

INFORMATION DESIRED BY FIFTY PATIENTS  
COMPARED WITH INFORMATION OFFERED  
BY FORTY-FIVE NURSES  
REGARDING DIAGNOSTIC STUDIES

by

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## CHAPTER I

### INTRODUCTION

#### Background of the Problem

The impact of televised news, documentaries and medical series, coupled with the increased amount of information available in most popular magazines and newspapers, has aroused the populace to the a great awareness of medical progress. In addition to this awareness, an ever increasing number of people seek medical assistance. Dramatic gains are being made in care of patients in our times. (24)

Patients are undergoing more extensive and elaborate diagnostic studies than in the past. They are at times bombarded by a number of different examinations in a short period of time. There is an ever lengthening span of life which puts an even greater emphasis on the necessity for modern laboratory diagnosis.

Insurance coverage and federal support of medical care add to the increased number of the population seeking a thorough diagnostic work-up and treatment during the early stages of illness.

As scientific knowledge has increased, so has the communication of this knowledge to the public. But while there is an awareness

that there is a test available for a certain problem, the fine points of knowing how this test works, what it will do, how it will affect a person, where it takes place, why it is necessary, are lost upon the average patient.

Patients complain about the lack of information they receive from physicians and nurses. Dodge (8) stated,

For various reasons nursing staffs may feel it inadvisable to give too much information to the patient. They may feel he is incapable of understanding any but the most superficial aspects. Or they may wish, consciously or unconsciously, to preserve the notion that they, like the witch doctor of old, are the sole possessors of great health-giving secrets.

Dr. William Gibson, (11) in 1963, writes,

The average patient is uninformed. . . His knowledge consists of a hodge-podge of folklore, handed-down family experience, heresay, bits of advertising, much information, many misconceptions, a jot from the family doctor and a smattering from a school course in health, hygiene or biology.

The patient is apprehensive about the procedure and what is expected of him. What may seem to the nurse to be a routine procedure, requiring a minimum amount of explanation, may appear in quite a different light to the patient. (1) The nurse must face the fact that the patients' needs may be more complex nowadays. (24)

One of the functions of the General Duty Nurse listed by the American Nurses' Association is that she "... is aware of the total

nursing needs of the patient and is responsible for seeing that they are fulfilled. "(10) It is the nurse who is with the patient every day and who is called upon to answer questions. Her responsibility is to meet both the physical and psychological needs of the patient. Discussions with patients and their families pertaining to diagnostic procedures are to be anticipated by the nurse.

With an increasing number of diagnostic procedures and the limited amount of professional nursing care, very often the kind of care given in hospitals depends on the personality of the individual patient. (15) Recent nursing studies show that the average registered nurse spends only eighteen minutes with each of her patients during her eight-hour tour of duty. (2) With this limited amount of time undoubtedly broken up into many segments, it is necessary for the nurse to be aware of some of the facts that patients wish to know.

#### Statement of the Problem

Many times the patient is subjected to examinations and tests, the purpose of which he does not understand and the results of which are not explained. Some of the tests are unfamiliar, some are painful, many are frightening but nobody tells him what they mean. Often he is afraid to ask questions for different reasons. Whatever the reasons, the unasked questions remain unanswered and uncertainty and

fear continue to prey on his mind (9)

Patient teaching has been accepted as an integral part of patient centered nursing care. The nurse today needs a sound working knowledge of a great many diagnostic tests. The patient says he wishes to be treated as an individual; he wants an explanation of his care. (2) One opportunity for doing informal teaching is that of giving the patient information to help him understand what is going to happen during a diagnostic test. A recent study by Dlouhy, et al., (7) shows that patients do want to know more than they are usually told about their tests. Are patients being given the information they desire or are they told only what the nurse thinks they wish to know or are they told nothing at all? Just what do patients want to know about their diagnostic procedures? Just what do the nurses say they tell patients in response to questions about diagnostic tests?

#### Purpose of the Study

The purpose of this study is to determine: (1) what general information patients wish to be told about the diagnostic procedures involved in their medical care; (2) what information the registered nurses caring for these same patients, think these patients wish to be told concerning their diagnostic studies; (3) if the nurses give the adequate information they think they do; or (4) who do the nurses reason is responsible for this information.

Accordingly it was hypothesized that:

1. There will be no significant difference between the patients' identification of questions they always ask regarding diagnostic tests and the nurses' identification of questions patients always ask.
2. There will be no significant difference between the patients' identification of questions they usually ask regarding diagnostic tests and the nurses' identification of questions patients usually ask.
3. There will be no significant difference between the patients' identification of questions they never ask regarding diagnostic tests and the nurses' identification of questions patients never ask.
4. There will be no significant difference in the information the nurses provided in response to twelve questions patients ask about diagnostic tests and the information nurses provide regarding ten diagnostic tests.

#### Assumptions

For the purposes of this study it was assumed that:

1. Registered nurses are prepared to give information concerning all diagnostic tests any patient is about to undergo.

2. Information given patients regarding diagnostic tests will help relieve most anxiety concerning these tests.
3. The sample population in this study reflects the views of the total population in this setting.

#### Limitations

This study was limited to information obtained by interviewing fifty selected medical-surgical patients who were about to undergo or who had already undergone diagnostic studies in a selected hospital and was further limited to information obtained from forty-five registered nurses by use of a questionnaire. The criteria for selection of patients and nurses are listed elsewhere in this chapter.

The study was further limited by the nature of the data-collecting devices constructed solely for purposes of this study.

No attempt was made to validate responses nor to determine reasons for responses.

#### Definition

For purposes of this study:

Diagnostic study, is defined as the investigation of the cause or nature of a disease. The terms diagnostic studies, diagnostic examinations and diagnostic procedures are used interchangeably

throughout the study.

### Justification

The literature and recent studies have placed an emphasis upon the needs of patients for more information regarding diagnostic procedures. Patients have a right to know what is going to happen to them.

No studies have been done in the area of preparation of patients for diagnostic procedures and accordingly the findings of such a study may have merit for: (1) inservice education of professional nurses and licensed practical nurses, and (2) the curriculum content in schools of nursing and practical nurse programs.

There is a growing trend to reorganize nursing services so as to "free-the-nurse-to-nurse." (22) Unfortunately in the past years the nurse has been becoming more of an administrator, recorder and supervisor. The responsibility for keeping hospital nursing personnel prepared and in step with changing medical practice belongs to nursing service. The implementation of inservice programs has been a step towards solving the problem, but inservice education which does not meet the needs of the staff defeats its purpose. One deficiency seems to be in the area of nurses helping patients prepare for their diagnostic tests. Nurses would be better able to explain these tests if they knew more about the concerns of the patients as

well as actual procedures of the test.

### Procedures of the Study

The steps whereby this study was developed were as follows:

1. The literature was searched to locate references concerning diagnostic tests and patient teaching and nurse-patient communication. The nursing journals were searched as well as other recent publications on the subject.
2. The problem was identified, purposes of the study formulated, and limitations and assumptions established.
3. The data-collection tool, an interview questionnaire, was devised to elicit information that would be consistent with the purposes of the study. The development of the tool is described in detail in Chapter III.
4. The tool was submitted to a group of professional nurses with the request that they review the tool for format and content.
5. A pilot study was conducted on a small group of patients currently hospitalized, also to a small group of nurses who had been involved in their care. The data-collection tool was revised and revalidated until no further revisions were deemed necessary. No participants of the pilot studies



were included in the study.

6. The Director of Nursing Service at a selected hospital was contacted in person and permission was given to conduct the study.
7. Fifty patients were interviewed and questioned. The patients were selected according to the following criteria:
  - a. They were not acutely ill.
  - b. They were rational.
  - c. They were able to speak and read English.
  - d. They were about to undergo or had recently undergone medical-surgical diagnostic studies.
  - e. They were willing to participate in this study.
8. Sixty-five registered nurses were given a questionnaire which was then explained to them. The nurses were selected according to the following criteria:
  - a. They worked either of the two shifts during the patients' usual waking hours and when the diagnostic tests were most likely to be performed. Since these were the hours patients were awake, it was during this time span that patients were most apt to ask questions regarding the tests.
  - b. They were concerned with the direct care of the patients

interviewed.

- c. They were willing to participate in this study. Of the sixty-five questionnaires presented to these nurses, forty-seven were returned to the researcher, two of which were unanswered, leaving forty-five usable questionnaires.
9. The data were analyzed, interpreted and presented in this report.
10. The study was summarized, conclusions drawn and recommendations made for further study.

### Summary

The remainder of this study has been divided into three chapters. Chapter II will consist of a survey of the related literature and studies pertaining to this study. Chapter III is a report of the study containing the findings and analysis of the data derived from fifty patients and forty-five registered nurses. Chapter IV will contain the summary, findings, conclusions and recommendations for further study.

## CHAPTER II

### SURVEY OF RELATED LITERATURE AND STUDIES

Everytime a patient enters a hospital he is faced with some type of diagnostic test which may range from something as innocuous as a urinalysis to a highly complicated and painful procedure.

In view of some of the recent criticism of hospitals and nurses, it appears that the nursing profession is failing to give what the public considers to be good nursing care. Studies seem to indicate that a patient is most concerned with his physical comfort, with being told what to expect, and with having his questions answered. (18)

Kron (19) declares that often a stressful situation develops because of the exaggerated notions the patient may have concerning the procedure. The preparation of the patient needs to begin in advance of the procedure. Judgment is required in deciding the appropriate time to explain to a person the event which will affect him in an uncomfortable or painful manner.

Many times patients are apprehensive because of the latest article they have just read in a popular magazine, giving lurid examples of all the things that can go wrong while undergoing some diagnostic procedure. As Janis (17) states, "... patients have an

intense 'hunger' for information, which, if not satisfied by the medical authorities, will lead them to seek elsewhere." Janis continues by asserting if the patient has been hospitalized there should be no need for him to seek outside information. If his physician is not aware of his need, then the nurses concerned with his care should anticipate this need and act accordingly.

As people react differently to stressful situations it is necessary to make a nursing diagnosis, to recognize a "demand" not being met which will lead to undue stress and apprehension. (27) The degree of apprehension felt by patients is not completely reliable as to the amount of effort that should be expended on the explanations given them. A degree of identification with the patients' problems may result in an increased sensitivity to an awareness of his needs for explanation and assurances. (1, 20)

Nurses feel that they do not know their patients well enough, and patients feel they are not getting their full complement of care from the professional nurse. Kron (19) has stated that, "The professional nurse of today believes that, due to the pressure of doing so many things for the patient, she is wasting time if she spends a few minutes 'just talking' with the patient." Complaints are constantly heard in social circles and written in popular publications concerning the lack of information given about procedures. Tyron (29)

remarks that though the patient looks first to his physician, if the needed information is not forthcoming he then turns to the nurse.

"The patient asks questions. The nurse's answers should show her desire to help, her respect for the patient and her awareness of his problem." Her tone of voice and indication of interest, or her reticence and disinclination to answer his questions, convey a great deal to the patient. If her answer may be, "I don't know. Ask your doctor.", the patient will be quick to sense the routine of "buck-passing" that implies he should stop bothering the staff.

Skipper, Mauksch, and Tagliacozzo (26) reported that the patients in their study hesitated to ask for information from nurses because they perceived the nurses as being too busy, because they feared negative reactions and subsequent rejection, and because of their own prior experience with unsatisfactory answers.

Hamburg (12) at Walter Reed found that when people are ill they feel lost, are given a minimum of information and know little about the meaning of things that are done to them.

Field (9) in her study, Patients are People, concluded that in many instances a patient's feeling of dependency, uselessness, and helplessness can be overcome if he is given an understanding of the diagnostic procedure. Frequently the doctor can not take the time to explain to the patient the reason for, or the results of, the various

procedures. This tends to aggravate the patient's uncertainty and fear.

In becoming a patient, one admits a need for help. Patients are frequently overwhelmed by this new experience of being sick. They are suspicious and fearful of the unknown, everything becomes uncertain for them. Often sick people cannot communicate with others about this new way of life. "The nurse has to show in her attitude, her behavior, her whole personality that she understands the patient."(27)

Reiter states, "I have had the satisfaction of seeing how much a few words of explanation and reassurance have helped some patients over impending hurdles"(23)

Bordick (3) reasons "...since we recognize that a large part of patient teaching is the duty of nurses, we see no need to ask the doctor's permission to perform a nursing function."

Authors Aasterud, Abdallah, et al. (1, 2, 5, 9, 13) agree that the nurse is always responsible for the explanation of her own actions. She is frequently responsible for re-explaining information that has been imparted by other members of the health team. Ingles (16) had one patient list the number of people who did something for him in one 24-hour period. The patient noted twenty-seven different persons. Ingles notes, "The diversity of answers which are given

to the same question by various members of the team alone may create new emotional needs."

In a study by Hay and Anderson (14) the patients did not feel they were given the information they wanted. Doctors and nurses may have failed to meet this need because of a communication problem or because of their use of technical language not understood by the patient. Field (9) affirms that often the discussion that ensues between the patient and his physician, the use of words which the patient does not understand, tend to arouse apprehension. Before the patient has a chance to formulate the question which comes to his mind, his doctor has left. The information he requires must be derived from someone; the nurse is in the best position to provide reassurance and thereby secure the patient's full co-operation. The nurse also can clearly indicate the importance of that information in relation to the patient's particular problem.

As Aasterud (1) observed, the patient who is known to be well educated or of above-average income and social status often has his understanding of health practices overestimated. The health team assumes the patient "knows all about it" so they don't tell him anything. It is easy to underexplain a procedure to a person who displays an attitude of sophistication regarding it, or who lightly dismisses the event as not being a cause for worry. (1, 2) According

to Janis (17) this is the patient about whom nurses should be especially concerned, not only as regards the scope of the nursing explanations but also in connection with the observations to be shared with the physician.

Aasterud (1) continues, "Frequently, a general summary of what is to be done, the expected action of the patient during the procedure, and the approximate length of time it will require will be sufficient." Tyron (29) in her research study, "An Experiment on the Effect of Patient Participation in Planning the Administration of a Nursing Practice," while at Yale School of Nursing, in 1962, wrote that the patient's participation in his care and treatment in the long run aids in his recovery.

Bordick (3) discussed the importance of answering the questions uppermost in the patient's mind first, to clarify any false interpretations. The patient also should be told of any equipment to be used on or for him so he will not be frightened of it. "The so-called little things are often what trigger fear in the patient." (3)

Hay and Anderson (14) emphasize that the nurse can best assist in the support of the patient by seeing that objective information is made available. By allowing him an opportunity to discuss his expected procedure, she can identify his need for additional information. By providing this additional information, the nurse demonstrates



an understanding, empathy and utilization of communication skills. The nurse should also identify the patient's strengths which will help him to cope with his problem.

The teaching of patients has been accepted as an integral part of the nurse's function. Bordick (3) mentions five arguments given by nurses regarding omission of patient teaching:

1. The patient will be more frightened if he knows.
2. Patient teaching is against hospital policy.
3. How do you get away with it?
4. We don't have time to teach patients.
5. Our doctors won't let us teach patients.

To these statements Bordick (3) has three answers:

1. Human beings in a democracy have a right to know those things that concern them. Patients are human beings.
2. Human beings are afraid of the unknown.
3. Fear is dangerous and intensifies pain.

Janis (17) also has stated that the amount of fear present before a procedure is to take place has a direct relationship on the emotional recovery of the patient.

As a rule the nurse has more contact with the patient than the doctor. Failure of the nurse to fulfill her role of teacher may be because she is so occupied with treatments and technical procedures

and recording that she does not appear to have time to teach. Another reason teaching may not get done is because the physician and the nurse each feel the other is doing it. (5, 8, 17)

According to Janis (17), in Psychological Stress, patients have a right to know what is going to happen to them. They should have an opportunity to ask questions and these questions should receive consistent answers. Doctors and nurses must know the kinds of questions being asked and the kinds of answers being given. Inconsistency in answers produces confusion and anxiety. McCabe (21) agrees that knowing what to expect, even in what may seem to the nurse to be ordinary, unimportant events, reduces the patient's tensions and anxieties and helps support his ego.

A movement has been started across the country to reorganize nursing services so as to "free the nurse to nurse." (22) Newman (22) asserts that the nurse must have the ability to utilize her time with the patient to the patient's best advantage. This ability requires that the nurse have an awareness of the needs which are most common and most urgent among hospitalized patients and she must be able to respond effectively as these needs are identified.

Field (9) discovered that even the patient who has accepted the need for help with his medical needs is, as a rule, not familiar with the specific procedures through which such help will be given.

Each new procedure is, consequently, a threat because of the unknown it represents. The patient not only fears the pain and discomfort which may be involved but even more does he fear what the procedure is likely to reveal. Nurses can minimize difficulties by giving the patient an understanding of the different procedures and also a measure of participation in them and a sense of responsibility for carrying them out. "Given an understanding of and participation in, the patient's feeling of utter dependency, uselessness, and helplessness and rebellion they create, can often be eliminated or at least modified." (9) Aasterud (1) notes, "An advance explanation is preferable but an ex post facto explanation is better than none."

Ingles (16) notes that very often the kind of care given in hospitals depends on the personality of the individual patient. Patients, particularly from a rural setting, find adjustment to the complex life of a hospital difficult. When the cultural backgrounds of the nurses and patient differ, some common ground of understanding must be established in order for communication and better nursing to take place. A nurse may be insensitive to some of the patient needs and therefore not provide explanations because of her culturally engendered expectations of behavior. (1, 21)

### Review of Related Studies

Hay and Anderson (14) in a research project, carried out at the University of Washington School of Nursing, and reported in the December 1963 issue of The American Journal of Nursing, attempted to answer the question, "Are Nurses Meeting Patients' Needs?" A group of nurses reviewed both professional and popular books and articles dealing with the experience of illness or disablement written by or about the person who had undergone the experience. The following needs were identified in the literature:

1. The patient's need for knowledge about his condition and treatment. Twice as many doctors and nurses failed to meet this need as did meet it.
2. The need for medical and nursing care for learning and carrying out skills associated with daily living. Twenty-three percent of the nurses failed to meet this need.
3. The need for encouragement and understanding. Nurses were mentioned only rarely in relation to meeting this need. The patient turned to family, friends, and the clergy.
4. The need for relief for fear and anxiety. Less than fifty percent of the nurses met this need.

The authors also state that,

Although these data have suggested some serious inadequacies in nursing care, nurses who have reviewed them have agreed that they are closer to fact than to fancy. They have

considered the data highly suggestive for improving nursing care.

Dloughy, et al. (7) sought the answer to "What Patients Want to Know About Their Diagnostic Tests," and their report was carried in the April 1963 issue of Nursing Outlook. They submitted a questionnaire to ninety-six patients. The results of their survey indicated the need for patient-centered care. Their results showed:

1. The patient wants to know why and how the test will be done.
2. Patients want to know how the test will affect them and what they can do to help with it.
3. The patients wish to have an application of the scientific methods to their individual needs.

One of their recommendations for further study was to ascertain what nursing practitioners think patients want to know about their diagnostic procedures. The study showed that to determine the individual patient's needs, the nurse should provide all patients the opportunity to express what they want to know.

Leach (20) sought, in her unpublished Master's Thesis at the University of Oregon School of Nursing, in 1964, to determine if the registered nurse fulfilled her responsibility for preoperative preparation of the surgical patient. She interviewed eighty surgical patients and by use of a check list attempted to discover if the nurse was adequately informing the preoperative patient or who performed

this duty if the nurse were remiss. The conclusions reached on the basis of this study were:

1. The need for preoperative preparation is being overlooked by the registered nurse.
2. The patient knows more about the preoperative phase of his nursing care than the postoperative phase.
3. Patients are still going to surgery without having their worries relieved.
4. Patient's sex and the type of operation did not influence the amount of preoperative preparation.

#### Summary

A review of the literature and related studies reveals the importance of a thorough explanation of all diagnostic procedures. Optimally it would be the physician who would instruct the patient, but as the literature reveals, this is often not the case and it is the responsibility of the professional nurse to see that this information is readily available.

All patients have fears and needs. It is the responsibility of the registered nurse to discover and alleviate these fears and to do so in a manner as to show the patient she is aware of his individual needs.

The literature reveals that the nurse: (1) does not recognize the patients' needs and therefore does little to alleviate his fears,

and (2) should attempt to evaluate her expectations of herself in respect to the patients' needs.

## CHAPTER III

### REPORT OF THE STUDY

#### Purpose of the Study

The purpose of this study is to determine: (1) what general information patients wish to be told about the diagnostic procedures involved in their medical care; (2) what information the registered nurses caring for these same patients, think these patients wish to be told concerning their diagnostic studies; (3) if the nurses give the adequate information they think they do; or (4) who do the nurses reason is responsible for giving this information.

Accordingly, it was hypothesized that:

1. There would be no significant difference between the patients' identification of questions they always ask regarding diagnostic tests and the nurses' identification of questions patients always ask.
2. There would be no significant difference between the patients' identification of questions they usually ask regarding diagnostic tests and the nurses' identification of questions patients usually ask.



3. There would be no significant difference between the patients' identification of questions they never ask regarding diagnostic tests and the nurses' identification of questions patients never ask.
4. There would be no significant difference in the information the nurses provided in response to twelve questions patients ask about diagnostic tests and the information nurses provide regarding ten diagnostic tests.

The need for this type of study has been noted by Dlouhy, et al. (7), among others, who suggested that a comparison of information between nurses and patients would be of additional benefit to the patient and to others who are concerned with what patients want to know.

#### Development of the Tool

A questionnaire was developed after a review of the literature and specifically after a review of the tools used by Dlouhy, et al. (7) and Leach (20). The questionnaire contained seventeen questions which a patient might ask regarding diagnostic tests. These seventeen items consisted of the most frequently asked and answered questions in the study by Dlouhy, et al. (7). The questionnaire (see Appendix A) contained three columns headed "always",

"usually" and "never", and will be referred to as Part A. This part was utilized as an interview guide.

Parts B and C (see Appendix B) of the questionnaire were designed for the nurses. The nurses' tool included the same items as Part A; Part B sought the added information of how readily the nurses gave explanations in response to the seventeen questions asked by patients. Part C related to explanations given for the ten most frequently performed diagnostic procedures in the hospital. The list of these procedures was obtained from the hospital annual report.

A pilot study was done using ten patients and the twelve nurses involved in their care. Revisions were made before the data-collecting tool was used in the main study. Participants in the pilot study were not included in the main study.

The Director of Nursing Service was contacted in person at a selected hospital. The purpose of this study was outlined and permission was received to conduct the study.

Fifty patients from eight wards were chosen for the study using the following criteria:

1. They were not acutely ill.
2. They were rational.
3. They were able to speak and read English.

4. They were about to undergo or had recently undergone medical-surgical diagnostic studies.
5. They were willing to participate in this study.

The fifty patients were individually interviewed by the researcher. The interview consisted of the investigator introducing herself and giving instructions for completing the questionnaire. The individual was free to ask questions or make additional comments during the interviewing session. The responses were written by either the patients or the researcher, as feasible.

Upon completion of the individual interviews with the patients, the sixty-five registered nurses who were involved in the care of these same patients and who worked either of the shifts during the patients' usual waking hours were contacted and given the questionnaire, which was composed of parts A, B, and C. The nurses were requested to complete and return the questionnaires. The nurses were chosen according to the following criteria:

1. They worked either of the two shifts during the patients' usual waking hours. It was during these shifts that diagnostic tests were most likely to be performed and also it was during this time span that patients were most apt to ask questions regarding the tests.
3. They were willing to participate in this study.

Of the sixty-five nurses contacted, forty-seven returned the

questionnaires, two of which were unanswered, leaving forty-five usable questionnaires.

Table 1 shows the types of diagnostic procedures which were performed on the patients in this study. It will be noted that a sum total of 159 diagnostic procedures were performed on the fifty patients included in this study. Routine laboratory work has not been included.

Table 1. Diagnostic Procedures Performed  
On 50 Medical-Surgical Patients

Diagnostic Procedure	Number of Tests
	(2)
Electrocardiograms	52
Arteriograms and Aortagrams	20
G.I. Series	19
Myelograms	15
Vital Capacity Tests	13
Radioactive Tests	10
Retrograde and IV Pyelograms	9
Cholecystograms	8
Lumbar Punctures	8
Heart Catheterizations	5
Total	159

## Results of the Study

### Part A - The Patients' Questionnaire

Part A of the study consisted of seventeen questions (see Appendix A) which a patient about to have a diagnostic test might ask. These seventeen questions consisted of the most frequently asked and answered questions identified in the study by Dlouhy, et al. (7). The first twelve questions referred to the procedural aspects of the test. Numbers 13 through 16 referred to the results of the test and would probably be more readily answered by the doctor. Question number 17 referred to the cost of the test. Patients were also asked to indicate who they thought should provide the information with which the study is concerned.

Patients were asked to respond to the seventeen questions as to whether they "always", "usually", or "never" wanted to know the answers. Table 2 shows the frequency and per cent of the patients' responses to whether they "always", "usually" or "never" wanted to know the answers to the seventeen questions in Part A.

Nurses were requested to identify the same items according to whether the patient "always", "usually" or "never" asked the questions. Table 3 shows the frequency and percent of the nurses responses as to whether they thought the patient "always", "usually"

Table 2. Frequency and Per Cent of 50 Patients' Responses to the Identification of 17 Questions Patients Ask Regarding Diagnostic Tests

Questions	Patients want answers							
	Always		Usually		Never		Total	
	Responses	%	Responses	%	Responses	%	Responses	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1. why the test is being done	42	84	8	16	-	-	50	100
2. where in the hospital the test will be done	3	6	22	44	25	50	50	100
3. how the test will be done	25	50	13	26	12	24	50	100
4. who will do the test	11	22	12	24	27	54	50	100
5. how long the test will take	10	20	16	32	24	48	50	100
6. on what part of the body the test will be done	22	44	18	36	10	20	50	100
7. if they will be able to eat before the test	11	22	16	32	23	46	50	100
8. if the test will interrupt their daily hospital schedule	1	2	15	30	34	68	50	100
9. if they will have to be in a special position	7	14	18	36	25	50	50	100
10. if they will be uncomfortable during or after the test	18	36	13	26	19	38	50	100
11. if they will be asleep during the test	12	24	17	34	21	42	50	100
12. what they can do to help with the test	28	56	9	18	13	26	50	100
13. what the results of the test will mean	35	70	12	24	3	6	50	100
14. the results of the test	35	70	8	16	7	14	50	100
15. when they will be told the results of the test	29	58	13	26	8	16	50	100
16. if more tests will be necessary	22	44	20	40	8	16	50	100
17. the costs of the test	13	26	8	16	29	58	50	100

Table 3. Frequency and Per Cent of 45 Nurses' Responses to the Identification of 17 Questions Patients Ask Regarding Diagnostic Tests

Questions (1)	Patients want answers							
	Always		Usually		Never		Total	
	Responses	%	Responses	%	Responses	%	Responses	%
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1. why the test is being done	18	40	25	26	2	4	45	100
2. where in the hospital the test will be done	7	15.5	31	69	7	15.5	45	100
3. how the test will be done	18	40	27	60	-	-	45	100
4. who will do the test	10	22	27	60	8	18	45	100
5. how long the test will take	10	23	29	68	4	9	43	100
6. on what part of the body the test will be done	14	34	24	57	4	9	42	100
7. if they will be able to eat before the test	23	51	22	49	-	-	45	100
8. if the test will interrupt their daily hospital schedule	7	15.5	25	55.5	13	29	45	100
9. if they will have to be in a special position	1	2	20	44	24	54	45	100
10. if they will be uncomfortable during or after the test	6	13	34	76	5	11	45	100
11. if they will be asleep during the test	6	13	26	58	13	29	45	100
12. what they can do to help with the test	7	15.5	20	44.5	18	40	45	100
13. what the results of the test will mean	25	56	18	40	2	4	45	100
14. the results of the test	35	78	10	22	-	-	45	100
15. when they will be told the results of the test	21	46	24	54	-	-	45	100
16. if more tests will be necessary	14	34	27	60	4	6	45	100
17. the costs of the test	5	12	8	18.5	30	69.5	43	100

or "never" wanted to know the answers to the seventeen questions in Part A.

Comparisons have been made to show how the patients and the nurses responded to each of the questions according to whether the patient "always", "usually" or "never" asked the questions. Each column will be considered individually, then summarized and tested for significant differences. On the basis of the findings, the hypotheses will be accepted or rejected.

A comparison of the patients' and nurses' responses are found in Table 4.

Arithmetic means were computed for the sum total of the first sixteen items under each category of "always", "usually" and "never", and a t-test was performed. The seventeenth item was omitted in these computations as will be explained later in the study.

Twenty (forty-one per cent) of the patients and fourteen (thirty-one per cent) of the nurses responded the patients always wanted answers to the questions. The mean of patients' responses was 0.4004, the sum of squares being 2.17. The mean of the nurses' responses was 0.312, the sum of squares 2.18. A t-test was used to test the significance of the difference between the two means.

Using the formula:

$$t = \frac{y_1 - y_2}{\sqrt{\frac{ss_1 + ss_2}{N_1 + N_2 - 2} \left( \frac{1}{N_1} + \frac{1}{N_2} \right)}}$$



Table 4. Comparison of Responses of 50 Patients and 45 Nurses to the Identification of 17 Questions Patients "Always" ask Regarding Diagnostic Tests

Questions	Patients		Nurses	
	Responses	Percent	Responses	Percent
(1)	(2)	(3)	(4)	(5)
1. why the test is being done	42	84	18	40
2. where in the hospital the test will be done	3	6	7	15.5
3. how the test will be done	25	50	18	40
4. who will do the test	11	22	10	22
5. how long the test will take	10	20	10	23
6. on what part of the body the test will be done	22	44	14	34
7. if they will be able to eat before the test	11	22	23	51
8. if the test will interrupt their daily hospital schedule	1	2	7	15.5
9. if they will have to be in a special position	7	14	1	2
10. if they will be uncomfortable during or after the test	18	36	6	13
11. if they will be asleep during the test	12	24	6	13
12. what they can do to help with the test	28	56	7	15.5
13. what the results of the test will mean	35	70	25	56
14. the results of the test	35	70	35	78
15. when they will be told the results of the test	29	58	46	21
16. if more tests will be necessary	22	44	14	34
17. the costs of the test	13	26	5	12

the value of the t-test was 1.99, p of .05, df = 93. The statistical values are shown on Table 5.

Table 5. Statistical Values of Responses of 50 Patients and 45 Nurses to Whether the Patient "Always" asked 16 Questions Regarding Diagnostic Tests

Respondents	Frequency	Per Cent	$\bar{X}$	ss <sub>4</sub>
(1)	(2)	(3)	(4)	(5)
Patients (50)	20	41	.4004	2.17
Nurses (45)	14	31	.312	2.18

df = 93

t = 1.99

P = .05

Since in this instance the t-test neither reveals significance nor insignificance, the hypothesis that there would be no significant difference between the patients' identification of questions they always ask regarding diagnostic tests and the nurses' identification of questions patients always ask can neither be accepted nor rejected.

Following the same procedure as for the "always" responses, a composite has been made of the patients' and nurses' responses as shown in the "usually" columns in Table 2 and 3. These responses should be interpreted as meaning that some patients identified the questions to which they usually wanted answers and that some nurses identified questions which they felt patients usually ask. This comparison of responses is found in Table 6.

Table 6. Comparison of Responses of 50 Patients and 45 Nurses to the Identification of 17 Questions Patients "Usually" Ask Regarding Diagnostic Tests

Questions	Patients		Nurses	
	Responses	Percent	Responses	Percent
(1)	(2)	(3)	(4)	(5)
1. why the test is being done	8	16	25	56
2. where in the hospital the test will be done	22	44	31	69
3. how the test will be done	13	26	27	60
4. who will do the test	12	24	27	60
5. how long the test will take	16	32	29	68
6. on what part of the body the test will be done	18	36	24	57
7. if they will be able to eat before the test	16	32	22	49
8. if the test will interrupt their daily hospital schedule	15	30	25	55.5
9. if they will have to be in a special position	18	36	20	44
10. if they will be uncomfortable during or after the test	13	26	34	76
11. if they will be asleep during the test	17	34	26	58
12. what they can do to help with the test	9	18	20	44.5
13. what the results of the test will mean	12	24	18	40
14. the results of the test	8	16	10	22
15. when they will be told the results of the test	13	26	24	54
16. if more tests will be necessary	20	40	27	60
17. the costs of the test	8	16	8	18.5

Fourteen (twenty-seven per cent) of the patients and twenty-four (fifty-five per cent) of the nurses responded that the patient usually asks these questions.

The patients' mean was 0.2791, the sum of squares 1.32, with the nurses' mean 0.5398, the sum of squares 2.07. Thus for this group, the value of the t-test was highly significant with -6.64, p of .05, df = 93. The statistical values are shown in Table 7.

Table 7. Statistical Values of the Responses of 50 Patients and 45 Nurses to Whether the Patient "Usually" Asked 16 Questions Regarding Diagnostic Tests.

Respondents	Frequency	Per Cent	$\bar{X}$	ss <sub>4</sub>
(1)	(2)	(3)	(4)	(5)
Patients	14	27	.2791	1.32
Nurses	24	55	.5398	2.07

df = 93

t = -6.64

P = < .05

Therefore, when asked to state what questions the patients usually ask regarding their diagnostic tests, a t-test showed a significant difference between the sixteen questions the nurses indicated the patients "usually" asked and what the patients said they "usually" asked. Accordingly, the hypothesis that there would be no significant difference between the patients' identification of questions they usually ask regarding diagnostic tests and the nurses'

Table 8. Comparison of Responses of 50 Patients and 45 Nurses to the Identification of 17 Questions Patients "Never" Ask Regarding Diagnostic Tests

Questions	Patients		Nurses	
	Responses	Percent	Responses	Percent
(1)	(2)	(3)	(4)	(5)
1. why the test is being done	-	-	2	4
2. where in the hospital the test will be done	25	50	7	15.5
3. how the test will be done	12	24	-	-
4. who will do the test	27	54	8	18
5. how long the test will take	24	48	4	9
6. on what part of the body the test will be done	10	20	4	9
7. if they will be able to eat before the test	23	46	-	-
8. if the test will interrupt their daily hospital schedule	34	68	13	29
9. if they will have to be in a special position	25	50	24	54
10. if they will be uncomfortable during or after the test	19	38	5	11
11. if they will be asleep during the test	21	42	13	29
12. what they can do to help with the test	13	26	18	40
13. what the results of the test will mean	3	6	2	4
14. the results of the test	7	14	-	-
15. when they will be told the results of the test	8	16	-	-
16. if more tests will be necessary	8	16	4	6
17. the costs of the test	29	58	30	69.5

identification of questions patients usually ask was rejected.

Consistent with the reporting for the responses obtained in the "always" and "usually" columns, a composite has been made for the "never" column. These responses imply that the patients who responded thus were identifying 9 questions which they never ask and that the nurses were identifying questions which they thought patients never ask. The comparisons of responses are found in Table 8.

When asked to identify questions they never asked, sixteen (thirty-two per cent) of the patients and seven (fourteen per cent) of the nurses responded. With a patients' mean of 0.3145, a sum of squares 2.06 and a nurses' mean of 0.1481, sum of squares 0.8705, a t-test of 4.56, p of .05, df = 93, showed a significant difference. More patients did not want to know about the test than nurses indicate. The statistical values are shown in Table 9.

Table 9. Statistical Values of Responses of 50 Patients' and 45 Nurses' to Whether the Patient "Never" Asked 16 Questions Regarding Diagnostic Tests

Respondents	Frequency	Per Cent	$\bar{X}$	ss <sub>4</sub>
(1)	(2)	(3)	(4)	(5)
Patients (50)	16	32	.3145	2.06
Nurses (45)	7	14	.1481	.8705

df = 93

t = 4.56

P = 6.05

Accordingly the hypothesis that there would be no significant difference between the patients' identification of questions they never ask regarding diagnostic tests and the nurses' identification of questions patients usually ask was rejected.

Table 10 shows the summarized comparison of responses of patients and nurses to seventeen items patients wish to know about diagnostic tests.

Table 10. Summarized Comparison of Number and Per Cent of Responses of 50 Patients and 45 Nurses to Seventeen Questions Concerning Diagnostic Tests

Responses	Patients		Nurses	
	Number	Per Cent	Number	Per Cent
(1)	(2)	(3)	(4)	(5)
Always	20	41	14	31
Usually	14	27	24	55
Never	16	32	7	14
Total	50	100	45	100

Table 11 indicates the t-test values for the previous groups.

Table 11. Summarized Comparison of Responses of 50 Patients and 45 Nurses to Part A of the Study

Responses	Patients		P*	Nurses	
	Respondents	$\bar{X}$		Respondents	$\bar{X}$
(1)	(2)	(3)	(4)	(5)	(6)
Always	50	.40	.05	45	.312
Usually	50	.28	< .05	45	.54
Never	50	.31	< .05	45	.15



\*P = probability that the observed t value was of a given magnitude owing to chance alone.

The findings of Part A of the study are consistent with the findings of Dlouhy, et al. (7) and Hay and Anderson (14).

Question seventeen was deleted from the computations because it had to do with cost and not with patient's ability to assimilate information. Although the question "why are you concerned or not concerned about the cost of the test, " was not asked, the patients unanimously volunteered the information that they were not concerned about the cost if they had insurance, even though all of the costs might not be paid, but they were concerned if they carried no insurance. The nurses indicated that they knew nothing of the costs and this question would always be referred to the doctor or to the business office. Both patients and nurses were asked to check whether patients "always" wanted to know the cost of a test, "usually" wanted to know or "never" wanted to know. Of the patient responses, 28 per cent answered "always," 16 per cent answered "usually" and 56 per cent answered "never." The nurses responded to the effect that they thought 12.6 per cent of the patients "always" wanted to know the costs of tests, 19.2 per cent "usually" and 68.2 per cent "never." As indicated above there appears to be considerable discrepancy between what the patients' said they wanted to know and what the nurses thought the patients wanted to know. Figure 1 shows the percentage responses by both patients and nurses to item seventeen regarding



the cost of diagnostic tests.

Patients   
Nurses 

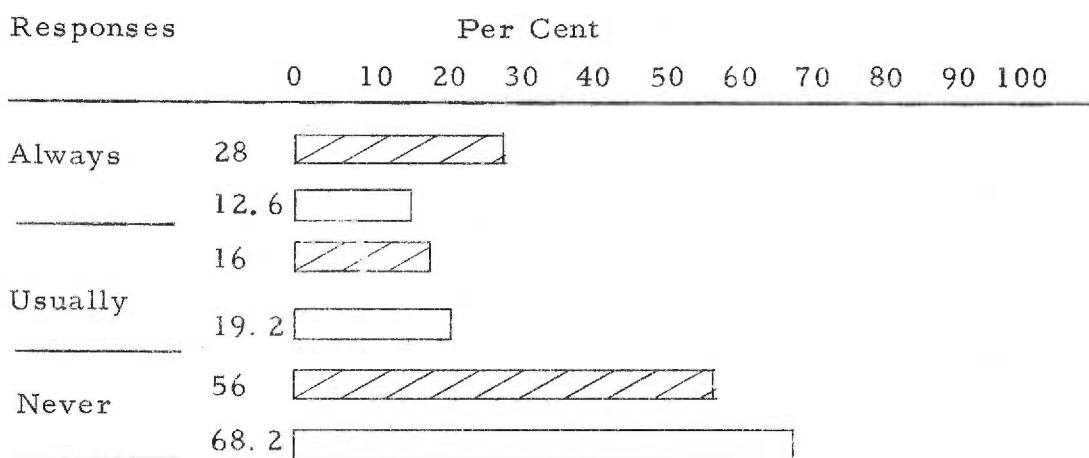


Figure 1. Percentage of Responses of 50 Patients and 45 Nurses Indicating the Patients' Desire to Know the Cost of Diagnostic Tests

The last question was who did the patient think should give him the information he wished to know. Forty-nine patients answered, "My doctor," one patient answered, "Qualified personnel." All patients were then asked, "If your physician does not tell you, who then do you think should give you this information?" Their replies were: (1) the head nurse or nurse, 10 responses (33 per cent); (2) the technician, four (13 per cent) responses; (3) the family, four (13 per cent) responses. Thirty-two (41 per cent) said this was the responsibility of the physician only and desired no explanation from

other personnel.

Additional comments were indicated by the patients. Some samples are quoted as follows:

Doctor gives necessary information when requested.

He's my doctor, its his responsibility. He would institute the test.

I usually like to know everything.

(In regard to the giving of information, if the doctor does not.) Who else would tell me? Who else here could?

A lot (nurses) try to give you the brush off. I don't care even if they'd lie, at least they'd tell me something and I wouldn't feel like they're trying to get rid of me.

They (nurse) just say "ask the doctor" - they never tell you.

I want to be told everything - if the doctors are skeptical of the results I want to know.

I fear someone won't be around when you actually need them. What you don't know don't hurt you.

According to the National League for Nursing publication, What People Can Expect of Modern Nursing Service, a patient should expect an explanation of his own role in his care. (31) Therefore the nurse should be offering explanations to meet the expectations of the patient. According to the computations of Part A of the study the nurses appear to overestimate the amount of information the patients

wish to know. The means could vary so greatly because the nurses were attempting to answer for a group of patients while the patient's answer was more subjective. As Dlouhy, et al. (7) discovered, all patients neither require nor want intricate explanations; however, some patients may need, and have the capacity to assimilate far more than the information offered.

#### Parts B and C of the Nurses' Questionnaire

As indicated previously in this chapter, the nurses were given a questionnaire consisting of the same seventeen items to which the patients responded and the same three columns headed "always", "usually" and "never" for designating the patients' wishes for information. These data were summarized in Table 11.

Part B consisted of three columns, "You, the nurse, (1) automatically explain; (2) explain only when asked; (3) Omit explanation, someone else will do it. Who?" As each questionnaire was submitted, an interpretation was made to the effect that "automatically explain" meant that whenever a diagnostic test was ordered, the nurse would evaluate the patient's needs and then would explain the aspects of the test spontaneously without the patient requesting that she do so. Six nurses did not respond to Part B. These same six nurses had indicated in Part A that the patients required little

Table 12. Distribution of Responses of 50 Nurses to the 17 Questions Patients Ask Regarding Diagnostic Tests

Questions	Automatically Explain		Explain Only When Asked		Omit Explanation		Total	
	Responses	%	Responses	%	Responses	%	Responses	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1. why the test is being done	23	59	7	18	9	23	39	100
2. where in the hospital the test will be done	19	49	20	51	-	-	39	100
3. how the test will be done	21	54	17	44	1	2	39	100
4. who will do the test	15	39	22	56	2	5	39	100
5. how long the test will take	14	36	25	64	-	-	39	100
6. on what part of the body the test will be done	26	69	12	31	-	-	38	100
7. if they will be able to eat before the test	36	92	3	8	-	-	39	100
8. if the test will interrupt their daily hospital schedule	18	47	19	49	2	4	39	100
9. if they will have to be in a special position	9	26	18	51	8	23	35	100
10. if they will be uncomfortable during or after the test	17	45	20	52.5	1	2.5	38	100
11. if they will be asleep during the test	11	30	21	57	5	13	37	100
12. what they can do to help with the test	18	54	10	30	5	16	33	100
13. what the results of the test will mean	1	2	8	21	29	77	38	100
14. the results of the test	1	2	3	8	35	90	39	100
15. when they will be told the results of the test	6	16	16	42	16	42	38	100
16. if more tests will be necessary	5	13	14	36	20	51	39	100
17. the costs of the test	-	-	5	13	33	89	38	100

information. The distribution of responses to Part B are shown in Table 12.

For the seventeen items referring to the patients' desire for information, 14 (36 per cent) of the nurses responded in the column "automatically explained", 15 (38 per cent) of the nurses responded that they would explain only when asked, and 10 (26 per cent) of the nurses responded in the column "omit explanation". This information is summarized in Table 13.

Table 13. Summarized Comparison of Number and Per Cent of Explanations Given by 39 Nurses to 17 Questions Concerning Diagnostic Tests

Explanation given (1)	Nurses	
	Respondents (2)	Per Cent (3)
Automatically	14	36
Only When Asked	15	38
Omitted	10	26
Total	39	100

The nurse may tell the patient that his doctor will talk with him about the results, but she cannot tell him how long he will wait for the explanation unless she herself knows. Though she is not responsible for interpreting the results to the patient, she can make sure the doctor sees the laboratory reports and knows that the patient

Table 14. Number and Per Cent of Responses of 45 Nurses to Explanations Given for Ten Specific Diagnostic Procedures

Procedure	Automatically Explained		Explanation Only When Asked		Omit Explanation		Total	
	Responses	Per Cent	Responses	Per Cent	Responses	Per Cent	Responses	Per Cent
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1. Electrocardiograms	15	33	16.5	37	13.5	30	45	100
2. Arteriograms and Aortograms	7	15	12	27	26	58	45	100
3. G. I. Series	30.5	68	12	27	25	5	45	100
4. Radioactive Tests	8.5	20	10.5	24	24	55	43	100
5. Cholecystograms	27	60	12.5	28	5.5	12	45	100
6. Myelograms	15.5	34	17.5	39	12	27	45	100
7. Vital Capacity	12.5	28	12	27	20.5	45	45	100
8. Retrograde, I. V. Pyelogram	14.5	32	15.5	35	15	33	45	100
9. Heart Catheterization	9.5	21	7.5	17	28	62	45	100
10. Lumbar Puncture	27.5	61	11.5	25	6	4	45	100

is concerned about them. Aasterud, Tyron, et al. (1, 9, 18, 25) agree that it is the responsibility of the nurse to repeat and support the doctor's interpretation.

Part C consisted of ten diagnostic procedures most frequently performed in the hospital according to the hospital's annual report. The nurses were asked to indicate whether they "automatically explained", "explained only when asked" or "omitted an explanation." The distribution of responses for Part C are shown in Table 14.

For the ten procedures referring to specific diagnostic tests, 16 (37 per cent) nurses responded that they explained only when asked and 18 (38 per cent) nurses responded that they omitted an explanation. The information is summarized in Table 15.

Table 15. Summarized Explanation of Forty-five Nurses to Ten Diagnostic Procedures

Explanations	Nurses	
	Respondents	Per Cent
(1)	(2)	(3)
Automatically	16	36.5
Only When Asked	11	25
Omitted	18	38.5
Total	45	100

Parts B and C were then compared. For this study, only the first twelve items dealing with the procedural aspects of a test were compared with the ten diagnostic procedures. The last four items dealt with the results of diagnostic tests and as such could easily be considered by the nurse as outside the realm of a nurse's explanation. Many thus indicated on their questionnaire. The 17th question was considered separately, as indicated previously. The data were computed by means of a t-test.

Nurses' responses that they "automatically" explained twelve specific items showed a mean of 0.495, a sum of squares of 3.64. Nurses' responses that they "automatically" explained individual diagnostic tests showed a mean of 0.372, a sum of squares of 2.55. A t-test value of -2.046, p of .05, df = 82, showed a significant difference, indicating that whereas nurses indicate that they automatically explain twelve items concerning diagnostic tests, a fewer number automatically explain the ten specific diagnostic procedures.

Nurses' responses that they explain "only when asked" twelve specific items, showed a mean of 0.422, a sum of squares of 3.175. Responses in regard to explaining "only when asked" about the ten individual diagnostic tests, showed a mean of 0.249, a sum of squares of 3.455. A t-test value of -2.781, p of .05, df = 82, showed a significant difference. Whereas the nurses say they



are explaining when asked the twelve items, in reality with the ten diagnostic procedures, significantly fewer will explain when asked. Nurses' responses that they "omit explanation" of the twelve specific items showed a mean of 0.083, a sum of squares of 0.309. Nurses "omit explanation" of individual diagnostic tests showed a mean of 0.375, a sum of squares of 2.99. A t-test value of 6.65, p of .05, df = 82, showed a significant difference. Nurses indicate they omitted very few of those items concerning diagnostic tests as opposed to a greater number indicating that they did omit explanations on ten specific diagnostic tests. Table 16 shows the t values for Parts B and C.

Table 16. Comparison of the Responses of Nurses to Twelve Specified Items and Ten Specific Diagnostic Tests

Responses	Twelve Items		P*	Ten Tests	
	Respondents	$\bar{X}$		Respondents	$\bar{X}$
(1)	(2)	(3)	(4)	(5)	(6)
Automatically Explain	39	.50	< .05	45	.37
Explain Only When Asked	39	.42	< .05	45	.25
Omit Explanation	39	.08	< .05	45	.38

\* P = probability that the observed t value was of a given magnitude owing to chance alone.

Accordingly, the hypothesis that there was no significant difference to the information the nurses provided in response to twelve questions patients ask about diagnostic tests and the information nurses provide regarding ten diagnostic tests was rejected.

When the nurses omitted an explanation they were asked to write who they thought would do the explaining. For all the tests they stipulated, "The doctor and/or the technician doing the test."

All of the literature points out the responsibility of the nurse to explain and teach the patient. As can be observed from the findings, the nurse assumed in many instances that the patient wished to know more than he had indicated in this study and yet the nurses thought most of the explaining should be left to the doctor or to the technician.

Nurses were also requested to add any comments concerning the giving of information. Some samples are quoted as follows:

The patients very seldom ask many questions, indicating they have had good explanation before entering the hospital.

Many of these procedures are not explained by the nurse because they are not fully understood. There is danger in giving wrong information.

All above (the procedures) are a cooperative effort of the doctor and the nurse.

With greater complexity of tests and seriousness of the test, it is imperative that a complete explanation be given to the patient. Therefore it is often given by the doctor.

If the patients don't ask me - I don't say anything.

I don't think it is common practice particularly on 3-11 to go into patients and tell them about tests or procedures that have been ordered.

Some of these tests should be partially explained by the nurse with a more detailed explanation by the doctor or technician who performs the test.

I feel the technician performing the test is better qualified to give the complete explanation of the test than the nurse.

I feel that the responsibility lies primarily with the M. D. to explain tests that he orders and only he knows why he orders them. If the nurse interferes she may confuse the issue.

### Summary

The responses of fifty patients and forty-five registered nurses to the questionnaire used in this study were analyzed and presented in this chapter. An explanation of the tool and purpose of the study was given.

Part A of the study attempted to answer questions one and two of the purpose of the study, which were: (1) what general information patients wish to be told about the diagnostic procedures involved in their medical care, and (2) what information the registered nurses think the patients wish to be told.

Approximately the same number of nurses and the same number of patients stated that they always wanted to know about the tests.

More nurses indicated that the patients "usually" or "never" wanted information than the patients themselves indicated. The nurses appeared to overestimate the general amount of information the patients wanted to know. Perhaps this indicates that nurses did not actually know the patients' desires for information.

Parts B and C of the study attempted to answer questions three and four of the purpose of the study, which were: (3) if the nurses give the adequate information they think they do; and (4) who do the nurses reason is responsible for giving this information.

According to the study the nurses indicate that most of the information desired by the patient comes from someone other than the nurse. The studies by Leach (20) and Hay and Anderson (14) also indicate this to be true.

Although the nurses' responses in Part B indicate that they explain diagnostic procedures to the patient, according to the next set of responses they appear to rely on someone other than themselves to offer explanations to patients.

## CHAPTER IV

### SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER STUDY

#### Summary

This study was concerned with information desired by patients in relation to their diagnostic tests and the information nurses say they give to patients in reference to diagnostic studies.

This study was undertaken to determine: (1) what general information patients wish to be told about the diagnostic procedures involved in their care; (2) what information the registered nurses caring for these same patients, think these patients wish to be told concerning their diagnostic studies; (3) if the nurses give the adequate information they think they do; or (4) who do the nurses reason is responsible for giving this information.

Accordingly, it was hypothesized that:

1. There would be no significant difference between the patients' identification of questions they always ask regarding diagnostic tests and the nurses' identification of questions patients always ask.

2. There would be no significant difference between the patients' identification of questions they usually ask regarding diagnostic tests and the nurses' identification of questions patients usually ask.
3. There would be no significant difference between the patients' identification of questions they never ask regarding diagnostic tests and the nurses' identification of questions patients never ask.
4. There would be no significant difference in the information the nurses provided in response to twelve questions patients ask about diagnostic tests and the information nurses provide regarding ten diagnostic tests.

The findings of the study were based on responses to a questionnaire answered by fifty medical-surgical patients and forty-five registered nurses.

### Findings

The findings were:

1. The hypothesis that there would be no significant difference between the patients' identification of questions they always ask regarding diagnostic tests and the nurses' identification of questions they always ask was statistically neither

accepted nor rejected.

2. The hypothesis that there would be no significant difference between the patients' identification of questions they usually ask regarding diagnostic tests and the nurses' identification of questions they usually ask was rejected. Significantly more nurses than patients thought patients wanted information in response to the seventeen questions.
3. The hypothesis that there would be no significant difference between the patients' identification of questions they never ask regarding diagnostic tests and the nurses' identification of questions patients never ask, was rejected. A significantly smaller number of patients never wanted information about the seventeen questions than the nurses indicated.
4. The cost of the test seemed to be pertinent only insofar as to whether the patient had adequate insurance coverage or not.
5. Patients think the major responsibility for discussing their diagnostic tests lies with their physician.
6. Thirty-six per cent of the nurses indicated they automatically gave explanations in response to the seventeen questions patients ask. When the specific diagnostic procedures were listed, thirty-seven per cent indicated that they

automatically explained the tests. However a significant difference was obtained by use of the t-test.

7. Thirty-eight per cent of the nurses indicated that when asked they gave explanations related to the questions patients ask. However when the specific diagnostic procedures were listed, only twenty-five per cent indicated that they explained when asked and a significant difference was shown.
8. Twenty-six per cent of the nurses indicated they omitted explanations related to the patients' questions, thirty-eight per cent indicated they omitted explanations of the ten specific tests. Since statistics show a significant difference between the nurses' responses to Parts B and C of the data-collecting tool, the fourth hypothesis that there would be no significant difference between the information the nurses' provided in response to twelve questions patients ask about diagnostic tests and the information nurses provide regarding ten diagnostic tests was rejected.
9. Nurses indicated that they thought the responsibility for explaining questions dealing with the results of the tests to be primarily the responsibility of the physician or technician.



### Conclusions

On the basis of the data collected from the participants of this study no widespread generalizations can be made. The findings do indicate that:

1. Both patients and nurses agree that patients wish to be told many diverse facts concerning their diagnostic tests.
2. There appears to be a discrepancy between what the patients indicate they wish to know and what the nurses think the patients wish to know.
3. There is further discrepancy between the consistency with which the nurses indicate that they provide explanations in response to patients' questions and their actual performance. The nurses seem to rely rather heavily on the physicians and the technicians for providing adequate explanations.
4. The nurses seem to assume that the physicians and the technicians are providing adequate explanations, but did not indicate that they had any assurance that such explanations were actually being given. Although this study did not investigate the nature of explanations given to patients, nor did the study attempt to identify who was giving explanations about diagnostic tests, it might be conjectured that

the physicians and technicians may rely on the nurse to make the explanations.

#### Recommendations for Further Study

Based on the findings and conclusions of this study, the following recommendations were made:

1. Conduct a study with physicians and technicians to ascertain what explanations they indicate they provide patients regarding diagnostic tests.
2. Further study with patients to find out what they were told and by whom. If the design of this study could be such as to permit tape-recordings or actual observation, the findings would be based more fully on reality than the present study which relied heavily on recall and opinion.

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APPENDICES

APPENDIX A  
Patients' Questionnaire

Place an X in the appropriate column to the right of each statement

I want to know	Always	Usually	Never
----------------	--------	---------	-------

- |  |  |  |  |
|--|--|--|--|
| 1. why the test is being done                            |  |  |  |
| 2. where in the hospital the test will be done           |  |  |  |
| 3. how the test will be done                             |  |  |  |
| 4. who will do the test                                  |  |  |  |
| 5. how long the test will take                           |  |  |  |
| 6. on what part of the body the test will be done        |  |  |  |
| 7. if I will be able to eat before the test              |  |  |  |
| 8. if the test will interrupt my daily hospital schedule |  |  |  |
| 9. if I will have to be in a special position            |  |  |  |
| 10. if I will be uncomfortable during or after the test  |  |  |  |
| 11. if I will be asleep during the test                  |  |  |  |
| 12. what I can do to help with the test                  |  |  |  |
| 13. what the results of the test will mean               |  |  |  |
| 14. the results of the test                              |  |  |  |
| 15. when I will be told the results of the test          |  |  |  |
| 16. if more tests will be necessary                      |  |  |  |
| 17. the cost of the test                                 |  |  |  |

---

Who do you think should give you this information?

Additional Comments:



APPENDIX B  
Nurses' Questionnaire - Page I

Please place an X in the appropriate columns to the right of each statement

	Part A			Part B		Omit - someone else will do it. Who?
	Always	Usually	Never	Automatically explain	Explain only when asked	
Patients want to know:						
1. why the test is being done						
2. where in the hospital the test will be done						
3. How the test will be done						
4. who will do the test						
5. how long the test will take						
6. on what part of the body the test will be done						
7. if they will be able to eat before the test						
8. if the test will interrupt their daily hospital schedule						
9. if they will have to be in a special position						
10. if they will be uncomfortable during or after the test						
11. if they will be asleep during the test						
12. what they can do to help with the test						
13. what the results of the test will mean						
14. the results of the test						
15. when they will be told the results of the test						
16. if more tests will be necessary						
17. the costs of the test						

## Nurses' Questionnaire - Page II

Procedures are fully explained in the following diagnostic tests:

## Part C

	Automatically explained	Explanation only when asked	Omit explanation - Someone else will. Who?
1. Electrocardiograms			
2. Arteriograms & Aortagrams			
3. G. I. Series			
4. Radioactive Tests			
5. Cholecystograms			
6. Myelograms			
7. Vital Capacity			
8. Retrograde and IV Pyelograms			
9. Heart Catheterizations			
10. Lumbar Puncture			

Comments:

## APPENDIX C

## Raw Data - Patients' Questionnaire

Patients want to know	Always	Usually	Never
1. why the test is being done	42	8	-
2. where in the hospital the test will be done	3	22	25
3. how the test will be done	25	13	12
4. who will do the test	11	12	27
5. how long the test will take	10	16	24
6. on what part of the body the test will be done	22	18	10
7. if I will be able to eat before the test	11	16	23
8. if the test will interrupt my daily hospital schedule	1	15	34
9. if I will have to be in a special position	7	18	25
10. if I will be uncomfortable during or after the test	18	13	19
11. if I will be asleep during the test	12	17	21
12. what I can do to help with the test	28	9	13
13. what the results of the test will mean	35	12	3
14. the results of the test	35	8	7
15. when I will be told the results of the test	29	13	8
16. if more tests will be necessary	22	20	8
17. the cost of the test	13	8	29
<hr/>			
Who do you think should give you this information?	Doctor only . . . . .	32	
	Doctor or nurse . . . . .	10	
	Doctor or technician . . . . .	4	
	Doctor or family . . . . .	4	

## APPENDIX C

## Nurses' Questionnaire: Raw Data - Parts A and B

Patients want to know	Part A			Part B		
	Always	Usually	Never	You, the nurse:		
				Automatically explain	Explain only when asked	Omit-someone else will do it. Who?
1. why the test is being done	18	25	2	23	7	9
2. where in the hospital the test will be done	7	31	7	19	20	-
3. how the test will be done	18	27	-	21	17	1
4. who will do the test	10	27	8	15	22	2
5. how long the test will take	10	29	4	14	25	-
6. on what part of the body the test will be done	14	24	4	26	12	-
7. if they will be able to eat before the test	23	22	-	36	3	-
8. if the test will interrupt their daily hospital schedule	7	25	13	18	19	2
9. if they will have to be in a special position	1	20	24	9	18	8
10. if they will be uncomfortable during or after the test	6	34	5	17	20	1
11. if they will be asleep during the test	6	26	13	11	21	5
12. what they can do to help with the test	7	20	18	18	10	5
13. what the results of the test will mean	25	18	2	1	8	29
14. the results of the test	35	10	-	1	3	35
15. when they will be told the results of the test	21	24	-	6	16	16
16. if more tests will be necessary	14	27	4	5	14	20
17. the costs of the test	5	8	30	-	5	23

## Raw Data - Part C

## Nurses' Questionnaire

	Automatically explained	Explanation only when asked	Omit explanation - someone else will. Who?
1. Electrocardiograms	15	16.5	13.5
2. Arteriograms & Aortagrams	7	12	26
3. G. I. Series	30.5	12	2.5
4. Radioactive tests	8.5	10.5	24
5. Chloecystograms	27	12.5	5.5
6. Myelograms	15.5	17.5	12
7. Vital Capacity	12.5	12	20.5
8. Retrograde and IV Pylograms	14.5	15.5	15
9. Heart Catheterizations	9.5	7.5	28
10. Lumbar Puncture	27.5	11.5	6




AN ABSTRACT OF THE THESIS OF

Dorothy M. Dragoo for the Master of Science in Nursing

Date of receiving this degree: June 9, 1966

Title: INFORMATION DESIRED BY FIFTY PATIENTS  
COMPARED WITH INFORMATION OFFERED BY  
FORTY-FIVE NURSES REGARDING DIAGNOSTIC  
STUDIES

Approved: 

(Associate Professor in Charge of Thesis)

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This study was undertaken to determine: (1) what general information patients wish to be told about the diagnostic procedures involved in their care; (2) what information the registered nurses caring for these same patients think these patients wish to be told concerning their diagnostic studies; (3) if the nurses give the adequate information they think they do; or (4) who do the nurses reason is responsible for giving this information.

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The findings of the study were based on responses to a questionnaire answered by fifty medical-surgical patients and forty-five registered nurses.

The findings were:

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5. Patients think the major responsibility for discussing their diagnostic tests lies with their physician.
6. Since statistics show a significant difference between the nurses' responses to Parts B and C of the data-collecting tool, the fourth hypothesis, that there would be no significant

difference between the information the nurses provided in response to twelve questions patients ask about diagnostic tests and the information nurses provide regarding ten diagnostic tests, was rejected

7. Nurses indicated that they thought the responsibility for answering questions dealing with the results of the tests to be primarily the responsibility of the physician and technicians.

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