can be actually measured in dollars and cents.

The literature seems to agree that rehabilitation, to be effective, must be started early and that the nurse plays a vital role in the total rehabilitative process. The nurse's main rehabilitative functions seem to be in the following areas: (1)prevention of complications and deformities; (2)teaching of activities of daily living and patient participation in therapy; (3) planning for the future with both the patient and his family with close cooperation among the various health workers; (4)Helping with psychological and social problems.

Several authors state that since there is a dearth of the specialized personnel needed for a complete rehabilitation team the responsibility for providing rehabilitative services becomes the responsibility of nurses.

CHAPTER III

THE STUDY

Procedure of the Study

This study was conducted in an attempt to ascertain to what extent nurses understand and practice selected rehabilitative aspects of nursing. Two main questions were formulated as a basis for investigation. Do general duty nurses accept responsibility for certain selected rehabilitative activities? To what extent are these selected rehabilitative activities performed for patients?

The nursing literature was reviewed to determine specific activities which could be designated as rehabilitative. When many activities had been found, they were reviewed and examined to find those items which would fit the criteria for the proposed questionnaire. The criteria were the following: (1)the activity selected should be related to meeting the rehabilitative needs of the patient; (2) the author should have stated that the activity should be the responsibility of the nurse; (3) items should represent a variety of rehabilitative needs of patients; (4) the items should require as little rephrasing as possible; (5) the statements should be in articles in nursing journals published within the past fifteen years. Since nursing literature usually expresses advanced thinking far ahead of application in nursing practice, it seemed that items of fifteen years ago would still be timely and pertinent. Twenty-five statements were finally chosen. Although twenty-five items would

cover a very limited number of possible activities, it was thought that respondents would be more willing to participate if they could answer simply and quickly.

The questionnaire was submitted to a group of registered professional nurses for evaluation and criticisms. Revisions were made and the questionnaire was then submitted for review to a professional nurse who has written several articles on rehabilitation for the nursing literature. A pilot study was conducted and after final revisions the questionnaire was duplicated for distribution.

Since general duty nurses were assumed to be the professional nurses responsible for the direct bedside care of the patient they should have the greatest awareness of what happens to the patient. Therefore their opinions were felt to be of value in helping to answer the questions posed by this study. It was also felt that a random sampling of those general duty nurses would eliminate the influence of any one particular hospital or school of nursing which might place special emphasis on rehabilitation.

The Oregon State Board of Nursing permitted the use of their files to compile a list of registered nurses who reside in the Portland area and who actively practice in the capacity of general duty nurses. Since this list consisted of approximately eleven hundred names, a smaller population was needed that would be of more workable size and yet be representative of the total. For this reason every tenth name was chosen as a possible respondent. This produced a list of 110 nurses. Telephone numbers could be found for only ninety of the 110 names. Calls were made

personally to these ninety nurses explaining the study and asking them to participate. Seventy-five agreed. Three were ill and unable to respond while five stated they were not interested. Seven stated that their area of employment had been so specialized, such as surgery or obstetrics, that they did not feel qualified to reply to the questionnaire.

A cover letter, found in Appendix C, and the questionnaire, Appendix D, were mailed to the seventy-five willing respondents contacted by telephone. Twenty-one additional questionnaires and the second cover letter, Appendix C, were mailed to the persons who could not be contacted personally by telephone. A total of ninety-six questionnaires were distributed. Sixty-six questionnaires were returned. Two weeks after mailing the questionnaire a post-card was sent to those personally contacted who had not yet responded and six additional questionnaires were returned. These seventy-two questionnaires represented a return of seventy-five per cent of the original ninety-six questionnaires sent out. However, four of the questionnaires were returned blank with notes to the effect that the respondents did not feel qualified to participate in the study, and three were not marked according to the instructions and so were excluded from the tabulations. This left a total of sixty-five (67.7%) usable questionnaires for tabulation.

The questionnaire statements were divided into four general areas of rehabilitative nursing and the information from the questionnaires tabulated under each heading. The data were analyzed, conclusions drawn, and recommendations made.

Analysis of Data

For analysis the questions were divided into four broad areas of nursing activities which can be called rehabilitative: (1) prevention of complications and deformities; (2) teaching activities of daily living and patient participation in therapy; (3) planning for the future with the patient and his family; (4) helping with psychological and social problems.

Statements 2, 4, 7, 9, 19, 22, and 24 of the questionnaire which dealt with the prevention of complications and deformities were tabulated in Table 1. Sixty-five nurses responded to statement number 2, "The patient should be maintained in correct bed posture to prevent deformities and deconditioning phenomena." Only 3 people, (4.6%) did not think this was the registered nurse's responsibility. Sixty-two, or 95.4%, felt that this function was her responsibility. Of this group of 62 nurses, 88.7% felt this activity was usually done for the patient, 9.7% indicated that it was occasionally done and 1.6% felt it was seldom done. One added the comment that if the registered nurse could not actually do the activity herself she was still responsible for directing her co-workers.

Item number 4, pertaining to a patient with a lower extremity amputation face lying to prevent hip flexion contractures, was answered by 54 nurses. Forty-eight, or 88.5%, indicated this was the registered nurse's responsibility, while 6, (11.5%) indicated it was not. Of the 48 who responded "yes," 54.2% agreed this activity was usually carried out, while 27.3% indicated it was occasionally done, and 18.5% felt it was seldom done.

TABLE 1

FREQUENCY AND PER CENTAGE DISTRIBUTIONS OF ITEMS PERTAINING TO THE PREVENTION OF COMPLICATIONS AND DEFORMITIES

Summary of Questionnaire Item[a]	N[b]	Responsibility of R.N.?				Usually Done[c]		Occasionally Done[c]		Seldom Done[c]	
		Yes		No							
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
2. Posture to prevent deformities	65	62	95.4	3	4.6	55	88.7	6	9.7	1	1.6
4. Hip flexion contractures	54	48	88.5	6	11.5	26	54.2	13	27.3	9	18.5
7. Measures to prevent deformities	65	62	95.4	3	4.6	56	90.3	5	8.1	1	1.6
9. Passive exercise for cardiacs	60	39	65.0	21	35.0	11	28.2	10	25.6	18	46.2
19. Muscle strength and normal ROM	58	54	93.1	4	6.9	32	59.3	20	37.0	2	3.7
22. Prevention of foot-drop	60	54	90.0	6	10.0	35	64.8	15	27.8	4	7.4
24. Normal ROM of extremity	54	46	85.2	8	14.8	31	67.4	12	26.1	3	6.5
Totals	416	365	87.7	51	12.3	246	67.4	81	22.2	38	10.4

[a] A complete list of questionnaire statements appears in Appendix D.

[b] Not all 65 participants responded to each item.

[c] Only those responding "yes" answered these sections.

The statement that preventive measures against deformities should be taken while the patient is in bed so that he may continue his rehabilitation program without delay elicited a response from 65 nurses, 95.4% of whom indicated that this was the registered nurse's responsibility. That this activity was usually done for the patient was checked by 90.3%, while 8.1% checked occasionally done, and 1.6% said it was seldom done.

There were 60 respondents to the statement concerning passive exercises for cardiac patients. This statement resulted in the greatest disagreement among the respondents. Only 65.0% indicated that they should accept responsibility for this activity, while 35.0% indicated they should not. Eighteen, or 46.2%, of the 39 nurses who responded "yes" also indicated that they felt this activity was seldom done for patients. The other 21 nurses were about evenly divided as to whether this activity was usually or occasionally performed.

"Muscle strength and normal range of motion should be maintained in the unaffected leg of a patient with a fractured hip," was statement 19. Fifty-eight responded to this statement, of whom 93.1% indicated that the professional nurse should assume responsibility for this activity. One respondent qualified her response by stating "Under instruction of doctor and physiotherapist. Nurse must be most diligent." Approximately half of the respondents, 59.3%, felt this activity was usually done, while 37.0% felt that it was done occasionally and 3.7% felt that it was seldom done for the patient.

Dorsiflexion and plantarflexion of the foot as an aid in preventing foot drop contracture in a patient with a fractured hip was the subject

of statement 22. Sixty nurses answered this statement, with 90.0% of them also checking in the"yes" column. Only 7.4% indicated that this was seldom done for patients, while 64.8% felt that it was usually done and 27.8% checked that it was occasionally done.

The last statement in this broad area was concerned with maintaining the normal range of motion in an extremity that has been partially amputated. Of the 54 respondents, 85.2% indicated this was the nurse's responsibility, while 14.8% indicated that it was not. That this activity was usually performed was indicated by 67.4%, occasionally performed by 26.1% and seldom performed by 6.5%.

The second area to be considered, depicted on Table 2, pertained to patient teaching and patient participation in therapy, and contained the following ten statements: 1, 5, 6, 10, 15, 16, 17, 18, 21, and 25. The first item, which was concerned with teaching the surgical patient preoperatively those exercises he will be expected to do postoperatively, elicited several interesting comments as well as some disagreement as to whose responsibility this activity really was. Altogether 64 answered the statement, but only 51, or 79.7% felt this was the registered nurse's responsibility. Of these 51, 31.3% also indicated that this was seldom done for patients, while 47.1% indicated that it was only occasionally done. Several commented that this activity should be done in conjunction with the physical therapist. One questionnaire bore the statement, "Patient comes in the day before surgery. Usually so upset they wouldn't remember." While another nurse wrote, "The office nurse, not the floor nurse with the understaffing problem."

TABLE 2

FREQUENCY AND PER CENTAGE DISTRIBUTIONS OF ITEMS PERTAINING TO PATIENT TEACHING AND PATIENT PARTICIPATION IN THERAPY

Summary of Questionnaire Item[a]	N[b]	Responsibility of R.N.?				Usually Done[c]		Occasionally Done[c]		Seldom Done[c]	
		Yes		No							
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
1. Teaching exercises peroperatively	64	51	79.7	13	20.3	11	21.6	24	47.1	16	31.3
5. Paraplegics encouraged to practice ambulation	63	57	90.5	6	9.6	42	73.7	10	17.5	5	8.8
6. Encouraged to feed, wash and dress themselves	65	56	86.2	9	13.8	52	92.8	2	3.6	2	3.6
10. Independence achieved with mechanical aids	61	42	68.9	19	31.1	27	64.3	15	35.7	00	00.0
15. Skills for bowel and urinary rehabilitation	64	57	89.1	7	10.9	44	77.2	12	21.1	1	1.7
16. Hemiplegic turning self with good muscles	64	55	85.9	9	14.1	44	80.0	8	14.5	3	5.5

[a] A complete list of questionnaire statements appears in Appendix D.

[b] Not all 65 participants responded to each item.

[c] Only those responding "yes" answered these sections

TABLE 2 Continued

Summary of Questionnaire Item[a]	N[b]	Responsibility of R.N.? Yes Freq.	Yes %	No Freq.	No %	Usually Done[c] Freq.	Usually Done[c] %	Occasionally Done[c] Freq.	Occasionally Done[c] %	Seldom Done[c] Freq.	Seldom Done[c] %
17. Emphasis on patient's part in therapy.	63	58	92.1	5	7.9	45	77.6	11	19.0	2	3.4
18. Care and use of appliance	64	58	90.6	6	9.4	50	86.2	8	13.8	00	00.0
21. Crutch gait best suited to disability	63	39	61.9	24	38.1	33	84.6	5	12.8	1	2.6
25. Do things taught by physiotherapist	59	57	96.6	2	3.4	45	78.9	10	17.5	2	3.6
Totals	630	530	84.1	100	15.9	393	74.2	105	19.8	32	6.0

[a]A complete list of questionnaire statements appears in Appendix D.

[b]Not all 65 participants responded to each item.

[c]Only those responding "yes" answered these sections.

The problem of assisting and encouraging paraplegic patients to practice ambulating on the ward was responded to by 63 nurses, 90.5% of whom indicated that this was their responsibility. This item, which 8.8% felt was seldom done, ranked next to item number 1 as the activity in this group performed least often.

Statement 6 was "Patients should be encouraged to feed, wash and dress themselves whenever possible." Sixty-five questionnaires had this item checked, with 56, or 86.2%, also checking in the "yes" column. Fifty-two, (92.8%) indicated this was usually done and 2 respondents checked in each of the other two columns. One respondent, after marking in the "no" column for this item, appended the note that "Aides, L.P.N.'s or anyone can do this."

The use of devices or improvised types of mechanical aids best suited to their needs in assisting patients to achieve independence was the subject of item 10. Only 42, (68.9%) of the 61 nurses responding to this statement would accept responsibility for its performance. And yet all of these 42 indicated that this activity was either usually, (64.3%) or occasionally (35.7%) done for the patients.

Sixty-four respondents replied to statement 15 concerning bowel and urinary rehabilitation. An affirmative response was checked by 57, (89.1%) with 77.2% of this group also indicating that in their opinion patients were usually taught the necessary procedures and skills, while 21.1% indicated that patients were only occasionally taught, and 1.7% indicated that they were seldom taught.

Statement 16 was "The hemiplegic patient should be taught how to use his good muscles to turn himself." Sixty-four checked this statement, with 55, (85.9%) respondents acknowledging that this was an activity which should be the responsibility of the registered nurse. Of the 55 responding affirmatively, 80.0% indicated it was an activity usually done, 14.5% indicated it was occasionally done, and 5.5% that it was seldom done.

Should the registered nurse assume responsibility for teaching patients how to use and care for appliances? Of the 64 nurses replying to statement 18, fifty-eight, or 90.6%, indicated that they should assume this responsibility. One nurse who indicated "no" felt that the nurse's responsibility was only to follow-up the doctor's instructions. This was another statement in which all of the nurses checking "yes" also indicated that it was usually, (86.2%) or occasionally (13.8%) done for the patient.

Item 21 concerning the teaching of proper crutch-gait elicited the greatest disagreement of any item in this area. Although a total of 63 responded to the statement, only 39, or 61.9% of this group, indicated that this was the nurse's responsibility. However, 84.6% were of the opinion that the patient was usually taught the proper gait and 12.8% indicated that the patient was occasionally taught.

The last statement in this group was concerned with persuading the patient to do the things he has been taught by the physiotherapist. Only 59 responded, but of these, 57 (96.6%) agreed that the registered nurse should be responsible for the activity. Forty-five, (78.9%) also indicated that in their opinion, patients were usually persuaded to practice what they have learned in physiotherapy, while 17.5% indicated that this was

occasionally done and 3.6% that it was seldom done. One respondent qualified her affirmative answer by indicating that the nurse should accept this responsibility only if she knows how the activity should be performed and only if she can adequately supervise.

Although the area of planning for the future with the patient and his family only contained four items, (statements 3, 12, 13, 14) more comments and qualifications of answers were made in this area than in any other. This area also contained the greatest disagreements among the respondents as shown in Table 3.

The first item in this group dealt with telling the mastectomy patient the plan for rehabilitation which will enable her to return to her normal activities. Although 61 responded to this statement, only 40, which is 65.6% of those responding, felt this was a responsibility of the registered nurse. Three of this group of 40 qualified their answer by stating that the initial explanation should be given by the doctor with the nurse doing only follow-up. One made the interesting comment that she felt one finds this type of rehabilitation and closeness to the patient only in smaller hospitals, while in larger hospitals the nurse assumes that the doctor will do the rehabilitation follow-up. Another respondent made the comment that there was no need to do this preoperatively, but it could be done after surgery when the first shock was over. Of the 40 who would assume responsibility for this activity, 57.5% also said that this was usually done for patients, 35.0% indicated that it was occasionally done, and 75% that it was seldom done.

TABLE 3

FREQUENCY AND PER CENTAGE DISTRIBUTIONS OF ITEMS PERTAINING TO PLANNING FOR THE FUTURE WITH THE PATIENT

Summary of Questionnaire Item[a]	N[b]	Responsibility of R.N.?				Usually Done[c]		Occasionally Done[c]		Seldom Done[c]	
		Yes		No							
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
3. Mastectomy patient told of rehabilitation plans	61	40	65.6	21	34.4	23	57.5	14	35.0	3	7.5
12. Family taught unfamiliar activities	64	58	90.6	6	9.4	37	63.8	17	29.3	4	6.9
13. Information regarding community resources given to patient	63	40	63.5	23	36.5	20	50.0	15	37.5	5	12.5
14. Information regarding prosthesis including names of stores	62	33	53.2	29	46.8	25	75.8	5	15.2	3	9.0
Totals	250	171	68.5	79	31.5	105	61.4	51	29.8	15	8.8

[a]A complete list of questionnaire statements appears in Appendix D.

[b]Not all 65 participants responded to each item.

[c]Only those responding "yes" answered these sections.

Of 64 responding nurses, 90.6% agreed that the nurse should accept the responsibility for teaching the family any unfamiliar activities they will have to do when caring for the patient at home. One respondent indicated, however, that the nurse from the Visiting Nurse Association, demonstrating in the home, would be more effective than the hospital nurse. Better than half of the respondents, 63.8% indicated that the families were usually taught these activities, while 29.3% felt they were only taught occasionally and 6.9% felt that they were seldom taught.

Almost 40% of the nurses responding to statement 13 indicated that in their opinion it was not their responsibility to give information to patients regarding community resources available to help them. Half of those who felt it was their responsibility also felt that patients usually receive such information. Another 37.5% felt that the information was occasionally given and 12.5% that it was seldom given.

Item 14 concerning the giving of helpful information about breast prostheses elicited the greatest disagreement of any item in the questionnaire, the respondents being almost equally divided between agreement and disagreement as to whether the professional nurse should assume this responsibility. Of those responding affirmatively, 75.8% felt patients usually receive such help, 15.2% indicated that this type of information was given only occasionally and 9.0% that it was seldom given. One respondent replied that the nurse should encourage the patient and inform her that prostheses are available, but here the nurse's responsibility should end and all other information be given by the doctor. Another respondent

indicated that this activity should be the nurse's responsibility, but went on to add, "I don't know as I work 11-7 and have no contact with such things."

Although the subject heading of the last group of statements, found in Table 4, was "Helping with Psychological and Social Problems," the four items included (statements 8, 11, 20, 23) concerned mainly mental health problems and may not indicate a true picture of nurses' opinions and understandings in this general area.

Statement 8 concerned helping patients to work through their anxieties and apprehensions. Fifty-eight of the 62 responding nurses agreed that this should be the responsibility of the professional nurse. One respondent, who left the statement blank, wrote in "This is sadly neglected." The nurse were about equally agreed as to whether patients are usually, (50.0%) or only occasionally (41.4%) helped to work through their anxieties and apprehensions. Another 8.2% indicated that this activity was seldom carried out.

Early motivation towards rehabilitation is stressed again and again in the literature as being extremely important. Responsibility for this activity was recognized by 88.3% of the responding 60 nurses. This is another item where the nurses indicated that the activity was either usually, (77.4%) or occasionally (22.6%) carried out.

Placing the patient's bed so he can see either out the window or out the door seems like a minor activity and yet it can be of great value in stimulating his interest in his surroundings and directing his thoughts outward away from himself. Evidently only 48 of 60 responding nurses felt

TABLE 4

FREQUENCY AND PER CENTAGE DISTRIBUTIONS OF ITEMS PERTAINING TO HELPING THE PATIENT WITH PSYCHOLOGICAL PROBLEMS

Summary of Questionnaire Item[a]	N[b]	Responsibility of R.N.?				Usually Done[c]		Occasionally Done[c]		Seldom Done[c]	
		Yes		No							
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
8. Patients helped with anxieties and apprehensions	62	58	93.5	4	6.5	29	50.0	24	41.4	5	8.6
11. Motivation towards rehabilitation should start early	60	53	88.3	7	11.7	41	77.4	12	22.6	00	00.0
20. Stimulate interest in surroundings and direct thoughts outward	60	48	80.0	12	20.0	21	43.8	20	41.7	7	14.5
23. Honest and mentally healthy attitude toward his disease	62	50	80.6	12	19.4	35	70.0	13	26.0	2	4.0
Totals	**244**	**209**	**85.7**	**35**	**14.3**	**126**	**60.3**	**69**	**33.0**	**14**	**6.7**

[a]A complete list of questionnaire statements appears in Appendix D.

[b]Not all 65 participants responded to each item.

[c]Only those responding "yes" answered these sections.

it was of sufficient importance to warrant being the responsibility of the registered nurse. Several indicated that it would be nice if one could always do so, but that the physical set-up of many hospitals precluded helping the patients in this manner. Over 80% of the 48 responding "yes" were of the opinion that beds were usually (43.8%) or occasionally (41.7%) placed advantageously wherever possible. Another 14.5% indicated that in their opinion this was seldom done.

About 19% of the responding nurses were reluctant to agree that the registered nurse should help the cardiac patient reach an honest and mentally healthy attitude toward his disease. However, 80.6% were willing to acknowledge their responsibility in this area. Of this group the majority, (70.0%) were of the opinion that patients are usually helped in this area, while 26% felt this was done only occasionally and 4.0% that it was seldom done.

Space was provided at the end of the questionnaire for any additional comments the respondents might wish to make regarding nursing and rehabilitation. These remarks seemed to fall into several broad areas. Six of the questionnaires made some comment regarding physiotherapy and nursing. Several commented that physiotherapy should initiate the activity or exercises and then instruct the nurses. Others pointed out a need for closer cooperation between physiotherapists and nurses, which is one of the viewpoints often expressed in the literature. Two commented specifically on the lack of communication between nurses and physical therapists.

Many comments were made to the effect that rehabilitation activities are the responsibility of the registered nurse, but must often be

delegated to other personnel. "I feel that the responsibility is directly with the RN whether delegated to others or not. However, duties delegated to others are too often taken for granted and not followed up to insure proper treatment and results being achieved." "I feel that until we can increase the number of our registered professional nurses we must rely on practical nurses or non-professionals to assist with some of these procedures." Another typical statement is as follows: "In most cases of exercises, etc., the patient might be taught the first time by a R.N. and the remainder is taken over by the aids and L.P.N.'s."

The delegation of authority is not always beneficial for the patient, however, as evidenced by the following comments. "The L.P.N.'s and aides who do most of the patient care do not know how to teach them." "In most cases the responsibilities of patient teaching and care is passed to persons of less education and the job is not often done and more often wrongly done." Perhaps one of the most interesting comments appeared on yet another questionnaire.

> The hospitals are so inadequately staffed by R.N.'s that many of these duties are the responsibility of the practical nurses and aides on the wards. These patients are theirs and hence it is their duty to educate their patients after being shown by the Dr. what he wants the patient to know. I may also add a charge nurse and medicine nurse have so many orders, medications, etc. to take care of there isn't time for the above.

The lack of time, mentioned above, figured prominently in many of the remarks, of which the following are typical. "The main problem, as usual, is lack of time!" "Acute problems take up most of time so rehabilitation procedures are not performed consistently." "I feel the

procedures which are often omitted would be used more frequently if R.N.'s had more time for actual nursing care."

Findings of the Study

This study was formulated to seek answers to two general questions. Do general duty nurses accept responsibility for certain selected rehabilitative activities? To what extent are these selected rehabilitative activities performed for patients?

For purposes of analysis, the statements of the questionnaire were divided into four general areas and the following findings made.

1. In the area of prevention of complications and deformities 87.7% of the responding nurses said they were willing to accept responsibility for this type of activity. That these activities are not the responsibility of the registered nurse was the opinion of 12.3% of the respondents. Of those willing to accept responsibility in this area, 67.4% felt these activities are usually performed for patients, 22.2% indicated they are occasionally done, and 10.4% that they are seldom done.

2. Items pertaining to patient teaching and patient participation in therapy elicited a similar response. That the selected activities in this area are the responsibility of the registered nurse was affirmed by 84.1% of the respondents. More agreement, (74.2%) was evidenced that this type of activity was usually done than was demonstrated in the area of prevention of complications and deformities. Another 19.8% indicated that these activities are occasionally performed, and 6.0% that they are seldom done.

3. The area of planning for the future with the patient and his family provoked the greatest disagreement among the respondents. Although there was a total of 250 responses in this area, only 68.5% (171) responded that these activities were the professional nurse's responsibility. Among those answering "yes" in this area, 61.4% were of the opinion that these types of activities were usually performed for patients, while 29.8% indicated only occasional performance and 8.8% were of the opinion that these things were seldom done.

4. The last group dealt with psychological or mental health problems which might be encountered by nurses. A majority, 85.7%, of the respondents indicated that the activities listed were the responsibility of the registered nurse, but only 60.3% of this same group were of the opinion that these activities were usually performed. Another 33% replied that they are occasionally done and 6.7% that they are seldom done.

CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was conducted to determine whether or not general duty nurses understand their responsibilities in the rehabilitative aspects of comprehensive nursing care and whether or not, in their opinion, these aspects are included in patient care. Two questions were formulated as a basis for investigation. Do general duty nurses accept responsibility for certain selected rehabilitative activities? To what extent are these selected rehabilitative activities performed for patients?

A questionnaire was derived from statements in the nursing literature which were rehabilitative in nature and which were specifically stated as being the responsibility of the registered nurse. Respondents were asked if, in their opinion, these selected activities were the responsibility of registered nurses. If they answered that the activities were their responsibility, they were then requested to indicate further whether or not these activities were usually done, occasionally done, or only seldom done for patients in the general hospital.

The name of every tenth general duty nurse who actively practices nursing and who also resides in Portland was obtained from the Oregon State Board of Nursing. A list of 110 names was obtained and telephone calls made to the ninety nurses for whom telephone numbers could be

obtained. Seventy-five agreed to participate in the study. Questionnaires were sent to these seventy-five as well as to the twenty-one nurses who could not be reached by telephone. A total of seventy-two questionnaires were returned with sixty-five (67.7%) usable for tabulation.

The questionnaire items were divided into the four broad areas into which rehabilitative aspects of nursing seem to fall. The data were then tabulated in frequency and per centage distributions for each group of statements and the following findings made.

1. The majority of these general duty nurses say they would accept responsibility for activities to prevent complications and deformities as well as for patient teaching and encouraging patient participation in therapy. It was the opinion of these nurses that these activities are usually done for the patient.

2. Planning for the future with the patient and his family, which includes knowledge of community resources, was accepted by approximately two-thirds of the group as the responsibility of the registered nurse. This group also was of the opinion that this type of activity was only performed about one-half of the time.

3. Most of the responses indicated that the nurses were aware of their responsibilities in the promotion of mental health, but only slightly over half indicated that patients were receiving this type of help.

The findings of this study may reflect quite completely different medical and surgical nursing practice than would be found elsewhere since the participants are employed in hospitals in or near a metropolitan area which includes a medical center.

Conclusions

The limited population precludes widespread generalizations, but the following conclusions are made for this study.

1. Certain rehabilitative measures are accepted by general duty nurses as inherent in the act of nursing. These measures can be divided into four general areas: prevention of complications and deformities; patient teaching; assisting with mental health problems; and planning for the future with the patient and his family.

2. Although nurses are aware of their responsibilities in performing certain rehabilitative aspects of nursing, a wide gap often exists between what nurses know should be done and what is actually done for the patient. This is particularly evident in the area of planning for the future with the patient and his family and in the area of promoting mental health.

Recommendations

As a result of the findings of this survey of opinions of sixty-five general duty nurses regarding selected rehabilitative activities, the following studies might be of interest.

1. A similar study encompassing a larger population of nurses to corroborate the findings of this study.

2. A comparison of the opinions of supervisors and head-nurses with those of general duty nurses regarding the performance of rehabilitative aspects of nursing.

3. A study to determine any difference of opinion between nurses in a metropolitan area and those in a non-metropolitan area.

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APPENDICES

APPENDIX A

COMPREHENSIVE NURSING CARE[a]

Comprehensive nursing care may be defined as that process which, based upon the recognition that each individual has needs that are peculiar to him, attempts to meet the nursing needs of that individual. These may include physical, emotional, spiritual, economic, social, and rehabilitative needs.

Nursing needs are ascertained through verbal and nonverbal communication with the physician, the patient and/or his family, and with others who can acquaint the nurse with certain aspects necessary for the plan of care.

Nursing care includes the ministration of medications and treatments that the physician prescribes and the performance of therapeutic, protective, supportive, and comfort measures that contribute to a sense of well being and serve as a basis for cure. Patient participation in the plan of care, the teaching of self-care, and reporting of essential information are significant parts of comprehensive nursing care.

Comprehensive nursing care implies that nursing measures will be administered with skill, dispatch, and discriminative judgment. The patient is recognized as a person, as a member of a society, and as a

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[a]A definition written by the faculty of Harris College of Nursing and quoted by Jimmie K. Bratton in "A Definition of Comprehensive Nursing Care," Nursing Outlook. 9:8:481-482, August 1961.

personality in a culture. He has needs and feelings common to others, and comes to the agency in which the nurse functions with certain personal traits and prejudices which influence his recovery.

In order to insure the patient full opportunity to return to his normal state of health, provision is made for continuity of care. In the event that the patient has little or no chance to return to his former health state, nursing care will include measures which may help the patient and the family make the best possible adjustment to his limitations. If death seems imminent, nursing care designed to reduce suffering and make death easier for him and his family will be instituted.

APPENDIX B

QUESTIONNAIRE STATEMENT AND BIBLIOGRAPHICAL SOURCE

1. The surgical patient should be taught preoperatively those exercises he will be expected to do postoperatively.	"Preoperatively, he is taught those exercises he will be expected to do postoperatively." MacVicar, Jean. "Exercises Before and After Thoracic Surgery," The American Journal of Nursing. 62:1: 61-63, January 1962.
2. The patient should be maintained in correct bed posture to prevent deformities and deconditioning phenomena.	"Correct bed posture is her initial responsibility to the patient, because it is not only conducive to comfort and relaxation, but of primary importance in the prevention of deformities and deconditioning phenomena." Terry, Florence Jones. "The Nurses Responsibility in Rehabilitation." The American Journal of Nursing. 48:2:76-79, February 1948.
3. The mastectomy patient should be told of the plan for rehabilitation which will enable her to return to her normal activities.	"She will be greatly reassured also if she is told of the plan for rehabilitation which will enable her to return to her normal activities in a very short time." Smith, Genevieve Waples. "When a Breast Must be Removed," The American Journal of Nursing. 59:6:335-338, June 1959.
4. The patient with a recent amputation of a lower extremity should lie on his face several times daily to prevent hip flexion contractures.	"For planned short periods once or twice a day the patient can be turned to his abdomen, which permits complete extension and hyperextension of his hip." Glover, John. "The Major Amputation." The American Journal of Nursing. 50:9:544-550, September 1950

5. Paraplegic patients who are learning to ambulate should be assisted and encouraged to practice on the ward.	"When a paraplegic patient has overcome the difficult problem of learning to ambulate, his morale is greatly enhanced when he finds a nurse who will assist him and encourage him to practice on the ward." Morrissey, Alice B. "Preparation of the Nurse for Her Role in Rehabilitation," International Nursing Review. 3:2:25-33, October, 1956.
6. Patients should be encouraged to feed, wash and dress themselves whenever possible.	"Far too many patients are fed, washed, and dressed, when they could perform these activities regardless of their disabilities." Deaver, George G. "Rehabilitation: A Philosophy," The American Journal of Nursing. 59:9:1278-1279, September 1959.
7. Preventive measures against deformities should be taken while the patient is in bed so that he may continue his rehabilitation program without delay.	"The role of the nurse is to prevent deformities and encourage and teach self-help activities so that the patient may continue his rehabilitation program without delay." Deaver, George G. "Rehabilitation: A Philosophy," Op. Cit.
8. Patients should be helped to work through their anxieties and apprehensions.	"Nurses, however, must be able to help patients work through their anxieties and apprehensions because meeting emotional needs is a part of total nursing care of all patients." Morrissey, Alice B. "The Nurse and Rehabilitation: The Role of the Nurse," The American Journal of Nursing. 54:11:1354-1355, November 1954.
9. Severe cardiac patients should be given passive joint exercise at least three times daily.	"Patients with severe cardiac conditions should be given passive joint exercises;...they must be moved through their full range of motion at least three times each day." Coe, Myrtle H. "The Nurse and Rehabilitation: The Cardiac Patient," The American Journal of Nursing 54:11: 1355-1357, November 1954.

10. Patients should be assisted to achieve independence by use of devices or improvised types of mechanical aids best suited to their needs.	"Nurses should assist patients to achieve self-independence by trying to obtain devices indicated or improvising the type of mechanical aid that the patient needs." Morrissey, Alice B. "Helps for the Handicapped," The American Journal of Nursing. 54:3:316-318, March 1954.
11. Patient motivation towards rehabilitation should be started at the earliest possible moment after acute illness.	"As rehabilitation, to be effective, must start the earliest possible moment after acute illness, patient motivation must be started by the bedside nurse." Rusk, Howard A., M.D. "Implications for Nursing in Rehabilitation," The American Journal of Nursing. 48:2:74-76, February 1948.
12. The family should be taught how to carry out any unfamiliar activities they will have to do when caring for the patient at home.	"The family--usually the wife--is shown how to carry out an activity and allowed to practice until fully confident." Drake, Melba F. "Rehabilitation--An Added Dimension in Nursing Care," The American Journal of Nursing. 60:8:1105-1106, August 1960.
13. Patients should receive information regarding community resources available to help them.	". . .the nurse should be completely familiar with the resources available to help a patient." Hartigan, Helen. "Nursing Responsibilities in Rehabilitation," Nursing Outlook. 2:12:649-651, December 1954.
14. The mastectomy patient should be given as much helpful information about a prosthesis as possible, including the names of stores where she can be fitted.	". . .the nurse should give the patient as much helpful information as possible, including the names of stores where she can be fitted." Smith, Genevieve Waples. "When a Breast Must be Removed," Op. Cit.

15. The patient should be taught the procedures and skills necessary for the success of the program of bowel and urinary rehabilitation.	"The nurse must teach the procedures and skills necessary for the success of the program." Morrissey, Alice B. "The Procedures of Urinary and Bowel Rehabilitation," The American Journal of Nursing. 51:3:194-197, March 1951. also ". . .such procedures as irrigating the bladder and training the patient to control urinary incontinence are the nurse's responsibility, as is bowel training." Mary Mercita, Sr. "Rehabilitation--Bridge to a Useful and Happy Life," Nursing Outlook. 10:9:581-583, September 1962.
16. The hemiplegic patient should be taught how to use his good muscles to turn himself.	"The nurse can teach the patient how to use his good muscles to turn himself." Smith, Genevieve Waples. "A Stroke is Not the End of the World," The American Journal of Nursing. 57:3:303-305, March 1957.
17. Emphasis should be placed on the patient's part in therapy: for example, helping himself as much as possible to keep up muscle tone.	"She should begin to emphasize his part of the therapy--keeping up muscle tone by helping himself as possible. Wilde, Delphine. "The Patient in a Spica--Abed and Afoot," The American Journal of Nursing. 51:7:429-432, July 1951.
18. The patient who must wear a urinal bag should be taught how to use and care for his appliance.	"The nurse caring for this patient has a dual responsibility; she must teach him how to care for and use his appliance." Tollefson, Dorothy M. "Nursing Care of the Patient with an Ileac Diversion of the Urine," The American Journal of Nursing. 59:4:534-536, April 1959.

19. Muscle strength and normal range of motion should be maintained in the unaffected leg of a patient with a fractured hip.	"Maintaining the muscle strength and normal range of motion in the good limb during this period of no weight bearing will greatly facilitate ambulation with crutches at a later date." Gould, Marjorie L. "Nursing Care of the Patient with a Fractured Hip," The American Journal of Nursing. 58:11:1561-1563, November 1958.
20. The patient's bed should be placed so he can see either out the window or out the door to stimulate his interest in his surroundings and to direct his thoughts outward.	". . .placing the patient's bed so that he can see either out the window or out the door stimulates his interest in his surroundings, the personnel, and other patients." Jerome, Mary M. "Rehabilitation: The Bed Patient," The American Journal of Nursing 59:9:1279-1280, September 1959.
21 The patient should be taught the proper crutch-gait best suited to his disability	"Nurses need to learn how to teach patients the proper crutch-gait best suited to their disabilities." Deaver, George G "Rehabilitation: A Philosophy," Op. Cit.
22. The patient with a fractured hip should be taught to dorsiflex and plantarflex his foot to prevent foot drop contracture.	"The patient can be taught to dorsiflex and plantar flex his foot without discomfort. This stretches the Achilles tendon and prevents foot drop contracture." Gould, Marjorie L. "Nursing Care of the Patient with a Fractured Hip," Op. Cit.
23. The cardiac patient should be helped to reach an honest and mentally healthy attitude toward his disease.	"One of the major challenges in cardiac nursing is to help the patient reach an honest and mentally healthy attitude toward his disease and toward his future life with that disease." Coe, Myrtle H. "The Nurse and Rehabilitation: The Cardiac Patient," Op. Cit.

24. In caring for the patient with a leg amputation, the normal range of motion in the remaining joints of the extremity should be maintained.	"The nurse's role in maintaining normal range of motion in the joints near the site of amputation cannot be overemphasized." Moskopp, Mary-Elizabeth, and Jane Sloan. "Nursing Care of the Amputee," The American Journal of Nursing. 50:9:550-555, September 1950.
25. The patient should be persuaded to do the things he has been taught by the physiotherapist.	"In any case the nurse will have a vital function in co-ordinating all nursing care to reinforce and supplement the efforts of the physical therapist, occupational therapist, and doctor." Moskopp, Mary-Elizabeth, and Jane Sloan. "Nursing Care for the Amputee," Op. Cit.

APPENDIX C

COVER LETTERS AND FOLLOW UP CARD

5251 N. E. Rodney
Portland 11, Oregon

Cover Letter Sent to Those Contacted by Telephone

You will find enclosed the questionnaire I mentioned when talking to you on the phone the other day. I would appreciate your answering it and then returning it to me as soon as possible in the stamped, self-addressed envelope that is enclosed. Although the envelope has your name and address, it is only to enable me to follow up those questionnaires not returned. The questionnaire itself is not coded in anyway and will remain completely anonymous.

I sincerely appreciate your cooperation in helping me gather data for my thesis.

Yours truly,

Stella Williamson

Cover Letter Sent to Those Not Contacted by Telephone

5251 N. E. Rodney
Portland 11, Oregon
October , 1962

Dear

In partial fulfillment of requirements for a Master of Science degree from the University of Oregon School of Nursing I am undertaking a study of the opinions of a selected group of registered nurses regarding rehabilitative aspects of nursing. Since you are among those selected to participate in this study, will you devote a few minutes to the completion of the enclosed questionnaire? It need not be signed and will remain completely anonymous.

For your convenience a stamped, self-addressed envelope has been included. I would appreciate your returning the questionnaire as soon as possible.

Upon completion of the study, a report will be placed in the University of Oregon Medical School Library.

Thank you for your time and cooperation.

Sincerely yours,

Stella Williamson

Follow-Up Card

You will recall that I spoke to you over the telephone the other day concerning a questionnaire that I was to send to you. If possible, could you complete this questionnaire and return it to me, say, by the end of next week?

I appreciate your cooperation.

Thank you very much.

Stella Williamson

APPENDIX D

QUESTIONNAIRE

A QUESTIONNAIRE TO DETERMINE THE OPINIONS OF A GROUP OF NURSES REGARDING SELECTED REHABILITATIVE ASPECTS OF NURSING

The following statements of activities which may assist in meeting the rehabilitative needs of patients are paraphrases of excerpts from articles in current nursing journals. It would be helpful if you would indicate whether or not you feel these activities are the responsibility of the registered, professional nurse. If you feel they are, would you please further indicate whether you feel these activities are usually done, occasionally done, or seldom done in most general hospitals.

Please check each item according to your opinion.

Note: Assume that all activities are carried out under the direction and guidance of the physician.

	Is this the responsibility of the R.N.?		Usually done	Occasionally done	Seldom done
	Yes	No			
1. The surgical patient should be taught preoperatively those exercises he will be expected to do postoperatively.					
2. The patient should be maintained in correct bed posture to prevent deformities and deconditioning phenomena.					
3. The mastectomy patient should be told of the plan for rehabilitation which will enable her to return to her normal activities.					
4. The patient with a recent amputation of a lower extremity should lie on his face several times daily to prevent hip flexion contractures.					
5. Paraplegic patients who are learning to ambulate should be assisted and encouraged to practice on the ward.					
6. Patients should be encouraged to feed, wash and dress themselves whenever possible.					

	Is this the responsibility of the R.N.?		Usually done	Occasionally done	Seldom done
	Yes	No			
7. Preventive measures against deformities should be taken while the patient is in bed so that he may continue his rehabilitation program without delay.					
8. Patients should be helped to work through their anxieties and apprehensions.					
9. Severe cardiac patients should be given passive joint exercise at least three times daily.					
10. Patients should be assisted to achieve independence by use of devices or improvised types of mechanical aids best suited to their needs.					
11. Patient motivation towards rehabilitation should be started at the earliest possible moment after acute illness.					
12. The family should be taught how to carry out any unfamiliar activities they will have to do when caring for the patient at home.					
13. Patients should receive information regarding community resources available to help them.					
14. The mastectomy patient should be given as much helpful information about a prosthesis as possible, including the names of stores where she can be fitted.					
15. The patient should be taught the procedures and skills necessary for the success of the program of bowel and urinary rehabilitation.					
16. The hemiplegic patient should be taught how to use his good muscles to turn himself.					

	Is this the responsibility of the R.N.?		Usually done	Occasionally done	Seldom done
	Yes	No			
17. Emphasis should be placed on the patient's part in therapy; for example, helping himself as much as possible in order to keep up muscle tone.					
18. The patient who must wear a urinal bag should be taught how to use and care for his appliance.					
19. Muscle strength and normal range of motion should be maintained in the unaffected leg of a patient with a fractured hip.					
20. The patient's bed should be placed so he can see either out the window or out the door to stimulate his interest in his surroundings and to direct his thought outward.					
21. The patient should be taught the proper crutch-gait best suited to his disability.					
22. The patient with a fractured hip should be taught to dorsi-flex and plantarflex his foot to prevent foot drop con-tracture.					
23. The cardiac patient should be helped to reach an honest and mentally healthy attitude toward his disease.					
24. In caring for the patient with a leg amputation, the normal range of the extremity should be maintained.					
25. The patient should be persuad-ed to do the things he has been taught by the physio-therapist.					

Any additional comments you might wish to make regarding rehabilitation and nursing would be appreciated.

APPENDIX E

MASTER TABULATION OF QUESTIONNAIRE STATEMENTS

MASTER TABULATIONS

QUESTIONNAIRE STATEMENTS

Summary of Questionnaire Item[a]	N[b]	Responsibility of R.N.?				Usually Done[c]		Occasionally Done[c]		Seldom Done[c]	
		Yes		No							
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
1. Teaching exercises preoperatively	64	51	79.7	13	20.3	11	21.6	24	47.1	16	31.3
2. Posture to prevent deformities	65	62	95.4	3	4.6	55	88.7	6	9.7	1	1.6
3. Mastectomy patient told of rehabilitation plans	61	40	65.6	21	34.4	23	57.5	14	35.0	3	7.5
4. Hip flexion contractures	54	48	88.5	6	11.5	26	54.2	13	27.3	9	18.5
5. Paraplegics encouraged to practice ambulation	63	57	90.5	6	9.6	42	73.7	10	17.5	5	8.8
6. Encouraged to feed, wash and dress themselves	65	56	86.2	9	13.8	52	92.8	2	3.6	2	3.6
7. Measures to prevent deformities	65	62	95.4	3	4.6	56	90.3	5	8.1	1	1.6

[a]A complete list of questionnaire statements appears in Appendix D.

[b]Not all 65 participants responded to each item.

[c]Only those responding "yes" answered these sections.

MASTER TABULATIONS Continued

Summary of Questionnaire Item	N[b]	Responsibility of R.N.? Yes Freq	%	No Freq	%	Usually Done[c] Freq	%	Occasionally Done[c] Freq.	%	Seldom Done[c] Freq.	%
8. Patients helped with anxieties and apprehensions	62	58	93.5	4	6.5	29	50.0	24	41.4	5	8.6
9. Passive exercise for cardiacs	60	39	65.0	21	35.0	11	28.2	10	25.6	18	46.2
10. Independence achieved with mechanical aids	61	42	68.9	19	31.1	27	64.3	15	35.7	00.	00.0
11. Motivation towards rehabilitation should start early	60	53	88.3	7	11.7	41	77.4	12	22.6	00	00.0
12. Family taught unfamiliar activities	64	58	90.6	6	9.4	37	63.8	17	29.3	4	6.9
13. Information regarding community resources given to patient	63	40	63.5	23	36.5	20	50.0	15	37.5	5	12.5

[a]A complete list of questionnaire statements appears in Appendix D.

[b]Not all 65 participants responded to each item.

[c]Only those responding "yes" answered these sections.

MASTER TABULATIONS Continued

Summary of Questionnaire Item[a]	N[b]	Responsibility of R.N.? Yes Freq.	Yes %	No Freq.	No %	Usually Done[c] Freq.	Usually Done[c] %	Occasionally Done[c] Freq.	Occasionally Done[c] %	Seldom Done[c] Freq.	Seldom Done[c] %
14 Information regarding prosthesis including names of stores	62	33	53.2	29	46.8	25	75.8	5	15.2	3	9.0
15. Skills for bowel and urinary rehabilitation	64	57	89.1	7	10.9	44	77.2	12	21.1	1	1.7
16. Hemiplegic turning self with good muscles	64	55	85.9	9	14.1	44	80.0	8	14.5	3	5.5
17. Emphasis on patient's part in therapy	63	58	92.1	5	7.9	45	77.6	11	19.0	2	3.4
18. Care and use of appliance	64	58	90.6	6	9.4	50	86.2	8	13.8	00	00.0
19. Muscle strength and normal ROM	58	54	93.1	4	6.9	32	59.3	20	37.0	2	3.7

[a]A complete list of questionnaire statements appears in Appendix D.

[b]Not all 65 participants responded to each item.

[c]Only those responding "yes" answered these sections.

MASTER TABULATIONS Continued

Summary of Questionnaire Item[a]	N[b]	Responsibility of R.N.? Yes Freq.	Yes %	No Freq.	No %	Usually Done[c] Freq.	Usually Done[c] %	Occasionally Done[c] Freq.	Occasionally Done[c] %	Seldom Done[c] Freq.	Seldom Done[c] %
20. Stimulate interest in surroundings and direct thought outward	60	48	80.0	12	20.0	21	43.8	20	41.7	7	14.5
21. Crutch gait best suited to disability	63	39	61.9	24	38.1	33	84.6	5	12.8	1	2.6
22. Prevention of foot-drop	60	54	90.0	6	10.0	35	64.8	15	27.8	4	7.4
23. Honest and mentally healthy attitude toward his disease	62	50	80.6	12	19.4	35	70.0	13	26.0	2	4.0
24. Normal ROM of extremity	54	46	85.2	8	14.8	31	67.4	12	26.1	3	6.5
25. Do things taught by physiotherapist	59	57	96.6	2	3.4	45	78.9	10	17.5	2	3.6

[a]A complete list of questionnaire statements appears in Appendix D.

[b]Not all 65 participants responded to each item.

[c]Only those responding "yes" answered these sections.

Typed by

Stella M. Williamson