

THE UNDERSTANDING OF SOME REHABILITATIVE
ASPECTS OF THE NURSING CARE OF
CEREBRAL VASCULAR ACCIDENT PATIENTS
AS EXPRESSED BY EIGHTY NURSES

by

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A THESIS

Presented to the University of Oregon School of Nursing
and the Graduate Council of the University of Oregon
Medical School in partial fulfillment of the
requirements for the degree of

Master of Science

June 9, 1966

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This study was supported by a traineeship
offered by the United States Public Health
Service grant number NT-35-C8.

ACKNOWLEDGMENTS

The writer wishes to express her appreciation to Miss Lucile Gregerson, Associate Professor, University of Oregon School of Nursing, for her guidance and assistance in this study.

Sincere acknowledgment is expressed to the directors of nursing service, the other nurses and the nurse aides in the selected hospitals who participated in the study.

The writer also wishes to express deep appreciation to family members and friends for their consideration and support.

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CHAPTER I
INTRODUCTION

Background of the Problem

Modern medical techniques and research have made possible a longer life which in turn has contributed in part to the increased number of physical and mental disabilities. Cures have been found for diseases which once were fatal, often leaving residual disabilities as the aftermath, such as those following a cerebral vascular accident. The need for treatment of these residual disabilities was not stressed by medical science until during recent years.

Special facilities for the care of the disabled are becoming crowded and many patients desire to be independent rather than to be institutionalized. A number of those with disabilities are able to become self-supporting with the use of prosthetic devices; however, they often need more instruction, assistance, and encouragement than they are able to receive with limited facilities.

Rehabilitation is important to the well-being of the hemiplegic patient and must be initiated early in the course of illness for the best results. Rusk, in an article on the implications for rehabilitation nursing, stated that "To be effective, rehabilitation must start with the first possible movement after acute illness and patient motivation must be started by the nurse." ³¹ Lawton and others who have authored books on rehabilitation have made statements to the

effect that certain anatomical deformities, which retard effective rehabilitation, could have been avoided if preventive techniques had been used in giving nursing care.^{5,13}

Rehabilitation authorities have estimated that 25 per cent of all patients in general hospitals need some type of rehabilitation.

Kendall, in an article on the doctor's viewpoint on rehabilitation, made the statement that: "Every community hospital also has one of the basics to a rehabilitation program already functioning. This is nursing service."²⁶

Much of the rehabilitative process is implicit in good nursing care but rehabilitation, by too many nurses, is regarded as something apart, special, complicated and expensive, requiring skills which can be learned only by special instruction, such as that given in a physical or occupational therapy department.²⁷

Statement of the Problem

Rehabilitative nursing is based on the belief that rehabilitation is a function of comprehensive patient care. As such, it is an inherent responsibility of nursing.²¹ Anderson states that rehabilitative nursing means "the effective utilization of appropriate nursing skills and other behaviors to assist a patient to progress toward the greatest physical, mental, social, economic and vocational usefulness of which he is capable."²¹

The rehabilitative aspects of nursing may be categorized into four major areas: (1) prevention of complications and deformities; (2) teaching the activities of daily living and patient participation in

therapy; (3) cooperating with the patient, his family, and various health workers in planning for the future; and (4) helping with the psychological and social problems.⁴¹

Since the rehabilitation of the hemiplegic patient must begin with the onset of the illness, the nurse needs to know not only the basic principles of rehabilitation and rehabilitative measures but also to understand her role in carrying out these principles.

In an attempt to ascertain to what extent nurses understand their role in carrying out the principles of rehabilitative nursing, for the hemiplegic patient, the following questions have been posed: Do hospital nurses accept responsibility for certain selected rehabilitative activities performed for patients? To what extent are these selected rehabilitative activities performed for patients?

Importance of the Problem

The need for treatment of the residual disabilities in the hemiplegic patient was not stressed by medical science until during recent years. The leaders in rehabilitative medicine are now aware that the rehabilitation of the patient with residual disabilities, to be effective, must be initiated early in the course of the illness and that much of the initial rehabilitation measures can and must be done^{5,13,32} by the nurse.

Robert Boyle in his article on "What Happens to the Stroke Victim?" states that:

. . . While cerebrovascular disease ranks third as a major cause of death, it ranks first as a disabling disease. The government in 1959 published the fact that there were 1 million persons disabled from strokes and an additional

190,000 died each year. Cain claimed that in 1963 2 million persons had had strokes of varying degrees of intensity. Of these, one-half were over 70 years of age and about 20% were in the working-age group of 25 to 64 years.²²

As there are so many disabled patients as a result of cerebral vascular accidents, nurses need to develop the ability to give them high quality nursing care which includes rehabilitation.

Nurses are in a strategic position for helping the hemiplegic patient achieve and maintain the health necessary for participation in a rehabilitation program. In the hospital, the nurse is responsible for the daily care of the patients and is in contact with them at longer intervals than are other members of the "health team". In the community, the public health nurse may often see the hemiplegic patient more than the doctor or other "health team" members.

Many of the activities involved in rehabilitation are implied in "good nursing care", yet nurses at all levels seem to regard rehabilitative nursing as something special or complicated that begins when the patient goes to the physical therapy department.²⁶ If the nurses are not aware of their role in the area of rehabilitative nursing, then they are failing to provide the essentials for effective rehabilitation of the hemiplegic patient.

Most general hospitals have a number of long-term patients requiring intensive medical supervision and rehabilitation therapy of some type. Some authorities feel that these patients are "lost" in the general hospital where special services are not available.¹³

Most small general hospitals do not have a physical therapy department nor do they employ a person who has had special training in

this area. It is, therefore, important to learn what the nurses in the small hospital understand about their responsibilities in the area of rehabilitation nursing if the hemiplegic patient is to achieve rehabilitation.

Definition of Terms

For the purpose of clarification, the following definitions will be used throughout this study:

1. Rehabilitation means "the restoration of the individual to the fullest physical, mental, social, vocational and economic usefulness of which he is capable."¹³
2. Rehabilitative services include all direct and definable indirect services of personnel, facilities and equipment which are provided to assist the patient toward rehabilitation.¹⁷
3. "Nursing in its broadest sense may be defined as an Art and a Science which involves the whole patient; promotes his spiritual, mental, and physical health by teaching and example; stresses health education and health preservation, as well as ministrations to the sick; involves the care of the patient's environment--social and spiritual as well as the physical; and gives health service to the family and community as well as to the individual."⁷
4. Nursing care is the assistance nurses provide a patient when he cannot care for the satisfaction of his own needs. Nursing care is directed toward making the patient better able to help himself.¹
5. The promotion of self help implies the rehabilitative aspect of nursing care which encourages and promotes patient interest in simple

tasks within the patient's ability to perform, which contribute to his¹⁷ psychological and emotional well-being.

6. Activities of daily living include all the activities that are done from the time the individual wakes up in the morning until he goes⁵ to sleep at night. It is estimated that there are 99 daily activities that a person must be able to perform for himself in order to meet the² demands of daily living.

7. The health team includes the entire group of persons who, by virtue of their education and/or employment, contribute in some way⁴ toward the total recovery of the patient. The patient's doctor is⁶ considered the captain of the team and the nurse the coordinator. The nurse coordinates and interprets the services of the various members of the team to the patient and the patient's family and in turn interprets⁴ the needs of the patient to the team members.

Assumptions

For purposes of this study, it was assumed that:

1. Certain aspects of nursing care can be defined as rehabilitative in nature.
2. The nurses have awareness of what is actually happening to the patient and, therefore, can assess the patient's needs.
3. The nurse is a member of the rehabilitation team and, therefore, has a role in the rehabilitation of hemiplegic patients.
4. Many patients need rehabilitation and can benefit from rehabilitation, specifically from those services that promote self-help.
5. The questionnaire is structured to elicit responses from which reasonably accurate findings should result.

6. The assurance of anonymity evokes honest responses from the respondents.

7. The nurses answered questions in the light of what they do and understand.

Limitations

1. This study was limited to the information obtained by questionnaires administered to 80 selected nurses in 10 selected general hospitals in Oregon between January 13, 1966 and February 10, 1966. Because of the size of the population, no widespread generalizations can be made from the conclusions.

2. The questionnaire was limited to items regarding aspects of rehabilitation which have been stated in nursing literature as responsibilities of the nurse.

3. The study included only questions related to the hemiplegic patient.

4. This study did not attempt to investigate variables that influenced why rehabilitative services are or are not used to improve the patient's level of ability as related to certain activities of daily living.

5. No attempt was made to evaluate the effectiveness of the services offered.

Procedure for Solution of the Problem

1. The literature was searched to discover the preferred and accepted rehabilitative services for patients and a questionnaire was

constructed on the basis of the findings in the literature in accord with the established and defined purposes of the study.

2. The questionnaire was given to a group of experienced registered nurses for evaluation and clarification. Revisions were made according to suggestions.

3. A pilot study was undertaken in a small hospital in Oregon to ascertain whether or not the questionnaire was usable. The necessary changes were made to clarify and improve the questionnaire.

4. The names of 20 general hospitals, between 50 and 100 beds in size, were taken from a list of accredited hospitals obtained from the Oregon State Board of Health. The hospital used for the pilot study was not included in the study.

5. A letter to explain the purpose of the study and request permission for the nurses to participate was sent to the director of nursing service in each of the 20 selected hospitals.

6. Permission to do the study was obtained from 10 of the 20 hospitals contacted, eight by mail and two by telephone. A schedule for questionnaire administration was set up after permission was obtained.

7. Visits were made to each of the 10 hospitals, the questionnaires were explained and copies given to each director of nursing service.

8. The nurse participants were selected by the director of nursing service at each of the participating hospitals.

9. Some of the questionnaires were filled out and returned at the time of the visit, the remainder, with self-addressed stamped envelopes, were left with the director to be returned by mail.

10. Of the 100 questionnaires given out, 80 were returned by the stated deadline of February 10, 1966.

11. The collected data were tabulated, tables drawn and analyzed. The findings were described, conclusions drawn, and recommendations for further studies made.

Overview of Thesis

The study is divided into four chapters. Chapter I contains an introduction to the problem, statement of the problem and its importance, the limitations, assumptions, and procedures for solutions of the problem. Chapter II consists of a review of the literature and related studies. Chapter III describes the study, lists the findings and analyzes the results. The final chapter presents a summary of the study, states the conclusions and makes recommendations for further study.

CHAPTER II

REVIEW OF THE LITERATURE

Historical Resume

Adequate rehabilitation of the sick or disabled is needed as an economic asset to society. It has been estimated that over two million men and women need vocational rehabilitation to gain employment. The increased cost of hospitalization and nursing home care and the even higher cost of welfare programs necessitate 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.

To many, the term rehabilitation means only physical rehabilitation. This limited concept is in contrast to the widely used definition given by the National Conference on Rehabilitation which states that "Rehabilitation means the restoration of the handicapped to the fullest physical, mental, social, vocational and economic usefulness of which they are capable."²³ A more poetic definition is given by Miss Mary Switzer, Director of the Office of Vocational Rehabilitation, who says that "Rehabilitation is a bridge spanning the gap between uselessness and usefulness, between hopelessness and hopefulness, between despair and happiness."¹³

A more helping type of process, one in which activities are done with the person rather than to him, seems to be indicated in the

definition given by Hartigan, who says "Rehabilitation is a process which assists an ill or handicapped person." ²⁶ Rehabilitation begins when the person becomes ill and continues through the phases of diagnosis and therapy; therefore, it applies to the individual so long as he needs help.

Terry, et al, in Principles and Technics of Rehabilitation Nursing, divides the modern concept of rehabilitation into three phases: (1) "medical" phase, which is usually considered the curative or therapeutic phase; (2) "conditioning" phase, during which the patient's assets are evaluated and work is done to move the patient from the hospital to the home; and (3) "vocational" phase, retraining the patient when individual handicaps make it impossible for him to pursue the activities to which he is accustomed. ¹³ Rehabilitation includes all phases of nursing care.

Rehabilitation in its acceptance and care of the handicapped individual is not entirely a new concept. History records the use of crutches in Egypt as early as 2380 B.C. Hippocrates, the 'Father of Medicine,' who, as early as 400 B.C. wrote descriptions of various medical and surgical techniques and methods that were distinctly rehabilitative in nature, said that exercise strengthens and inactivity wastes. ²⁸ Artificial legs were used in Greece between 300-200 B.C., with improvements being made in various prosthetic devices by professional people in France about 1550-1580 A.D.

Until World War II, little consideration was given the patient in relation to the modern concept of rehabilitation, yet in 1750, John Hunter of England began expounding the principles of physical medicine. ^{6,13}

"Physical medicine had long employed such agents as heat, cold, water, electricity, radiation, and massage to revitalize limbs, joints, and muscles."¹³

The modern concept of rehabilitation has been encouraged by many factors. In 1905, vocational rehabilitation was considered with the establishment of the Goodwill Industries. The first school for the vocational training of the disabled adult civilians was organized in 1908, in Belgium. In the United States, Congress passed a law in 1918 which provided vocational rehabilitation for disabled veterans of World War I. There were provisions for vocational training and placement. However, in 1920, when the Federal Rehabilitation Act became effective, only six states had worked out a rehabilitation program. This was, for the most part, due to inadequate funds which were necessary to support such a program by the states, making progress in establishing rehabilitation programs slow. To help in solving this problem, the Social Security Act of 1935 provided increased Federal grants to the states, all of which started vocational rehabilitation programs.^{13,28}

World War II was the beginning of the modern concept of rehabilitation through the efforts of Dr. Howard A. Rusk in the American Air Force Convalescent Centers where physical medicine was revitalized and the psychosocial guidance and vocational training were added. This was evident also in some veterans' hospitals where World War I veterans were bed patients.

In one veterans' hospital, over a hundred patients of World War I, all over 50 years of age, had been bed patients for many years. In less than one

year, by applying the new concepts of rehabilitation, 25 of these patients were on full-time jobs, 30 more were at home and doing part-time work, 40 were almost ready to leave the hospital and had prospects of some employment.¹³

Not all of the progress was made as a result of World War II experiences, however, for much is attributed to the growing social consciousness in communities toward the handicapped. The workmen's compensation laws helped emphasize the responsibility of the community for the welfare of the injured.

With the modern concept of rehabilitation has come the direct involvement of nurses in rehabilitation. Many activities involved in rehabilitative nursing are implied in "good nursing care" and must be initiated at the time of admission to the hospital if the patient is to receive maximum benefit.^{25,26}

At one time "good nursing care" was thought to be the nurses doing everything for the patient. Today, "good nursing care" is aimed toward helping the patient to do as much for himself as possible.¹³ Once a patient has learned to expect help, it is often difficult or impossible to motivate the patient to help himself.⁵ The patient must be prepared for the transition from the dependent hospital existence to relative independence upon discharge. Self-care will relieve the family of some of the care for the patient physically, socially, and economically.^{6,13,28}

Factors which prevent or inhibit the process of rehabilitation in the general hospital include: (1) a lack of communication between the various departments and the professional staff; (2) the lack of understanding of the philosophy and principles of rehabilitation; (3) the scarcity of both professional and nonprofessional personnel; (4) the

need for "enlightened" leadership; and (5) the failure to establish goals for the patient by the staff, the patient, and the patient's family.²⁵

One of the greatest needs in the development of rehabilitation services is trained personnel. Special training for nurses is offered in the Rehabilitation Center at New York University. Several other colleges and universities now offer good programs for nurses wishing to get training in this field.¹³

The American Journal of Nursing first mentioned rehabilitation in the annual index in 1919, in two book reviews about disabled soldiers. No further mention was made until December, 1933, when a reference described an occupational type of rehabilitation for tuberculosis patients. During 1944-1945, rehabilitation gained importance in medicine and articles started appearing frequently in The American Journal of Nursing on the nursing as well as the medical aspects of rehabilitation.

Geraldine Skinner, in "The Nurse--Key Figure in Preventive and Restorative Care", emphasizes the importance of rehabilitative nursing in reporting about her own work when she said that:

By the use of daily range of motion exercises and maintenance of good body alignment, muscles and joints are protected. A patient with a paralyzed arm and hand is positioned with the arm in abduction and joint exercises are carried out conscientiously for adduction of the shoulder soon develops and the patient cannot raise his arm.³⁴

Skinner also states that every registered nurse, practical nurse, and nurse aide needs to be taught how to give bed exercises, range of motion for normal joints, good bed positioning, methods of ambulation and body

mechanics to prevent deformity in the acute phase of the illness. She further indicates that every patient with chronic disease is a potential cripple, especially the elderly, and the nurse must always be aware of this fact.

Morrissey asserts that rehabilitation includes all phases of nursing care and that:

. . . . 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.⁶

Authorities agree that if the nurse will make the philosophy, principles, and practices of rehabilitation a part of her nursing care plan and start when the patient is admitted to the hospital, she will do much in creating an appropriate environment for future rehabilitation. The nursing care plan should consider the physical needs of good skin care, change of position, prevention of deformity, and maintenance of normal joint motion.^{3,6,13,16,28}

Sister Mary Mercita in "Rehabilitation" indicates that the nurse's responsibility in rehabilitation nursing would require her to: (1) know and understand the techniques used in physical rehabilitation in order to supply supportive measures which help prevent deformity, evaluate and develop physical activities within the patient's maximum capacities, maintain muscle tone and range of motion, carry out activity programs prescribed by the doctor; and (2) know and understand the needs for equipment in physical rehabilitation in order to assist the patient to accept and use special devices and equipment aids as

needed, assist the patient to accept braces, crutches, appliances, and prostheses, and evaluate the physical home environment to determine what changes, if any, are needed to provide for the patient's continued improvement and safety.²⁸

Leadership, coordination, and teaching are the three key areas necessary for successful rehabilitation. The nurse can effectively use her leadership in influencing people to cooperate in working toward goals which have been found desirable and necessary for the patient and she can increase the quality of the nursing care plan through her use of the "problem-solving method" of collecting and interpreting information. The setting-up of a check sheet or progress sheet with attainable goals can be a valuable tool in interpreting the rehabilitation program to the patient and his family as it will enable the patient to see his progress toward attaining his ultimate goal.

The nurse also acts as a coordinator by bringing together information attained, setting attainable goals, and helping team members coordinate their efforts in progressive exercise and other rehabilitation activities. Questions must be asked to determine what the patient and his family already know about the illness as a guide for future care.

The nurse must also be a teacher, as the patient is best helped by teaching him to do for himself. Teaching is more than telling the patient what to do or how to do it, it is also showing the patient and having the patient demonstrate the process. The nurse's relationship to and her understanding of the patient make her valuable in motivating the patient and in teaching the activities of daily living which are the basis for later activities in rehabilitation.^{3,6,13,28}

Rehabilitation of the patient with hemiplegia must start immediately after the cerebral vascular accident for the patient to receive maximum benefit. The nurse may not be aware, for example, that correct body positioning, during the acute phase, is a very important part of rehabilitation or that "The care which the nurse provides at first often determines the end result of the patient's recovery."¹³

Some of the more frequent rehabilitation nursing measures which the nurse may not recognize as being important are: (1) not raising the head of a comatose patient above pillow height, as this will cause a "pressure cone" at the foramen magnum as a result of cerebral edema;¹⁶ (2) Dr. Allen Carter said the patient's head needs some elevation during tube feedings to prevent aspiration of food;³ (3) the paralyzed arm should be put through passive range of motion exercises several times a day to prevent the development of a "frozen" shoulder;¹⁶ (4) Florence Terry indicated that the placement of pillows under the knees will favor development of flexion deformities of both the knees and hips; (5) the proper use of footboards can prevent plantar flexion of the foot; and (6) frequent change of position is important to good skin care and helps prevent respiratory complications.¹³

Relatives often appreciate a church leader coming to give support and pray with them. In many instances, the few moments the nurse may spend giving support to the family, during the acute stage of illness, may be all that is needed. As the patient regains consciousness and realizes that he cannot talk, that he drools and that an arm or leg is paralyzed or moves with uncertainty, he too will need understanding and

support by the persons attending him. Patients will sense the nurse's discouragement, insecurity and anxiety. Spiritual guidance can accelerate recovery and frequently helps the patient accept or adjust to his long-term illness. Those who have been faithful to their religious beliefs quickly turn to God for consolation, strength and courage. ^{28,36} "To a soul which has been created for eternity, the ³⁶ unchanging truths of God stand out as unfailing supports."

As the patient regains consciousness, active rehabilitation must begin by a quiet assurance that progress toward self-sufficiency has begun. Be sure to tell the patient what will happen, even though he is unable to answer. His inability to speak at this time may make him feel mentally ill or incompetent. The attitude of the staff and family is important. A demanding mood hinders progress but understanding and acceptance will increase progress, especially if accompanied by encouragement and a chance to hear someone speak slowly and distinctly at short intervals. The most difficult complication in the hemiplegic patient is the development of aphasia. The patient with aphasia will need constant encouragement so he will not withdraw more into his shell. The patient can understand conversation emotionally, although communication may be impossible, so he must not be ignored, pitied, or treated like a child. The nurse can do a great deal, however, by speaking about ³ simple things in simple terms.

The hemiplegic patient has lost power over half of his body. The limbs on the affected side are present but totally or partially useless, and the abnormalities of hand, arm, foot and leg cannot be disguised by

a prosthetic device. A hemiplegic person will be one-sided; that is, he will tend to fall toward the paralyzed side. The nurse may help the patient learn to adjust to this problem of balance. To the loss of power in the limbs, there is added, in many cases, a loss of speech, vision, emotional stability, and intellectual faculties.^{6,8,13}

The usual course is for the patient to have some permanent residual symptoms, such as stiffness and difficulty in the use of legs, awkwardness in the use of the hand, or some degree of speech defect. Only the brain is affected in cerebral hemorrhage or thrombosis. The spinal reflexes and neuromuscular functions are intact; therefore, muscles should not be allowed to atrophy or become stretched during this stage of illness, as this will cause problems in rehabilitation later and may set rehabilitation back several months.^{6,13}

Related Studies

Ruth Conrad did A Study to Determine the Opinions of a Selected Group of Doctors and Nurses about Nurse Performance of Selected Activities Related to Rehabilitation in 1957 in Spokane, Washington.

An opinionnaire was used as the method to collect data. The opinionnaire was constructed from statements of activities, designated as the responsibility of the nurse, which were taken from the literature and revised for uniform construction.

An interview was held with the director of nursing service in each of three hospitals and arrangements were made to mail the opinionnaire to the directors for distribution. A cover letter and self-addressed, stamped envelope accompanied each form. Opinionnaires were also sent to licensed

physicians in the Spokane area. After four weeks a reminder was mailed to get additional responses. Forty-five per cent of the selected population returned completed forms. This group represented 33 per cent of the doctor population and 54 per cent of the nurse population selected for the study.

The items of the opinionnaire were classified into categories of similar activities which were related: (1) to community resources and family participation; (2) to mental health; (3) to patient participation; (4) to deformity prevention; and (5) to teaching exercises or procedures.

In most cases the responsibility for the activity was designated to the doctor, physical therapist, or social worker. "Since social worker contact in the Spokane area was rare at the time of the study, the implication would be that the person was selected who was considered best qualified, rather than availability." Opinions varied widely in the selection of other professional workers and nonprofessional or lay persons.

The responsibility for activities related to mental health, when not assigned to the nurse, were assigned to the doctor. Prevention of deformities and teaching exercises were the responsibilities of the physical therapist or doctor. Doctors, more often than nurses, did not designate who should do the activity, although they indicated the activity should not be done by the nurse.

Agreement as to the person responsible for each activity ranged within the groups from 1 - 31 per cent. Doctors' agreement within the group was 92.5 to 42.5 per cent. The nurses' agreement within the group

was 97.4 to 55 per cent. The responses about the activities that should be done by the nurses or others in meeting rehabilitation needs were reported and compared. No further analysis was attempted.

The conclusions consisted of the following: (1) doctors and nurses did not follow a consistent pattern of agreement or disagreement about activities that are similar; (2) doctors believed, more often than did nurses, that the nurses should do passive exercises and massage; (3) nurses had low agreement within the group regarding their responsibility in muscle-strengthening exercises; (4) nurses felt that they did not have any responsibility in the area of referral for use of community facilities and resources; and (5) doctors and nurses had the highest agreement of opinions about activities that were concerned with helping the patient accept his disability. The study should furnish some information which could contribute to the clarification of the role of the nurse in meeting the rehabilitation needs of the patient and, therefore, improve patient care.

The recommendation was that studies be conducted that are concerned with the extent to which the patient's needs for rehabilitation are being met and who is helping to meet these needs.

Mary Beam wrote a master's thesis on A Survey of the Effectiveness of a Program of Study in Rehabilitation Nursing in a Basic Nursing Curriculum in 1956 in Pennsylvania.

The purpose of this study was to determine if those students being trained in theory and practice in rehabilitation nursing have greater knowledge of certain factors which might be considered the nurse's role

in the rehabilitation process than those who have no specific training or experience in rehabilitation nursing.

The goals of the writer included: (1) a search for factors considered as a nurse's role; (2) a search for the "content" of care relating to rehabilitation; (3) a plan as to the type of educational program which would best instruct students in the principles of rehabilitation; and (4) assisting the understanding and attitudes of senior student nurses in two types of educational programs.

The limitations of the study included: (1) inability to measure technical skill or evaluate qualitative and quantitative nursing care given; (2) unable to determine the hospitals' concept of rehabilitation nursing such as: (a) whether all patients receive comprehensive medical care; (b) whether rehabilitation is available to all patients needing special services; and (c) whether rehabilitation planning is part of patient care.

The educational concept of rehabilitation was assumed to be an inseparable part of the best nursing care. The majority of the students felt that the nurses should be able to teach the patient about his handicaps and what he is able to do which is in reverse to focusing the patient's attention on his ability. Both groups of students in this study rated high the degree of responsibility that should be assumed by the nurse in encouraging functional activities. The students' attitudes and opinions about factors important in considering rehabilitation showed little difference, whether in the trained or non-trained group. The students seemed to lack confidence in their abilities to teach.

The trained group gave 22.4 per cent more wrong answers than the non-trained group, although the trained group appeared to understand rehabilitation nursing to be based on basic nursing principles. Most of the students in the trained group seemed to be aware of the problem of pressure sores, while only 50 per cent of the non-trained group seemed to have this awareness.

The two groups showed some difference in their knowledge of preventing contracture deformities, and a large number preferred to make the joints comfortable rather than determine the cause of the discomfort and institute preventive measures. Both groups had good knowledge of preventing deformities in a hemiplegic patient by supporting the leg in correct body alignment. Only four more students in the trained group than in the non-trained group understood that the affected arm in the hemiplegic patient is exercised primarily to prevent "frozen shoulder." Neither group was well grounded in the rehabilitation team make-up, nor was able to distinguish between professional and general members. The actual experience the trained group had in functioning as team members or seeing the team in action appears to have been limited.

"Although the rehabilitative aspects of patient care are considered to be part of comprehensive nursing care, neither group seemed to be well grounded in this concept, even though the trained group gave more correct responses to most questions." Both groups appeared more aware of physical implications than psychological ones.

While there was indication that students who have been educated in theory and practice in rehabilitation nursing show slightly more evidence

of better knowledge and understanding of some factors which might be considered the nurse's role in the rehabilitation process than those who have had no special theory or experience, this evidence alone was not conclusive enough to warrant the development of a similar educational plan in other basic nursing programs.

Evidence from this study would indicate that: (1) supplementary theory and experience, other than the block, as provided for the participating students at the time of the study, are necessary if the student is to understand the nurse's role in rehabilitation of all patients as an integral part of all and total nursing care; (2) that instructors, supervisors, and head nurses need supplementary education if they are to provide the types of leadership necessary in total nursing care; (3) that students and staff need to be more actively involved in the team process; (4) and that, until adequate supervision and integrated instruction can be provided on all services, someone skilled in the rehabilitation process should act as an integrator or coordinator in all service areas, so that the needs of patients and students could be better met.

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In 1963 Stella Williamson of the University of Oregon School of Nursing wrote a master's thesis entitled The Opinions of a Selected Group of General Duty Nurses Regarding the Performance of Certain Rehabilitation Aspects of Nursing. The two main questions considered were: "Do general duty nurses accept responsibility for certain selected rehabilitative activities?" and "To what extent are these selected rehabilitative activities performed for patients?" Ninety-six

questionnaires were sent out and 65 returned which were complete for use in tabulation. The limited population precludes widespread generalizations.

The questionnaire items were divided into the four broad areas into which rehabilitative aspects of nursing seem to fall.

The majority of these general duty nurses said 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.

Planning for the future with the patient and his family, which includes knowledge of the use of health and social resources in the communities, was accepted by approximately two-thirds of the group as the responsibility of the registered nurse. This group felt that this type of activity was only performed about one-half of the time.

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.⁴⁰

In 1964 Evelyn Boyd wrote a master's thesis on A Study of the Abilities of Sixty-Seven Patients and of the Rehabilitative Services Provided in Twenty-Three Nursing Homes in Oregon and Washington as Expressed by Twenty-Three Registered Nurses. This study was undertaken to determine from nurses the abilities of nursing home patients and what rehabilitative services were being used to improve the patients' level of ability.

A structured interview guide was designed to achieve the purposes of the study. A pilot study was made which necessitated minor changes in the interview guide to clarify the intent of the study. Letters explaining the purpose of the study were sent to the registered nurse in 30 nursing homes selected at random. Four nursing homes refused to participate and three homes were eliminated from the study.

The findings of this study led to the following conclusions:

1. Rehabilitation measures were not being used to the optimum in the nursing homes visited.

2. The patient's length of stay, age, and mental status had no influence on the potential for improvement of the patient's ability, according to the nurse interviewee's opinion.

3. Rehabilitative services pertaining to physical care were used more frequently than those pertaining to the social aspects of care, such as self-help motivation and diversional activities.

4. The registered nurses in the nursing home indicated a need for better communication between hospitals, doctors and nursing homes, but appear to need assistance in establishing the means of obtaining the desired information.

5. Although this study did not attempt to correlate opinion with practice or attitude, it could be conjectured that the nurse's opinion regarding the rehabilitation potential of the patient strongly influences the amount and extent of rehabilitation services for the patient.

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.

Although the participants were in general agreement with the accepted definition of rehabilitation and with the concept that rehabilitation should be initiated at the onset of disability, there appeared to be few instances in which rehabilitation was in actual practice.⁴⁰

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

According to literature, rehabilitation in relation to nursing is a process of assisting the patient to the greatest self-sufficiency of which he is capable. Total rehabilitation will include physical, mental, social, vocational and economic factors. The literature seems to agree that rehabilitation, to be effective, must be started early.

The prognosis of the hemiplegic is very much brighter than it was a decade ago. He does not have to be a burden on society or his family, but he may be educated for self-care and may be taught to speak again if he has the will to carry on with the proper teaching.²³

Several authors state that, since there is a lack of specialized personnel needed for a complete rehabilitation team, the responsibility

for providing rehabilitation services becomes the responsibility of nurses. The nurse's main rehabilitation functions seem to be in the following areas: (1) prevention of complications and deformities; (2) teaching activities of daily living with patient participation in therapy; (3) planning for the future with the patient and his family, with close cooperation among various health team workers; and (4) helping with psychological and social problems.

CHAPTER III

THE STUDY

Procedure of the Study

This study was conducted in an effort to determine the extent to which nurses understand and practice selected rehabilitative aspects of nursing. Two main questions were formulated as a basis for investigation: Do hospital 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. A questionnaire was constructed on the basis of the findings. The criteria for questionnaire items were the following: (1) the activity selected should be related to meeting the rehabilitative needs of the patient; (2) items should represent a variety of rehabilitative needs of patients; (3) the items should be stated in articles in nursing journals or books published within the past 15 years. Since nursing literature usually expresses advanced thinking far ahead of application in nursing practice, it seemed that items of 15 years ago would still be timely and pertinent. Twenty-two items were chosen. Although 22 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 according to suggestions. A pilot study was conducted and the necessary changes were made to clarify and improve the questionnaire. The participants of the pilot study were not included in the main study.

A list of accredited hospitals in Oregon was obtained from the Oregon State Board of Health. From this list the names of 20 hospitals ranging between 50 and 100 beds in size were selected for the study. The hospital used for the pilot study was not included in the study.

A letter to explain the purpose of the study and request permission for the nurses to participate was sent to the director of nursing service in each of the 20 selected hospitals. Permission to do the study was obtained from 10 of the 20 hospitals contacted, eight by mail and two by telephone. A schedule for questionnaire administration was set up after permission was obtained. Visits were made to each of the 10 hospitals. The questionnaires were explained and copies given to each director of nursing service. The nurse participants were selected by the director of nursing service at each of the hospitals. Some of the questionnaires were filled out and returned at the time of the visit. The remainder, with self-addressed, stamped envelopes, were left with the director to be returned by mail. Of the 100 questionnaires given out, 80 were returned, by the stated deadline of February 10, 1966.

The activities were divided into five general areas which can be called rehabilitative: (1) prevention of deformities; (2) skin care; (3) exercises; (4) psychological aspects; and (5) nursing care plans.

The information from the questionnaires was tabulated on a master tabulation sheet. (See Appendix C)

Analysis of Data

Part I of the questionnaire was designed to obtain information about the participants. The first item had to do with the classification of the participants and the second with the level of responsibility which really referred to the position held in the nursing service organization.

Of the 80 participants, it was found that one-half were registered nurses; there were 16 licensed practical nurses, 20 nurse aides, and four student practical nurses. It was indicated that the aides were not responsible for activities above the aide level. It was beyond the scope of this study to attempt an identification of what was meant by aide level. Table 1 shows the distribution of the participants according to classification and level of responsibility.

Table 1. Distribution of 80 Participants According to Their Classification and Level of Responsibility

Classification	Super-visor	Charge Nurse	Medicine Nurse	Staff Nurse	Nurse Aide	Student Practical	N
RN	8	12	7	13	0	0	40
LPN	0	2	2	12	0	0	16
Aide	0	0	0	0	20	0	20
SPN	0	0	0	0	0	4	4
Total	8	14	9	25	20	4	80

Item three was related to the type of school of nursing, if any, from which the participant was graduated. It was not surprising to find that the majority of the 40 registered nurses, 33 in number, were graduated from diploma schools. Five held a baccalaureate degree, and two an associate degree. Fifteen participants had graduated from a practical nurse school. Since there were 16 licensed practical nurses in the study, one must have been licensed by waiver. Twenty-five indicated they had graduated from no school of nursing; this would account for the 20 nurses' aides and four student practical nurses plus the one licensed practical nurse who did not graduate from a practical nurse school. Table two shows the distribution of the 80 participants according to type of school from which graduated and level of responsibility.

Table 2. Distribution of 80 Nurse Participants According to Position Held and Type of School, if any, from Which Graduated

Position	Baccalaureate Degree	Diploma	Associate Degree	Practical Nurse	None	N
Supervisor. .	1	7	0	0	0	8
Charge Nurse	1	11	0	2	0	14
Medicine Nurse	1	6	0	2	0	9
Staff Nurse .	2	9	2	11	1	25
Aide	0	0	0	0	20	20
SPN	0	0	0	0	4	4
Total	5	33	2	15	25	80

Items 4 and 5 also were related to the employment situation, specifically to the shift and to whether employment was full-time or part-time. It is not uncommon for nurses who work during the daytime

hours to give more attention to the needs and progress of patients than those working other hours. The nurses who participated in the study represented all shifts, with six who indicated that they worked a rotating shift. The day shift had the highest number of participants, which included 25 registered nurses, 13 licensed practical nurses, 15 aides, and two student practical nurses. The evening shift had 10 registered nurse participants, two licensed practical nurses, and three aides. The night shift had three registered nurses, one licensed practical nurse, one aide, with the remainder of the participants on rotating hours. Table 3 gives the distribution of the participants according to classification and shift of employment.

Table 3. Distribution of 80 Participants According to Classification and Shift of Employment

Classification	Shift of Employment				N
	Day	Evening	Night	Rotate	
RN	25	10	3	2	40
LPN	13	2	0	1	16
Aide	15	3	1	1	20
SPN	2	0	0	2	4
Total	55	15	4	6	80

In the smaller hospital, the nurse shortage is apparent and staffing becomes a problem. Often the shortage is relieved by the use of part-time employees which can make continuity of care for the long-term patient difficult. Of the registered nurse participants, 30 are working full-time and 10 part-time. The participants in other classifications show a low percentage of part-time employment. Table 4 shows the dis-

tribution of the participants according to their classification compared to their status of employment.

Table 4. Distribution of 80 Participants According to Classification and Status of Employment

Classification	Status of Employment		N
	Full Time	Part Time	
RN	30	10	40
LPN	13	3	16
Aide	20	0	20
SPN	1	3	4
Total	64	16	80

Rehabilitation has become an important aspect of nursing in the past 15 years. The participant's age may play a part in the understanding she may have or her role in rehabilitative nursing. Of the 80 participants, 10 did not indicate their age. The majority were 40 years of age or older. Twenty-seven of the 70 who indicated their age were 50 years of age or older. Table 5 shows the age range of the participants according to classification. It was found that all 80 participants were female.

Table 5. Distribution of 80 Participants According to Classification and Age

Classifi- cation	Age in Years					N
	20-29	30-39	40-49	50+	No Response	
RN . .	7	6	9	13	5	40
LPN . .	2	1	4	6	3	16
Aide . .	4	5	4	7	0	20
SPN . .	2	0	0	0	2	4
Total .	15	12	17	26	10	80

Of the 80 participants, 30 have had less than 10 years of actual nursing experience. Another 21 participants have had 10 to 19 years of experience. The group of nurses with less than 20 years of experience totaled 41 persons or 65 per cent of the entire group. The length of nursing experience the participants have had is indicated in Table 6.

Table 6. Distribution of 80 Participants According to Classification and Length of Nursing Experience in Years

Classi- fica- tion	Length in Years					No Response	N
	0-9	10-19	20-29	30-39	40+		
RN . . .	12	9	9	7	1	2	40
LPN . . .	7	6	2	0	0	1	16
Aide . . .	8	6	4	0	0	2	20
SPN . . .	4	0	0	0	0	0	4
Total . . .	31	21	15	7	1	5	80

Item 9 asked the participants if they had worked in a hospital which had a physical therapy department and, if so, for how long. It was found that five of the hospitals included in the study had started physical therapy departments during the last five years. Twenty-five of the participants did not respond to the item, but 66 indicated that they had worked in a hospital with a physical therapy department and 14 had not. Table 7 shows the distribution of 80 participants according to classification and length of experience.

Table 7. Distribution of 80 Participants According to Classification and Length of Time Worked in Hospital with Physical Therapy Department

Classi- fica- tion	Length in Years					No Response	N
	No Experience	Some -9	10-19	20-29	30+		
RN	3	18	3	1	2	13	40
LPN	3	10	0	0	0	3	16
Aide	4	13	2	0	0	1	20
SPN	1	3	0	0	0	0	4
Total	11	44	5	1	2	17	80

Giving care to personal friends or relatives often changes an individual's understanding of illness and giving care to a hemiplegic in this type of situation may make the nurse more aware of her role in rehabilitative nursing. Most of the participants, 69 per cent, indicated that they had not cared for a personal friend or relative who was a hemiplegic. Table 8 indicated the number of participants who had given nursing care to a friend or relative who had had a cerebral vascular accident.

Table 8. Distribution of 80 Participants According to Classification and Whether or Not Cared for Personal Friend or Relative Who had a Cerebral Vascular Accident

Classification	Yes	No	No Response	N
RN	14	26	0	40
LPN	6	10	0	16
Aides	6	10	4	20
SPN	1	3	0	4
Total	27	49	4	80

Most of the participants indicated that nurses should have classes in rehabilitation. The nurses who indicated that rehabilitation classes are not necessary are those who are in charge or are medicine and treatment nurses. In response to who was indicated when "Some" was checked, many comments were received. Comments of registered nurses included:

Those who work in convalescent and nursing homes.
 Those who will be in contact with patients that require that type of care.
 All nurses, aides, licensed practical nurses.
 Only nurses interested in this type of work.
 If employed where rehabilitation is practiced.
 People out of nursing a few years.

Nurse aide comments included:

If that nurse is to do rehabilitation work alone,
 not floor duty.
 Nurses who would be taking care of such patients.

Table 9 indicated whether or not the nurses think classes in rehabilitation nursing are necessary. The responses are grouped according to classifications.

Table 9. Distribution of 80 Participants According to Classification in Relation to Whether or Not Nurses Think They Should Have Classes in Rehabilitation Nursing

Classification	Classes in Rehabilitation Nursing				N
	Yes	No	Some	No Response	
RN . . .	28	2	5	5	40
LPN . .	14	2	0	0	16
Aide . .	14	0	3	3	20
SPN . .	4	0	0	0	4
Total .	60	4	8	8	20

Table 10 indicated whether or not the nurses think classes in rehabilitation nursing are necessary. The responses are grouped according to

level of responsibility of the participants.

Table 10. Distribution of 80 Participants According to Level of Responsibility in Relation to Whether or Not Nurses Think They Should have Classes in Rehabilitation Nursing

Level of Responsibility	Classes in Rehabilitation Nursing				N
	Yes	No	Some	No Response	
Supervisor . .	8	0	0	0	8
Charge Nurse .	7	2	2	3	14
Medicine Nurse	5	2	1	1	9
Staff Nurse. .	22	0	2	1	2
Aide	14	0	3	3	20
SPN	4	0	0	0	4
Total	60	4	8	8	8

Item 12 sought information regarding the usefulness of various books and pamphlets related to the nature of cerebral vascular accidents and the care of patients who have been so afflicted.

The most frequently read publications indicated by the registered nurses consisted of Strike Back at Stroke and Care of the Patient with a Stroke. The nurses indicated that those books helped them in understanding and giving nursing care to hemiplegic patients. Care of the Long Term Patient was read by nine registered nurses, eight of whom said it was helpful. Five registered nurses read Preventive Techniques of Rehabilitation for Hemiplegic Patients and said it was helpful. The pamphlet Language Problems after a Stroke was read by three registered nurses who indicated it was helpful. The other articles read included articles in the American Journal of Nursing, RN, Practical Nurse Digest, and other magazines such as McCall's and Today's Health.

The licensed practical nurses indicated that Strike Back at Stroke

and Care of the Patient with a Stroke were the most frequently read and the most helpful. Four other publications were read by several licensed practical nurses who indicated they were not helpful. No other articles were indicated as having been read.

Seven aides read Strike Back at Stroke but only four found it helpful. Two aides read Care of the Patient with a Stroke and Care of the Long Term Patient but only one aide found them helpful. Two aides also read Language Problems after a Stroke, but neither found it helpful. One aide read some articles in the Practical Nurse Digest but did not find them helpful.

Three student practical nurses read Strike Back at Stroke and found it useful. Two read Care of the Patient with a Stroke and found it helpful. One read Care of the Long Term Patient and indicated it was helpful.

The publications listed are readily available and frequently suggested to nurses responsible for care of patients who have had cerebral vascular accidents. It does not appear that many of the 80 participants had read very extensively or had felt that they had profited by what they had read.

Part II of the questionnaire consisted of five aspects related to the care of cerebral vascular accident patients. These were: (1) deformity prevention, (2) skin care, (3) exercise, (4) psychological aspects, and (5) principles of activities of patient care. These were lettered so they could be identified with the appropriate aspect. There were columns for providing "yes" or "no" responses to two questions: "Should this activity be done?" and "Do you do this activity when giving patient care?"

A third column provided space for writing a response to the question: "By whom should this activity be done?" The responses to Part II have been tabulated and will be considered individually.

Throughout the remainder of this report one table has been constructed for each of the five aspects of nursing care identified in the questionnaire. Each table has been divided to be consistent with the three numbered columns and further divided according to the lettered subpoints. Accordingly, Table 11 will subsequently appear as parts a, b, and c according to the activity.

The first section of Part II consisted of those activities related to deformity prevention. Subpoint-a stated that "Preventive measures against deformities are initiated as soon as the patient is admitted." Seventy-six per cent of the participants agreed that this activity should be done. The positive responses consisted of 68 per cent of the registered nurses, 94 per cent of the licensed practical nurses, 85 per cent of the aides, and 75 per cent of the student practical nurses. Responses to column 2, "Do you do this when giving nursing care?" showed that only 32 per cent of the registered nurses, six per cent of the licensed practical nurses, 15 per cent of the aides, and 25 per cent of the student practical nurses replied in the affirmative. In the third column, the physician was listed by 10 per cent of the participants; the registered nurse by 36 per cent; the licensed practical nurse, aide, and physical therapist by 28 per cent each. Twenty-two per cent of the participants did not state their choices. None of the student practical nurses listed the licensed practical nurse, aide, or physical therapist, and the aides did not list the licensed practical nurse as

being responsible for this activity.

Subpoint-b states that "Footboards are used to help prevent foot drop." Eighty-five per cent of the registered nurses said the activity should be done but only 73 per cent stated that they do this activity. The licensed practical nurses all said that it should be done and the same number indicated that they use footboards. All of the aides also said footboards should be used and 85 per cent said that they do use them. All of the student practical nurses said the activity should be done and indicated that they do it. The registered nurses stated that the registered nurse or aide was the most likely person responsible for the use of footboards; the licensed practical nurses listed the aide as most responsible; and the registered nurse and licensed practical nurse next with equal responsibility. Of the aides, 40 per cent listed themselves as the most responsible and the registered nurse next with 30 per cent response. The student practical nurses gave equal responsibility to the registered nurse, licensed practical nurse, and aide, but none to themselves.

Subpoint-c says that "Rehabilitative measures are initiated as soon as the vital signs are stable." Of the 40 registered nurses who participated, 75 per cent said the activity should be done and 70 per cent said they do the activity. Of the 16 licensed practical nurse participants, 88 per cent said the activity should be done but only 69 per cent said that they do it. Sixty-five per cent of the aides indicated that the activity should be done and 45 per cent indicated that they do the activity. The four student practical nurses who participated said that it should be done and that they do it. The registered nurses indicated

most frequently that the registered nurse or physical therapist should be responsible for doing this activity; the licensed practical nurses indicated the physical therapist, the registered nurse, or the licensed practical nurse; and the aides indicated that the registered nurse or physical therapist should be responsible. The student practical nurses indicated that the registered nurse or licensed practical nurse should be responsible, even though they indicated that they do the activity. One registered nurse included the family as responsible for initiating rehabilitative measures.

Table 11. Distribution of 80 Participants According to Classification and to Their Responses Regarding Whether Preventive Measures Should be Done, Are Done, and by Whom.

- a. "Preventive measures against deformities are initiated as soon as the patient is admitted."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?					
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	No Response
RN . .	40	68%	32%	68%	32%	10%	35%	45%	37%	30%	17%
LPN .	16	94%	6%	75%	25%	6%	25%	25%	31%	12%	44%
Aide .	20	85%	15%	80%	20%	10%	40%	0	10%	40%	15%
SPN .	4	75%	25%	50%	50%	25%	75%	0	0	0	25%
Totals	80	62	18	57	23	8	29	22	22	22	18

- b. "Footboards are used to help prevent foot drop."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?					
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	No Response
RN . .	40	85%	15%	73%	27%	2%	42%	22%	42%	2%	12%
LPN .	16	100%	0	100%	0	0	31%	31%	44%	0	31%
Aide .	20	100%	0	85%	15%	0	30%	0	40%	5%	30%
SPN .	4	100%	0	100%	0	25%	75%	75%	75%	0	0
Totals	80	74	6	66	14	2	31	17	35	10	16

- c. "Rehabilitative measures are initiated as soon as the vital signs are stable."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?						
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	No Response
RN . .	40	75%	25%	70%	30%	5%	40%	7%	17%	32%	2%	22%
LPN .	16	88%	12%	69%	31%	0	25%	31%	12%	50%	0	38%
Aide .	20	65%	35%	45%	55%	5%	35%	0	15%	30%	0	30%
SPN .	4	100%	0	100%	0	25%	100%	75%	50%	0	C	0
Totals	80	61	19	52	28	4	31	8	14	27	1	21

Percentage is based on 100% of each group.

Totals are number of responses, not percentage.

The second section of Part II consisted of those activities related to skin care. Subpoint-a read: "The patient is bathed daily." Eighty-five per cent of the registered nurses, 94 per cent of the licensed practical nurses, all of the aides, and the four student practical nurses agreed that this activity should be done. Seventy-five per cent of the registered nurses, 88 per cent of the licensed practical nurses, 65 per cent of the aides and all of the student practical nurses said that they do this activity when giving patient care. As to whom should be responsible, the registered nurse was considered responsible by 24 per cent of the participants, the licensed practical nurse by 25 per cent, but 16 per cent did not specify anyone. The aide was indicated as being most responsible for the activity by 50 per cent of the registered nurses, 44 per cent of the licensed practical nurses, 75 per cent of the aides, and 75 per cent of the student practical nurses.

Subpoint-b was: "The skin is washed immediately after incontinence." Of the 80 participants, 74 per cent responded in the affirmative.

The aide was indicated as responsible for the activity by 62 per cent of the participants which included 65 per cent of the registered nurses, 44 per cent of the licensed practical nurses, 70 per cent of the aides, and 75 per cent of the student practical nurses. The registered nurse was indicated responsible by 31 per cent of the participants, and the licensed practical nurse by 30 per cent.

Subpoint-c read: "The patient is turned frequently to relieve pressure areas." Of the 80 participants, 95 per cent indicated that this activity should be done; however, only 86 per cent said that they did the activity. Opinions as to the person who should do the turning of the patient were quite varied. The registered nurse was indicated by 30 per cent of the registered nurses, 31 per cent of the licensed practical nurses, 25 per cent of the aides, and 75 per cent of the student practical nurses. The licensed practical nurse was indicated as the responsible person by 37 per cent of the registered nurses, 44 per cent of the licensed practical nurses, and 75 per cent of the student practical nurses. The aide was indicated as the person most responsible by 40 per cent of the registered nurses, 44 per cent of the licensed practical nurses, 65 per cent of the aides, and 75 per cent of the student practical nurses. One participant appeared rather unrealistic by indicating that the family would be responsible for this activity, 24 hours a day, while the patient is in the hospital.

Subpoint-d read that: "Pressure areas are massaged to improve circulation." Sixty-eight per cent of the registered nurses indicated that the activity should be done and 63 per cent indicated that they do

massage the skin; of the licensed practical nurses, 100 per cent stated that it needed to be done and 94 per cent indicated that they do it; 85 per cent of the aides felt that massage was necessary but only 75 per cent did the activity; and all of the student practical nurses indicated both that the activity was necessary and that they did it. One indicated that the family should be responsible.

Subpoint-e was divided into three parts: "Decubiti prevention includes the use of: (1) Sheep skin, (2) Foam rubber mattress, (3) Alternating pressure pad." Ninety-six per cent of the nurses indicated that the sheep skin should be used and 80 per cent stated that they do use it. Sixty-five per cent stated that foam rubber mattresses should be used and 49 per cent indicated that they use them. Seventy-six per cent checked that the alternating pressure pads needed to be used but only 55 per cent indicated that they use them. The aide was chosen most frequently as the one responsible for the use of each item. The results of this activity may have been skewed due to the shortage or absence of foam rubber mattresses and pressure pads in some hospitals.

Table 12. Distribution of 80 Participants According to Classification and to Their Responses Regarding Whether Activities Related to Skin Care Should be Done, Are Done, and by Whom

a. "The patient is bathed daily."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?					
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	No Response
RN . .	40	85%	15%	75%	25%	0	35%	27%	50%	0	15%
LPN . .	16	94%	6%	88%	12%	0	31%	38%	44%	6%	31%
Aide . .	20	100%	0	65%	35%	0	20%	0	75%	0	10%
SPN . .	4	100%	0	100%	0	0	75%	75%	75%	0	0
Totals	80	73	7	61	19	0	19	20	45	1	13

b. "The skin is washed immediately after incontinence."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?					
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	No Response
RN . .	40	88%	12%	90%	10%	0	30%	40%	65%	0	17%
LPN . .	16	100%	0	94%	6%	0	38%	31%	44%	0	25%
Aide . .	20	95%	5%	85%	15%	0	20%	0	70%	0	15%
SPN . .	4	100%	0	100%	0	0	75%	75%	75%	0	0
Totals	80	74	6	72	8	0	25	24	50	0	14

c. "The patient is turned frequently to relieve pressure areas."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?						
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	No Response
RN . .	40	90%	10%	80%	20%	0	30%	37%	40%	0	2%	30%
LPN . .	16	100%	0	94%	6%	0	31%	44%	44%	0	0	31%
Aide . .	20	100%	0	90%	10%	0	25%	0	65%	0	0	15%
SPN . .	4	100%	0	100%	0	0	75%	75%	75%	0	0	0
Totals	80	76	4	69	11	0	25	25	39	0	1	20

d. "Pressure areas are massaged to improve circulation."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?						
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	Not Specified
RN . .	40	68%	32%	63%	37%	0	30%	27%	35%	0	2%	22%
LPN . .	16	100%	0	94%	6%	0	38%	44%	44%	0	0	31%
Aide . .	20	85%	15%	75%	25%	0	25%	0	50%	0	0	30%
SPN . .	4	100%	0	100%	0	0	75%	75%	75%	0	0	0
Totals	80	64	16	59	21	0	26	24	34	0	1	20

e (1) "Decubiti prevention includes the use of: Sheep skin"

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?					
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Not Specified
RN . .	40	98%	2%	70%	30%	0	55%	27%	68%	0	22%
LPN . .	16	100%	0	81%	19%	0	25%	25%	44%	0	50%
Aide . .	20	90%	10%	95%	5%	0	15%	0	65%	0	20%
SPN . .	4	100%	0	100%	0	0	75%	75%	50%	0	0
Totals	80	77	3	64	16	0	32	18	39	0	21

e (2) "Decubiti prevention includes the use of: foam rubber mattress"

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?					
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Not Specified
RN . .	40	65%	35%	45%	55%	0	22%	20%	37%	0	45%
LPN . .	16	75%	25%	56%	44%	0	19%	12%	25%	0	62%
Aide . .	20	70%	30%	60%	40%	0	20%	0	30%	0	25%
SPN . .	4	0	100%	0	100%	0	50%	50%	25%	0	25%
Totals	80	52	28	39	41	0	18	14	26	0	34

- e (3) "Decubiti prevention includes the use of: alternating pressure pad"

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?					
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Not Specified
RN . .	40	78%	22%	58%	42%	0	37%	32%	40%	0	30%
LPN . .	16	100%	0	69%	31%	0	19%	19%	38%	0	50%
Aide . .	20	70%	30%	50%	50%	5%	10%	0	35%	5%	45%
SPN . .	4	0	100%	0	100%	0	50%	25%	0	0	25%
Totals	80	61	19	44	36	1	22	17	29	1	30

Percentage is based on 100% of each group.
Totals are number of responses, not percentage.

The third section referred to activities related to exercise. Subpoint-a read, "A plan is used to maintain muscle tone in good arm and leg." Eighty-one per cent said that the activity should be done but only 57 per cent indicated that they do the activity when giving patient care. There was a variance of feeling as to the person who should be designated to do the activity. Four per cent named the physician; the licensed practical nurse and aide were each listed by 21 per cent; the registered nurse by 34 per cent; and the physical therapist by 35 per cent. Two per cent of the registered nurse participants indicated that the family was responsible and 25 per cent of the student practical nurses indicated that the patient himself was responsible.

Subpoint-b read, "Range of motion exercises are given with daily care." Seventy-eight per cent of the registered nurses, 80 per cent of the aides, and all of the licensed practical nurses and student practical nurses said this activity should be done. Sixty-four per cent of the participants

indicated that they do the activity when giving patient care; this represented 58 per cent of the registered nurses, 88 per cent of the licensed practical nurses, 50 per cent of the aides, and all of the student practical nurses. The responsibility was assigned to the registered nurse by 33 per cent of the total group; to the aide by 30 per cent; the physical therapist by 25 per cent of the group which included 27 per cent of the registered nurses, 25 per cent of the licensed practical nurses, 25 per cent of the aides and none of the student practical nurses. The doctor was responsible according to 5 per cent of the aides.

Subpoint-c read, "Range of motion exercises are done at least twice during each 24-hour period." Of the 80 participants, 74 per cent indicated that the activity should be done. Forty-eight per cent indicated that they do the activity. The registered nurses divided the responsibility for this activity between the registered nurse and aide with 35 per cent each; the physical therapist, 32 per cent; and the licensed practical nurse, 22 per cent. Thirty-one per cent of the licensed practical nurses indicated the physical therapist as responsible; but 25 per cent assigned the responsibility to the registered nurse, 12 per cent to the licensed practical nurse, and six per cent to the aide. The aides indicated the physical therapist and the aide as being equally responsible by 25 per cent, the registered nurse by 10 per cent, and the physician by five per cent. The four student practical nurses designated the registered nurse as most responsible; but three assigned responsibility also to the licensed practical nurse and aide.

Subpoint-d read, "Trapezes are used to assist the patient in using his good muscles to move." This activity was indicated as necessary by 75 per cent of the registered nurses, 81 per cent of the licensed practical nurses, 90 per cent of the aides, and all of the student practical nurses. Of the 81 per cent who indicated the activity necessary, only 55 per cent stated that they carried out the activity when giving patient care. The aide was designated by 35 per cent as being the person responsible for the activity; the registered nurse, by 28 per cent of the group, the licensed practical nurse, by 15 per cent; and the physical therapist by nine per cent. Others who were assigned responsibility included the patient, his family, and the social worker, each by five per cent of the registered nurses.

The findings of section three have been summarized in Table 13.

Table 13. Distribution of 80 Participants According to Classification and to Their Responses Regarding Whether Exercises Should be Done, Are Done, and by Whom

a. "A plan is used to maintain muscle tone in good arm and leg."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?						
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	No Response
RN . .	40	80%	20%	58%	42%	0	40%	27%	25%	42%	2%	17%
LPN .	16	100%	0	81%	19%	0	31%	25%	12%	19%	0	38%
Aide .	20	70%	30%	40%	60%	10%	15%	0	15%	40%	0	30%
SPN .	4	75%	25%	50%	50%	25%	75%	50%	50%	0	25%	0
Totals	80	65	15	46	34	3	27	17	17	28	1	19

b. "Range of motion exercises are given with daily care."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?					No Response	
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT		
RN . .	40	78%	22%	58%	42%	0	45%	22%	37%	27%		12%
LPN . .	16	100%	0	88%	12%	0	12%	19%	0	25%		50%
Aide . .	20	80%	20%	50%	50%	5%	10%	0	30%	25%		40%
SPN . .	4	100%	0	100%	0	0	100%	75%	75%	0		0
Totals	80	67	13	51	29	1	26	15	24	20		21

c. "Range of motion exercises are done at least twice during each twenty-four hour period."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?					No Response	
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT		
RN . .	40	70%	30%	47%	53%	0	35%	22%	35%	32%		17%
LPN . .	16	75%	25%	44%	56%	0	25%	12%	6%	31%		62%
Aide . .	20	50%	20%	40%	60%	5%	10%	0%	25%	25%		45%
SPN . .	4	75%	25%	100%	0	0	100%	75%	50%	25%		0
Totals	80	59	21	38	42	1	24	14	27	24		26

d. "Trapezes are used to assist the patient in using his good muscles to move."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?						No Response
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	
RN . .	40	75%	25%	50%	50%	0	30%	22%	35%	10%	15%	25%
LPN . .	16	81%	19%	38%	62%	0	12%	0	19%	6%	0	81%
Aide . .	20	90%	10%	75%	25%	0	20%	0	30%	10%	0	40%
SPN . .	4	100%	0	100%	0	0	100%	50%	75%	0	0	0
Totals	80	65	15	45	35	0	22	12	26	7	3	31

Percent is based on 100 per cent of each group.
Totals are number of participants, not per cent.

The fourth section was concerned with the psychological aspects of the illness. Subpoint a read "Nurses call welfare caseworkers as needed." There were only 57 per cent of the participants who indicated that this activity was needed and only 25 per cent of the participants indicated that they carried out this activity. The responsibility for the activity was assigned to the registered nurse by 39 per cent of the aides and 75 per cent of the student practical nurses. The doctor was indicated as responsible by 25 per cent of the group. Others who were indicated as responsible were the licensed practical nurse by three per cent, the aide by three per cent, the office secretary by five percent, the family by three per cent, and the caseworker, by one per cent.

Subpoint b read "Listen to the patient's concern about the future." Eighty per cent of the registered nurses indicated the activity to be important but only 58 per cent indicated that they perform the activity. Of the licensed practical nurse group, 94 per cent considered the activity important and 81 per cent indicated that they do the activity. Sixty per cent of the aides felt the activity to be necessary and 35 per cent said that they do the activity. Of the four student practical nurses, all indicated the activity should be done and 50 per cent said that they did the activity when giving nursing care. The registered nurse was considered to be the one most responsible as indicated by 48 per cent of the participants.

Subpoint c read "Supply information about community agencies." Seventy-five per cent felt that the activity needed to be done although only 39 per cent indicated that they did the activity. The registered nurse was identified most frequently as the person responsible for giving this information. Others included the volunteer workers by seven per cent of the

registered nurses, relatives by six per cent of the licensed practical nurses, caseworkers by 25 per cent of the aides and by 25 per cent of the student practical nurses.

Subpoint d read "Write letters for the patient." For this activity, 74 per cent indicated that it should be done but only 39 per cent did the activity. The doctor was given this responsibility by five per cent of the registered nurses and 25 per cent of the student practical nurses. The registered nurse was given this responsibility by 22 per cent of the registered nurses, 25 per cent of the licensed practical nurses, and 15 per cent of the aides. A great deal of the responsibility for this activity was given to others such as the volunteers by 22 per cent, the family by ten per cent, and the caseworker by one per cent.

Subpoint e read "Make phone calls for the patient." The majority of the participants felt that the activity should be done and 51 per cent indicated that they did the activity. The one indicated most frequently as being responsible was the registered nurse by 35 per cent of the registered nurses, 25 per cent of the licensed practical nurses, 45 per cent of the aides, and 25 per cent of the student practical nurses. Others indicated to make phone calls were the volunteers, relatives, and the office secretary or switchboard operator.

Subpoint f read "Interpret doctor's orders to the patient." Only 56 per cent felt that this activity was necessary and only 43 per cent indicated that they did it. As to the person who should be responsible, the registered nurses indicated most frequently that it was their responsibility. Seventeen per cent indicated the doctor, 12 per cent indicated

the licensed practical nurse, five per cent the aide, and seven per cent indicated the physical therapist. The registered nurse was indicated most frequently by all groups and the doctor was next with 19 per cent implying that he should be responsible for interpreting his own orders.

Subpoint g read "Emphasis is placed on the patient's part in the therapy." For this activity, 85 percent indicated the need that this should be done and 60 percent indicated that they do emphasize the patient's part in therapy. The physical therapist was indicated by 36 percent of the participants as being the one responsible for doing the activity. The registered nurse and aide were indicated by 33 percent each and the licensed practical nurse was indicated by 26 percent as responsible for the activity.

Table 14. Distribution of 80 Participants According to Classification and to Their Responses Regarding Whether Psychological Aspects of Patient Care Should be Done, Are Done, and by Whom

a. "Nurses call welfare caseworkers as needed."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		By whom should this activity be done?						
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	No Response
RN	40	55%	45%	20%	80%	20%	37%	5%	5%	0	7%	30%
LPN	16	50%	50%	19%	81%	25%	38%	0	0	0	0	81%
Aide	20	60%	40%	35%	65%	15%	35%	0	0	0	20%	35%
SPN	4	100%	0	50%	50%	25%	75%	0	0	0	0	25%
Totals	80	46	34	20	60	16	31	2	2	0	7	33

b. "Listen to the patient's concern about the future."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		By whom should this activity be done?						
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	No Response
RN	40	80%	20%	58%	42%	17%	50%	35%	42%	0	2%	17%
LPN	16	94%	6%	81%	19%	6%	44%	25%	12%	0	0	50%
Aide	20	85%	15%	70%	30%	15%	40%	0	35%	0	5%	25%
SPN	4	100%	0	50%	50%	25%	75%	25%	50%	0	0	25%
Totals	80	68	12	52	28	18	38	19	28	0	2	21

c. "Supply information about community agencies."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		By whom should this activity be done?						
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	No Response
RN	40	73%	27%	50%	50%	12%	45%	5%	17%	2%	7%	15%
LPN	16	81%	19%	50%	50%	25%	44%	19%	6%	0	6%	44%
Aide	20	75%	25%	10%	90%	20%	20%	0	0	0	35%	20%
SPN	4	75%	25%	25%	75%	25%	25%	0	0	0	50%	50%
Totals	80	60	20	31	49	14	30	5	8	1	11	19

d. "Write letters for the patient."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		By whom should this activity be done?						
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	No Response
RN	40	70%	30%	40%	60%	5%	22%	12%	35%	0	27%	20%
LPN	16	88%	12%	56%	44%	0	25%	12%	19%	0	31%	56%
Aide	20	70%	30%	20%	80%	0	15%	0	15%	0	55%	25%
SPN	4	75%	25%	50%	50%	25%	0	25%	0	0	25%	75%
Totals	80	59	21	31	49	3	16	8	20	0	28	25

e. "Make phone calls for the patient."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		By whom should this activity be done?						
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	No Response
RN	40	73%	27%	53%	47%	5%	35%	20%	10%	0	22%	15%
LPN	16	88%	12%	75%	25%	0	25%	19%	19%	0	0	62%
Aide	20	80%	20%	30%	70%	0	45%	0	20%	0	30%	15%
SPN	4	50%	50%	50%	50%	0	25%	25%	0	0	0	50%
Totals	80	61	19	41	39	2	28	11	11	0	15	21

f. "Interpret doctor's orders to the patient."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		By whom should this activity be done?						
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	No Response
RN	40	63%	37%	58%	42%	12%	55%	12%	5%	7%	0	12%
LPN	16	50%	50%	38%	62%	6%	50%	12%	0	0	0	56%
Aide	20	45%	55%	15%	85%	35%	65%	0	0	0	5%	0
SPN	4	75%	25%	50%	50%	50%	50%	0	0	0	0	25%
Totals	80	45	35	34	46	15	45	7	2	3	1	15

g. "Emphasis is placed on the patient's part in the therapy."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		By whom should this activity be done?						
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	No Response
RN	40	85%	15%	63%	37%	15%	45%	22%	25%	40%	0	15%
LPN	16	88%	12%	75%	25%	6%	50%	56%	50%	25%	0	44%
Aide	20	80%	20%	45%	55%	5%	25%	5%	30%	35%	0	30%
SPN	4	100%	0	50%	50%	0	50%	50%	50%	50%	0	25%
Totals	80	68	12	48	32	8	26	21	26	29	0	20

Percent is based on 100 percent of each group.
Totals are number of participants, not percent.

Nursing care plans were the fifth area of concern in the questionnaire. Subpoint-a read, "A realistic plan based upon his capabilities, is made for each patient." Seventy-six per cent of the participants indicated that nursing care plans are necessary but only 35 per cent indicated that they make them. The biggest share of the responsibility was given the doctor with the registered nurse next by 25 per cent. Of the 80 participants, there were seven registered nurses, one licensed practical nurse, three aides, and one student practical nurse who left the responsibility of making the nursing care plan to the licensed practical nurse or aide.

Subpoint-b read, "A check list of what the patient has been taught is used." Sixty-five per cent said that a check list is necessary, but only 22 per cent indicated that they used one. The opinions as to who was responsible were varied. The registered nurse was given responsibility by 25 per cent of the participants, the physical therapist by 16 per cent, the aide by 15 per cent, the licensed practical nurse by eight per cent, and the doctor and family by one per cent each.

Subpoint-c read, "Retention catheters are clamped at intervals to maintain muscle tone of the bladder." Of the 80 participants 79 per cent indicated that the activity needed to be done. Over half, 54 per cent indicated that they do the activity. The delegation of responsibility was given, by most, to the registered nurse. The aide was indicated by 26 per cent and the licensed practical nurse by 20 per cent.

Table 15. Distribution of 80 Participants According to Classification and to Their Responses Regarding Whether Nursing Care Plans Should be Used, Are Used, and by Whom

- a. "A realistic plan based upon his capabilities, is made for each patient."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		By whom should this activity be done?						No Response
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	
RN . .	40	73%	27%	37%	63%	27%	40%	7%	10%	20%	2%	27%
LPN . .	16	81%	19%	38%	62%	31%	19%	0	6%	6%	0	56%
Aide . .	20	80%	20%	30%	70%	20%	15%	0	15%	10%	0	35%
SPN . .	4	75%	25%	25%	75%	25%	50%	25%	25%	0	0	50%
Totals	80	6	19	28	52	21	20	4	9	11	1	29

- b. "A check list of what the patient has been taught is used."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		By whom should this activity be done?						No Response
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Other	
RN . .	40	63%	37%	20%	80%	0	30%	5%	12%	20%	0	55%
LPN . .	16	69%	31%	31%	69%	0	25%	19%	12%	12%	0	62%
Aide . .	20	65%	35%	20%	80%	5%	15%	0	20%	15%	0	35%
SPN . .	4	75%	25%	25%	75%	0	25%	25%	25%	0	25%	50%
Totals	80	52	28	18	62	1	20	6	12	13	1	41

- c. "Retention catheters are clamped at intervals to maintain muscle tone of the bladder."

Classi- fica- tion	N	1. Should this activity be done?		2. Do you do this activity when giving patient care?		By whom should this activity be done?					
		Yes	No	Yes	No	MD	RN	LPN	Aide	PT	No Response
RN . .	40	80%	20%	50%	50%	0	45%	32%	30%	0	27%
LPN .	16	94%	6%	75%	25%	0	50%	12%	6%	0	44%
Aide .	20	70%	30%	55%	45%	0	35%	5%	40%	0	30%
SPN .	4	50%	50%	0	100%	0	25%	0	0	0	75%
Totals	80	63	17	43	37	0	34	16	21	0	27

Per cent is based on 100 per cent of each group.
Totals are number of participants, not per cent.

This chapter has reported on the study, tabulated and interpreted the findings. A summary, the conclusions and the recommendations for further study will be found in Chapter IV.

CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was conducted 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 hospital 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 nurse. Respondents were asked if, in their opinion, these selected activities should be done. The respondents were then asked to indicate whether or not they do the activity when giving patient care. The third request was for the respondents to indicate by whom the activity should be done.

The 20 hospitals contacted were selected from a list obtained from the Oregon State Board of Health. The 10 hospitals from which permission was obtained to do the study were visited and questionnaires given to the directors of nursing service. Some of the questionnaires were filled out and returned at the time of the visit. The remainder, with self-addressed, stamped envelopes, were left with the director to be returned by mail. Of the 100 questionnaires given out, 80 were returned

by the stated deadline of February 10, 1966.

The questionnaire was divided into two parts. The first part was designed to obtain information about the participants. Part II of the questionnaire was divided into five general areas of rehabilitation related to the care of cerebral vascular accident patients. The data were analyzed, conclusions drawn, and recommendations for further study made.

The information obtained in Part I follows:

1. Forty of the participants were registered nurses, 20 were aides, 16 were licensed practical nurses, and four student practical nurses.

2. Most of the respondents were staff nurses, with 20 aides, 14 charge nurses, nine medicine and treatment nurses, eight supervisors, and four student practical nurses.

3. Five obtained a baccalaureate degree, 33 a diploma from a hospital school, two an associate degree, 15 finished a practical nurse program, and 25 did not graduate from any school.

4. Most of the participants work full-time and on the day shift.

5. Fifty-four of the 80 participants worked full-time, and 16 part-time.

6. Of the 80 participants who indicated their age, 17 were 40 - 49 years of age, 20 over 50 years of age.

7. All of the participants were female.

8. Seventy-five participants indicated the years of nursing experience. Of this group, 51 worked less than 20 years and 31

less than 10 years. Several of the participants stated they stayed home for several years to raise their families.

9. Sixty-six of the 80 participants have worked in a hospital with a physical therapy department.

10. Of the 80 participants, 25 have taken care of a personal friend or a relative who had had a cerebral vascular accident.

11. Rehabilitation classes were thought to be of value by most of the participants. The nurses who indicated that rehabilitation classes are not necessary were those in charge of medicine and treatment nurses.

12. Strike Back at Stroke was the most-read article about rehabilitation. Care of the Patient with a Stroke was second. Care of the Long Term Patient ranked third. Very few participants read any other articles.

Part II was related to the selected rehabilitation activities found in the literature to be the responsibility of the nurse.

1. The majority of the participants said the activities selected for use in this study concerned with deformity prevention should be done and that they accepted the responsibility for doing them when giving patient care. It was the opinion of these nurses that these activities were the responsibility of the nursing staff, although the doctor and physical therapist were included by about one-fourth of the respondents.

2. The majority of the respondents indicated that skin care is important for the patient and that they give attention to this aspect of nursing when giving patient care. The only professional workers besides

the nursing staff responsible for skin care were the physician and physical therapist. The family was included by two nurses.

3. Exercises for the patient in preparation for rehabilitation were considered essential by most of the nurses. Only about half of the nurses indicated that they did the exercises to the extent outlined by the questionnaire when giving patient care. The physical therapist was given the responsibility by about 20 of the respondents. The doctor was given this responsibility by five respondents.

4. Most of the responses indicated that the nurses were aware of their responsibilities in the psychological area of patient need, but only about half indicated that patients were receiving this type of help. Fifteen of the respondents asserted that the responsibility for this area of activity belonged to the physician. It was indicated that other individuals could take this responsibility. Among those cited were the office secretary, family, caseworkers, public health nurses, volunteers and the patient.

5. The majority of the nurses indicated that nursing care plans should be used, although less than half of the respondents indicated that they used such plans. Some nurses indicated that they used verbal plans but nothing was reduced to writing. Twenty-one of the participants indicated that the physician was responsible for making the nursing care plan after he had written the orders for the patients.

Conclusions

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

1. Certain rehabilitative measures are accepted by nurses as inherent in the act of nursing. These measures can be divided into five general areas: (1) prevention of deformities; (2) skin care; (3) exercises; (4) psychological aspects; and (5) nursing care plans.

2. Although nurses seemed to be aware of their responsibilities in performing certain rehabilitative aspects of nursing, a wide gap often existed between what nurses said should be done and what they said was done for the patient. This was particularly evident in the area of psychological care and in the use of nursing care plans. The nurses did not seem to have decided which activity belongs to which classification of nurse. The aides seemed to be given much responsibility for the amount of training most of them had had.

3. The literature on the nature of the cerebral vascular accidents and the care of patients following a cerebral vascular accident had been utilized by a sizable number of the respondents, but the usefulness of the literature seemed to be in question. It was beyond the scope of this study to ascertain the capacity of the respondents to comprehend the literature. Some of the publications listed were designed for lay consumption, so presumably should not be beyond the scope of comprehension for individuals giving nursing care. In this limited study it is not possible to conclude whether the lack of usefulness was due to: (a) the participants' inadequate reading ability; (b) the nature of the publication; or (c) the need for additional publications. It can be concluded, however, that for most of the respondents of this study the available literature was not helpful.

Recommendations for Further Studies

As a result of the findings of this survey of opinions of 80 nurses regarding selected rehabilitative activities, the following studies might be of interest:

1. Observation studies could be conducted that are concerned with the extent to which the patients' needs for rehabilitation are being met.

2. Observation studies could be performed to discover what rehabilitation practices are actually being used.

3. Since a sizable number of respondents indicated the need for instruction in rehabilitation, studies could be developed that:
(a) ascertain what in-service education is now being offered in the field of rehabilitation for nursing personnel, particularly those employed in small hospitals and nursing homes; (b) identify what further education the nursing service personnel feel they need in the field of rehabilitation; and (c) lead to the organization of continuation education courses that incorporate the concepts and practices of rehabilitation.

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APPENDICES

APPENDIX A

Letter to explain the purpose
of the study and request permission
for the nurses to participate in the study

1931 S.E. Ladd
Portland, Oregon
December 14, 1965

Dear

In partial fulfillment of requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study regarding the understanding nurses have of the rehabilitative aspects in the care of cerebral vascular accident patients while they are hospitalized.

You and your nursing staff are invited to participate. It will involve completing a short questionnaire. A self-addressed post card is enclosed for your convenience in indicating your willingness to assist with the study. A mutually satisfactory date will be arranged for my coming to your hospital to administer the questionnaire. Neither the hospital nor the participants will be identified in the study.

Upon completion of the study, copies of the report will be placed in the library at the University of Oregon Medical School.

Sincerely yours,

Mary Neal

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Mary Neal is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Miss Neal will be greatly appreciated.

Lucile Gregerson
Thesis Adviser

APPENDIX B
QUESTIONNAIRE

QUESTIONNAIRE

This study is being done to obtain information regarding current practices in the rehabilitation of cerebral vascular accident patients while they are hospitalized. You are invited to participate. Part I is designed to obtain information about you. No names are to be used. Part II is related to the functions of the nursing personnel.

PART I

Directions: Please check the appropriate space.

1. Classification
 RN
 LPN
 Aide
 Student practical nurse
2. Level of responsibility
 Supervisor
 Charge nurse
 Medicine and/or treatment nurse
 Staff nurse
 Aide
 Student practical nurse
3. Type of school of nursing from which graduated
 Baccalaureate Degree
 Diploma
 Associate Degree
 Practical Nurse
 None
4. Shift
 Day
 Evening
 Night
 Rotate
5. Employment
 Full time (40 hours per week)
 Part time (less than 40 hours per week)
6. Age _____
7. Sex
 Female
 Male
8. Length of nursing experience

9. Have you worked in a hospital which had a physical therapy department?
 Yes ___ No ___ If yes, for how long? _____
10. Have you taken care of a personal friend or relative who has had a cerebral vascular accident? Yes ___ No ___
11. Do you think that all nurses who give nursing care should have classes in rehabilitation nursing? Yes ___ No ___ Some ___ If some, indicate which nurses _____
12. Have you read:
- | | Yes | No | Check if useful to you |
|---|-----|----|------------------------|
| a. <u>Strike Back at Stroke</u> | | | |
| b. <u>Language Problems after a Stroke</u> | | | |
| c. <u>Physical Medicine (VA Publication)</u> | | | |
| d. <u>Care of the Patient with a Stroke</u> | | | |
| e. <u>Preventive Techniques of Rehabilitation for Hemiplegic Patients</u> | | | |
| f. <u>Care of the Long Term Patient</u> | | | |
| g. <u>Other</u> _____ | | | |

PART II

Directions:

1. When answering columns 1 and 2, place an X in the appropriate square.
2. When answering column 3, use titles such as doctor, nurse aide, and physical therapist. Do not use names.
3. All activities are assumed to have been ordered by a doctor.

Activity	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?
	YES	NO	YES	NO	
1. Deformity prevention					
a. Preventive measures against deformities are initiated as soon as the patient is admitted.					
b. Footboards are used to help prevent foot drop.					
c. Rehabilitative measures are initiated as soon as vital signs are stable.					
2. Skin care					
a. The patient is bathed daily.					
b. The skin is washed immediately after incontinence.					
c. The patient is turned frequently to relieve pressure areas.					
d. Pressure areas are massaged to improve circulation.					
e. Decubiti prevention includes the use of:					
1) Sheep skin					
2) Foam rubber mattress					
3) Alternating pressure pad					

Activity	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?
	YES	NO	YES	NO	
3. Exercise					
a. A plan is used to maintain muscle tone in good arm and leg.					
b. Range of motion exercises are given with daily care.					
c. Range of motion exercises are done at least twice during each 24 hour period.					
d. Trapezes are used to assist the patient in using his good muscles to move.					
4. Psychological aspects					
a. Nurses call welfare caseworkers as needed.					
b. Listen to the patient's concern about the future.					
c. Supply information about community agencies.					
d. Write letters for the patient.					
e. Make phone calls for the patient.					
f. Interpret doctor's orders to the patient.					
g. Emphasis is placed on the patient's part in the therapy.					
5. Nursing care plans					
a. A realistic plan based upon his capabilities, is made for each patient.					
b. A check list of what the patient has been taught is used.					
c. Retention catheters are clamped at intervals to maintain muscle tone of the bladder.					

Thank you for your assistance.

APPENDIX C
MASTER TABULATION

MASTER TABULATION

QUESTIONNAIRE

This study is being done to obtain information regarding current practices in the rehabilitation of cerebral fascular accident patients while they are hospitalized. You are invited to participate. Part I is designed to obtain information about you. No names are to be used. Part II is related to the functions of the nursing personnel.

PART I

Directions: Please check the appropriate space.

- | | |
|---|--|
| <p>1. <u>Classification</u>
 <u>40</u> RN
 <u>16</u> LPN
 <u>20</u> Aide
 <u>4</u> Student practical nurse</p> | <p>5. <u>Employment</u>
 <u>54</u> Full time (40 Hours
 per week)
 <u>16</u> Part time (less than
 40 hours per week)</p> |
| <p>2. <u>Level of responsibility</u>
 <u>8</u> Supervisor
 <u>14</u> Charge nurse
 <u>9</u> Medicine and/or
 Treatment nurse
 <u>25</u> Staff nurse
 <u>20</u> Aide
 <u>4</u> Student practical nurse</p> | <p>6. <u>Age</u>
 <u>15</u> 20-29 Years
 <u>12</u> 30-39 Years
 <u>17</u> 40-49 Years
 <u>20</u> 50+ Years
 <u>10</u> No response</p> |
| <p>3. Type of school of nursing from
 which graduated
 <u>5</u> Baccalaureate Degree
 <u>33</u> Diploma
 <u>2</u> Associate Degree
 <u>15</u> Practical Nurse
 <u>25</u> None</p> | <p>7. <u>Sex</u>
 <u>80</u> Female
 <u> </u> Male</p> |
| <p>4. <u>Shift</u>
 <u>55</u> Day
 <u>15</u> Evening
 <u>4</u> Night
 <u>6</u> Rotate</p> | <p>8. Length of nursing experience
 <u>31</u> 0-9 Years
 <u>21</u> 10-19 Years
 <u>15</u> 20-29 Years
 <u>7</u> 30-39 Years
 <u>1</u> 40+ Years
 <u>5</u> No response</p> |
| <p>10. Have you taken care of a personal friend or relative who has had a cerebral vascular accident? Yes <u>25</u> No <u>55</u></p> | <p>9. Have you worked in a hospital which had a physical therapy department? Yes <u>66</u> No <u>14</u>
 <u>11</u> No experience
 <u>44</u> 0-9 Years
 <u>5</u> 10-19 Years
 <u>1</u> 20-29 Years
 <u>2</u> 30+ Years
 <u>17</u> No response</p> |

11. Do you think that all nurses who give nursing care should have classes in rehabilitation nursing? Yes 60 No 4 Some 8
 No response 8

- If some, indicate which nurses
- Those who work in convalescent and nursing homes
 - Those who will be in contact with patients that require that type of care
 - All nurses, aides, LPNs
 - All taking care of patients
 - General Duty nurses--frequently they could better help and instruct in patient care
 - Only nurses interested in this type of work
 - Ones who care for convalescing patients
 - If employed where rehabilitation nursing is practiced
 - People out of nursing a few years
 - If that nurse is to do rehabilitation work alone, not floor duty
 - Nurses who would be taking care of such patients

12. Have you read:

	Yes	No	Check if useful to you
a. <u>Strike Back at Stroke</u>	34	46	29
b. <u>Language Problems after a Stroke</u>	7	73	3
c. <u>Physical Medicine (VA Publication)</u>	1	79	0
d. <u>Care of the Patient with a Stroke</u>	33	47	24
e. <u>Preventive Techniques of Rehabilitation for Hemiplegic Patients</u>	7	73	5
f. <u>Care of the Long Term Patient</u>	17	63	10
g. <u>Other Practical Nurse Digest</u>	10	70	7

American Journal of Nursing
RN
 Magazines, such as McCall's and Today's Health

Literature above tabulated according to classification of participant

	RN			LPN			Aide			SPN		
	Yes	No	Useful	Yes	No	Useful	Yes	No	Useful	Yes	No	Useful
a.	16	24	15	8	8	7	7	13	4	3	1	3
b.	3	37	3	2	14	0	2	18	0	0	4	0
c.	0	40	0	1	15	0	0	20	0	0	4	0
d.	18	22	13	11	5	8	2	18	1	2	2	2
e.	5	35	5	2	14	0	0	20	0	0	3	0
f.	9	31	8	5	11	0	2	18	1	1	3	1
g.	9	31	7	0	16	0	1	19	0	0	4	0

AJN, RN, PN
 Digest, other
 Magazines

Practical
 Nurse
 Digest

PART II

Directions:

1. When answering columns 1 and 2, place an X in the appropriate square.
2. When answering column 3, use titles such as doctor, nurse aide, and physical therapist. Do not use names.
3. All activities are assumed to have been ordered by a doctor.

Activity	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?							
	Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Others*	No Response	
1. Deformity prevention												
a. Preventive measures against deformities are initiated as soon as the patient is admitted.	62	18	57	23	8	29	22	22	22	0	18	
b. Footboards are used to help prevent foot drop.	74	6	66	14	2	31	17	35	10	0	16	
c. Rehabilitative measures are initiated as soon as vital signs are stable.	61	19	52	28	4	31	8	14	27	1	21	
2. Skin care												
a. The patient is bathed daily.	73	7	61	19	0	19	20	45	1	0	13	
b. The skin is washed immediately after incontinence.	74	6	72	8	0	25	24	50	0	0	14	
c. The patient is turned frequently to relieve pressure areas.	76	4	69	11	0	25	25	39	0	1	20	

Activity	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?						
	Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Others*	No Response
2. d. Pressure areas are massaged to improve circulation.	64	16	59	21	0	26	21	34	0	1	20
e. Decubiti prevention includes the use of:	77	3	64	16	0	32	18	39	0	0	21
1) Sheep skin	52	28	39	41	0	18	14	26	0	0	34
2) Foam rubber mattress	61	19	44	36	1	22	17	29	1	0	30
3) Alternating pressure pad											
3. Exercise											
a. A plan is used to maintain muscle tone in good arm and leg.	65	15	46	34	3	27	17	17	28	2	19
b. Range of motion exercises are given with daily care.	67	13	51	29	1	26	15	24	20	0	21
c. Range of motion exercises are done at least twice during each 24 hour period.	59	21	38	42	1	24	14	27	24	0	26
d. Trapezes are used to assist the patient in using his good muscles to move.	65	15	45	35	0	22	12	26	7	3	31
4. Psychological aspects											
a. Nurses call welfare case-workers as needed.	46	34	20	60	16	31	2	2	0	7	33
b. Listed to the patient's concern about the future.	68	12	52	28	18	38	19	28	0	2	21

Activity	1. Should this activity be done?		2. Do you do this activity when giving patient care?		3. By whom should this activity be done?						
	Yes	No	Yes	No	MD	RN	LPN	Aide	PT	Others*	No Response
4. c. Supply information about community agencies.	60	20	31	49	14	30	5	8	1	11	19
d. Write letters for the patient.	59	21	31	49	3	16	8	20	0	28	25
e. Make phone calls for the patient.	61	19	41	39	2	28	11	11	0	15	21
f. Interpret doctor's orders to the patient.	45	12	34	46	15	45	7	2	3	1	15
g. Emphasis is placed on the patient's part in the therapy.	68	12	48	32	8	26	21	26	29	0	20
5. Nursing care plans											
a. A realistic plan based upon his capabilities, is made for each patient.	61	19	28	52	21	20	4	9	11	1	29
b. A check list of what the patient has been taught is used.	52	28	18	62	1	20	6	12	13	1	41
c. Retention catheters are clamped at intervals to maintain muscle tone of the bladder.	63	17	43	37	0	34	16	21	0	0	27

* Others include the following:
 family caseworker
 patient office secretary
 relative occupational therapist
 volunteer public health nurse

AN ABSTRACT OF THE THESIS OF

Mary G. Neal

for the Master of Science in Nursing Education

Date of receiving this degree: June 9, 1966

Title: The Understanding of Some Rehabilitative
 Aspects of the Nursing Care of Cerebral
 Vascular Accident Patients as Expressed
 by Eighty Nurses

Approved: _____

(Professor in Charge of Thesis)

The Study

The problem presented in this study was twofold: (1) Do hospital nurses accept responsibility for certain selected rehabilitative activities. (2) To what extent are those selected rehabilitative activities performed for patients?

Data were collected from nursing service personnel in 10 selected hospitals in Oregon. Questionnaires used to obtain data, were given to the director of nurses in the selected hospitals. Some of the questionnaires were filled out and returned at the time of the visit. The remainder were left with the director to be returned by mail. Of the 100 questionnaires given out, 80 were returned, by the stated deadline of February 10, 1966.

The questionnaire was divided into two parts. Part I was designed to obtain information about the participants. Part II was related to the activities which were found in the literature to be responsibilities of the nurse. The activities were divided into five general areas: (1) prevention of deformities; (2) skin care; (3) exercises; (4) psychological aspects; and (5) nursing care plans.

The Findings

The information obtained in Part I follows:

1. Forty of the participants were registered nurses, 20 were aides, 16 were licensed practical nurses and four were student practical nurses.
2. Most of the respondents were staff nurses with 20 aides, 14 charge nurses, nine medicine and treatment nurses, eight supervisors, and four student practical nurses.

3. Five obtained a baccalaureate degree, 33 a diploma from a hospital school, two an associate degree, 15 finished a practical nurse program, and 25 did not graduate from any school.

4. Most of the participants work full time and on the day shift.

5. Fifty-four of the 80 participants worked full time and 16 part time.

6. Of the 80 participants who indicated their age, 17 were 40-49 years; 20 over 50 years of age.

7. All of the participants were female.

8. Seventy-five participants indicated the years of nursing experience. Of this group, 51 worked less than 20 years and 31 less than 10 years. Several of the participants stated they stayed home several years to raise their families.

9. Sixty-six of the 80 participants have worked in a hospital with a physical therapy department.

10. Of the 80 participants, 25 have taken care of a personal friend or a relative who had had a cerebral vascular accident.

11. Rehabilitation classes were thought to be of value by most of the participants. The nurses who indicated that rehabilitation classes are not necessary were those in charge or were medicine and treatment nurses.

12. Strike Back at Stroke was the most read article about rehabilitation and Care of the Patient with a Stroke was second. Care of the Long Term Patient ranked third. Very few participants read any other articles.

Part II was related to the selected rehabilitation activities and the information was as follows:

1. The majority of the participants said the activities selected for use in this study concerned with deformity prevention should be done and that they accepted the responsibility for doing them when giving patient

care. It was the opinion of these nurses that these activities were the responsibility of the nursing staff, although the doctor and physical therapist were included by about one-fourth of the respondents.

2. The majority of the respondents indicated that skin care is important for the patient and that they give attention to this aspect of nursing when giving patient care. The only professional workers besides the nursing staff responsible for skin care were the physician and physical therapist. The family was included by two nurses.

3. Exercises for the patient in preparation for rehabilitation were considered essential by most of the nurses. Only about half of the nurses indicated that they did the exercises to the extent outlined by the questionnaire when giving patient care. The physical therapist was given this responsibility by five respondents.

4. Most of the responses indicated that the nurses were aware of their responsibilities in the psychological area of patient need, but only about half indicated that patients were receiving this type of help. Fifteen of the respondents asserted that the responsibility for this area of activity belonged to the physician. It was indicated that other individuals could take this responsibility. Among those cited were the: office secretary, family, caseworkers, public health nurses, volunteers, and the patient.

5. The majority of the nurses indicated that nursing care plans should be used, although less than half of the respondents indicated that they used such plans. Some nurses indicated that they used verbal plans but nothing was reduced to writing. Twenty-one of the participants indicated that the physician was responsible for making the nursing care plan after he had written the orders for the patients.

Conclusions

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

1. Certain rehabilitative measures are accepted by nurses as inherent in the act of nursing. These measures can be divided into five general areas: (1) prevention of deformities; (2) skin care; (3) exercises; (4) psychological aspects; and (5) nursing care plans.

2. Although nurses seemed to be aware of their responsibilities in performing certain rehabilitative aspects of nursing, a wide gap often existed between what nurses said should be done and what they said was done for the patient. This was particularly evident in the area of psychological care and in the use of nursing care plans. The nurses did not seem to have decided which activity belongs to which classification of nurse. The aides seemed to be given much responsibility for the amount of training most of them had had.

3. The literature on the nature of cerebral vascular accidents and the care of the patients following a cerebral vascular accident had been utilized by a sizeable number of the respondents, but the usefulness of the literature seemed to be in question. It was beyond the scope of this study to ascertain the capacity of the respondents to comprehend the literature. Some of the publications listed were designed for lay consumption, so presumably should not be beyond the scope of comprehension for individuals giving nursing care. In this limited study it is not possible to conclude whether the lack of usefulness was due to; (a) the participants' inadequate reading ability; (b) the nature of the publication; or (c) the need for additional publications. It can be concluded, however, that for most of the respondents of this study the available literature was not helpful.

Recommendations for Further Studies

As a result of the findings of this survey of opinions of 80 nurses regarding selected rehabilitative activities, the following studies might be of interest.

1. Observation studies could be conducted that are concerned with the extent to which the patients' needs for rehabilitation are being met.
2. Observation studies could be performed to discover what rehabilitation practices are actually being used.
3. Since a sizable number of respondents indicated the need for instruction in rehabilitation, studies be developed that: (a) ascertain what in-service education is now being offered in the field of rehabilitation for nursing personnel; (b) identify what further education nursing service personnel feel they need; and (c) lead to the organization of continuation education courses that incorporate the concepts and practices of rehabilitation.

Typed by:

1. Marie Robinson
2. Marie Kortum
3. Alice Denner
4. Peggy Wetzler
5. Ann Powell

