

EXPRESSED OPINIONS OF EIGHTY REGISTERED NURSES
REGARDING WHAT THEY TELL SELECTED
PATIENTS ABOUT MEDICATIONS

by

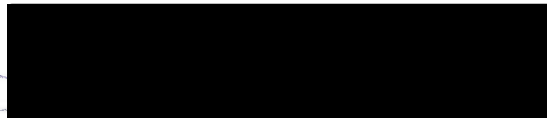
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CHAPTER I

INTRODUCTION

Statement of the Problem

With the impact of television and the various means of communication, the public has become accustomed to knowledge that is readily available about its environment and any aspect of life that affects it directly. The withholding of information for whatever reason, generally, is viewed with apprehension. The hospitalized patient discovers that information may be very difficult to obtain, but the desire is no less. (4) The well informed patient has been found to accept and participate in health care more readily and effectively than a patient who is not informed. (22)

While in the hospital, a patient usually discovers that his immediate link to information regarding his health status and care is the nurse. A revealing study of 450 patients at Beverly Hospital, Massachusetts indicated that patients do not usually receive this information from the nurse and that patients become increasingly unhappy because they are uninformed. (4) In a study conducted at St. John's College, Cleveland, Ohio, the highest level of agreement

implied that patients wanted to know the important changes in their condition. Specifically, they expected the nurse to understand the actions of medications and treatments and be able to explain them.

(26)

How much information is the nurse willing to tell the patient regarding the medication he is receiving? Does she think nurses are able to assess the patient adequately to determine what information will be of benefit to him? Does the degree of illness or type of medication affect what a nurse will tell the patient?

Purposes of the Study

The primary purpose of this study was to explore the willingness of nurses to assume the responsibility for deciding what to tell patients about the medications they are receiving while under the care of a physician.

It was proposed to assess the relationship(s) of five pre-determined background variables to:

1. What the nurse would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medications.
2. What the nurse would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.

The variables were: (1) present position in nursing, (2) years of nursing experience, (3) length of employment at given hospital, (4) highest degree or diploma attained in nursing and (5) decade of graduation from school of nursing.

It was hypothesized that:

1. Nurses ordered according to present position in nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medications.
2. Nurses ordered according to present position in nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.
3. Nurses ordered according to years of nursing experience show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medications.
4. Nurses ordered according to years of nursing experience show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.
5. Nurses ordered according to length of employment at a given hospital show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medication.
6. Nurses ordered according to length of employment at a given hospital show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics

7. Nurses ordered according to highest degree or diploma attained in nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medications.
8. Nurses ordered according to highest degree or diploma attained in nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.
9. Nurses ordered according to decade of graduation from school of nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medications.
10. Nurses ordered according to decade of graduation from school of nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.

In addition to the above hypotheses, this study will seek answers to the following questions:

1. Do nurses believe some information about the patient's illness and his treatment is helpful to the patient in accepting hospitalization and the care and treatment he is receiving?
2. Are there some medications about which the nurse tells the patient, such as state the effect or tell the purpose?
3. Are there any medications about which the nurse does not tell the patient?
4. Do nurses believe that nurses have good knowledge of medications and their effects?
5. Do nurses believe that nurses are able to explain medications and their effects in terms of disease process and/or body function?

6. Do nurses believe that nurses are able to assess the individual patient and judge what information about medications will be of benefit to him and what information will be of no benefit or will detract from his well-being?
7. Do nurses believe that nurses are able to assess the patient's intellectual level and determine what terminology and information the patient will understand?
8. Do nurses believe they would feel secure in making judgments regarding what to tell or teach patients if the decision were left entirely to them. (Assuming they had the privilege of discussing the cases they considered questionable with the physician.)

Limitations

This study includes only the information obtained by use of a questionnaire from 80 registered nurses functioning in medical-surgical areas. The findings were dependent necessarily upon the sensitivity, reliability and validity of the measuring instrument. No attempt was made to validate responses or to determine reasons for the responses.

Assumptions

For the purpose of this study it was assumed that:

1. Patients are concerned about their condition and wish information regarding their treatment.
2. In hospital situations nurses administer prescribed medications in all categories, such as antibiotics, hypnotics and diuretics.

3. The hospitalized patient receives most of his medications from registered nurses.
4. Physicians are not usually present for consultation when the medications are administered.

Definitions

For the purpose of this study the following definitions are used:

Acutely ill means that the health state of the patient deviates to a great extent from the normal but is relatively stable. The course of the illness and the patient's needs for the day can be predicted with reasonable accuracy.

Convalescent means that the health state of the patient deviates little from the normal. The course of the illness and the patient's needs for the day and probably several days can be predicted with reasonable accuracy.

Critically ill means that the health state of the patient is a crisis state; it is not stable and changes may occur in minutes or hours. The patient's needs for the day cannot be foreseen. Although the patient is aware of what is going on, he usually is dependent on others for help.

Expected concomitant means a side effect of the medicine which has a high probability of occurrence. Examples are: "will feel jittery, " "constipating, " and "face will feel flushed. "

Name means the proprietary name for the medicine.

Examples are: Penicillin, Seconal, Maalox and Diamox.

Nature means the category of the medicine indicating the best known pharmacologic or therapeutic action of the drug. Examples are antibiotic, narcotic, antacid and tranquilizer.

The above definitions were obtained from a study by Mary Zimmer. (34)

Justification for the Study

Recently, health professions have become increasingly aware of the importance of patient satisfaction with regard to the care given during hospitalization. (4) Patients are demanding more information about their treatment and at the same time nurses are acquiring more independence in the practice of their profession. (1) The professional nurse is attempting to dispel the image of the doctor's handmaid and achieve a professional status which identifies certain responsibilities that are assumed to be within her realm. (25) As she reaches out to claim more of the activities once the sole property of the physician, she is also expected to be more proficient, better educated and ready to accept greater responsibility with regard to total patient care. (2, 29, 30) Just how willing the registered nurse is to assume these responsibilities can best be determined by research.

Medications comprise an important aspect of the patient's treatment and constitute the basis for much of the information patients are expecting to receive from the nurse. (14) The attempt of this study is to determine the willingness of the nurse to tell patients about medications and offer possible insights as to whether the nurse is ready to accept this responsibility as an independent function and what factors might be influencing her opinion.

Procedures of the Study

The steps in the development of this study were as follows:

1. Reviewed "A Study to Determine the Readiness of Nurses to Use Independent Judgment, and Willingness of Physicians that Nurses Use Independent Judgment, in Determining What to Tell and Teach Patients about Medicines," by Mary Zimmer, printed by The League Exchange, 1967. (34)
2. A general survey of the literature was conducted to ascertain the need for the study and to discover references and related studies concerning patient satisfaction with the information he receives while hospitalized, opinions of nurses regarding their role in providing information and an overview of the nursing profession with regard to accepting areas of new responsibility.

3. Established the purpose and scope of the study.
4. Developed the hypotheses.
5. Determined the limitations and assumptions.
6. Modified the tool from Mary Zimmer's study. (34)
7. The tool was submitted to a group of professional nurses with the request that they review the tool for format and content.
8. The data-collection tool was tested for reliability by the test-retest method. (11) The questionnaire was distributed to twenty registered nurses twice within a seven day interval. Chi squares with Yate's correction were computed for each item. Reliable items were those where the hypothesis of no difference between corresponding items on the first and second test could be accepted.
9. The tool was revised to include only the accepted items.
10. The population of the study was defined.
11. The variables within the population were defined.
12. Four hospitals from the greater metropolitan Portland area were selected to participate in the study.
13. The Directors of Nursing Service at the four hospitals were contacted by letter and permission to conduct the study was given by telephone.

14. The Directors of Nursing Service were given their choice as to method of distribution and collection of the questionnaires. In three of the four hospitals, the questionnaires were distributed and collected by the Director of Nursing Service or the Inservice Director. In one of the four hospitals the researcher distributed and collected the questionnaires.
15. Twenty-five nurses from each of the four hospitals were given questionnaires. The nurses were selected according to the following criteria:
 - a. They were medical-surgical nurses who were concerned with the direct care of the patient.
 - b. They were in a position to administer medications either as their sole function or in conjunction with bedside patient care.
 - c. They were willing to participate in the study.

Of the 100 questionnaires distributed, 82 were returned to the researcher within the allotted time of three weeks after distribution.

Two were unanswered leaving 80 usable questionnaires.
16. The data were tabulated, analyzed and the findings interpreted. Tables were constructed.

17. The study was summarized, conclusions drawn and recommendations made for further studies.

Presentation of the Study

This study is presented in four chapters. Chapter I has presented an introduction to the problem, defined the purpose of the study and described the plan for procedure. Chapter II presents a review of the literature and related studies. Chapter III explains the procedure used in the study, analysis and interpretation of the findings. Chapter IV provides a summary of the study with conclusions and recommendations for further study.

CHAPTER II

SURVEY OF RELATED LITERATURE AND STUDIES

"Nurses are not allowed to answer. " "Just ask the doctor; don't bother with the nurses, they don't know. " "I believe that nurses are told not to answer; yet one nurse will tell you one thing and another will tell you something else. "

The above comments are samples of the answers patients gave in a study of 450 patients at Beverly Hospital, Massachusetts. (4) The study was conducted as a response to the growing recognition that patients were becoming increasingly disturbed over the lack of information they were receiving regarding their care. The patients were interviewed at the time of discharge from the hospital regarding any questions they had at present or had had at the time of admission. Fifty-one percent of the patients interviewed had no questions due to such reasons as: "I was afraid of the answer. " "I don't want to bother the doctor. " Confusion about medications they were receiving constituted one of the areas about which patients did have questions. They were also concerned about whether they should continue taking the medication they were on prior to hospitalization. As a member of the hospital team, the

nurses' position in the patients' view became apparent when the patients were asked if they talked with nurses about their condition. The general response was that nurses do not answer questions or volunteer information, either because they cannot due to a lack of knowledge or will not because it is the doctor's prerogative. The suggestion was made by patients that to improve medical care, nurses be allowed to answer patients' questions.

In a study by Skipper, Maukch and Tagliacozzo (31) patients hesitated to ask nurses for information because they perceived the nurse as being too busy, because they had had prior experience with unsatisfactory answers and because they feared negative reactions and subsequent rejection.

Hay and Anderson (14) researched the literature and discovered that patients expected the nurse to help them meet their need for knowledge about their condition and treatment. The patients did not feel this need was being met and that twice as many doctors and nurses failed to meet this need as met it.

In a study by Abdellah and Levine (3) on what patients say about their nursing care, samples of opinions expressed by patients regarding unfulfilled needs were: "I believe a person is entitled to know why he can't be alone or why a certain medication can't be administered, " "I have confidence in my nurses and doctors, but they won't take time to explain my illness or treatment. I never

know what is going to happen to me. "

Janis (16) asserts that patients have the right to know what is going to happen to them. Their questions should be encouraged and promptly and consistently answered. When there are discrepancies in explanations from the health team, patients become confused and anxious. This anxiety and confusion encourages the patient to assume the totally dependent role that hospitalization encourages.

(10) Once he assumes this role, his needs become of paramount importance and when unfulfilled, can aggravate his illness and even retard treatment. (3, 16)

To help alleviate anxiety, the patient requires reassurance and in some instances, information about his regimen. Aasterud (1) points out that events which require explanation to patients are constantly occurring within the nurse-patient setting. The nurse is always responsible for the explanation of her own actions and frequently those of others. Patients expect that the nurse will have the knowledge and understanding necessary to provide explanations and specifically that she will be able to explain the actions of treatments and medications. (26)

Schwartz (32) noted that great care is taken to insure the right medication is given to the right patient at the right time. However, many patients must assume the responsibility for a large number of medications after returning home. Consequently, it is

essential that the nurse be able to instruct the patient about medications. The nurse will often need to assist the patient in understanding the meaning of drug orders and to determine whether the patient has a full understanding of how the medications are to be administered. (9) The practice of refusing to tell patients the nature of the medication they are receiving is fast disappearing and it is considered to be far more reassuring to the patient if he is well informed about his therapy. (12)

In addition to reassuring him, the patient's familiarity with his medications could be an asset during hospitalization in helping to reduce medication errors. In "A Study of Medication Error in a Hospital," by Baker, Kimbrought, et al. (5) a number of incidents were discovered in which patients were able to prevent a medication error from happening to themselves. Through their own familiarity with the medication and time it was to be administered, the patients were able to call the error to the nurses' attention. One of the errors counted in the study occurred despite the fact that the patient informed the nurse that his medication was "different this time." The suggestion that patients might be able to prevent errors by their own observation received support from accounts noted in the study.

In order for the patient intelligently and readily to accept some responsibility for his medication, he would need to be

informed of the drugs included in his therapy. It should be noted that not all patients would be able or willing to participate in their own care to this extent. A judgment would need to be made regarding each individual patient concerning what information would be appropriate and of benefit to him and what would not. Expanding information about the behavior of people in stress-producing situations can aid the nurse in attempting to determine how much explanation is indicated and when it should be given, (1) provided the nurse is willing and able to take advantage of such information.

There is another factor which influences the nurse's position in determining what to tell patients about medications and that is the physician. The administration of medications is a dependent nursing function which involves carrying out the physician's directives. (21) The medication to be ordered, amount, route and time of administration are dependent upon the physician's directives. Traditionally, this dependency has extended to the amount of information a nurse may tell the patient about the medication. She may give the patient general information such as, "will help you to rest", or "will stop the pain". (27) Communication beyond this extent, however, is reported to be dependent upon the physician's wishes. (27, 24, 12) Fuerst and Wolff's Fundamentals of Nursing (12) states that it is reassuring to the patient to be told what medication he is receiving, but that the physician is usually

responsible for deciding when and what to tell him.

A combination of circumstances is forcing this aspect of the nurse's dependency role into the light of examination. One is the physician's time. Today, he finds himself so overwhelmed with the science of medicine there seems to be less and less time to spend in conversation with the patient. (30) The gradual change in medicine's traditionally independent role with the concomitant loss of full control of the patient's medical care, raises the question as to what and how much he can relinquish to other members of the health team. (30) The complexity of modern care presents a need for increased cooperation between the nurse and physician. (29) The nurse expects that this cooperation will mean that she will be in a position to help educate the patient and to get out of the dependency role in order to make a more positive, broader and better contribution to patient care. (25)

Also, legal decisions are placing nurses in a slightly more definitive role with regard to their activities. Nurses who were at one time thought to be entirely under the protective wing of the physician in legal cases are becoming involved more frequently in litigation where they (the nurses) are the principle defendants. (19) Nursing practice acts of the various states do not define the limits of nurses' responsibilities. They provide many restrictions and few authorizations, (28) however, the court has accepted the

premise that instruction and education are nursing functions. (19) If nurses are considered to be legally responsible for acts which are determined to be nursing functions, they should pursue the use of independent judgment in an attempt to determine what instruction and education should be given to whom.

The nurse-patient relationship is another factor that is affecting what the nurse tells the patient. Emphasis is being placed on the concept of patient-centered care (2, 17) and the importance of communication in identifying the patient's needs. (14) Although medications are essentially the result of diagnosis and treatment which are the physician's prerogative; alleviating the patient's fears and confusion, encouraging his adjustment to the hospital environment and preparing him to administer his medications properly at home are nursing functions.

Review of Related Studies

"A Study to Determine the Readiness of Nurses to Use Independent Judgment, and Willingness of Physicians that Nurses Use Independent Judgment in Determining What to Tell and Teach Patients about Medicines," was conducted by Zimmer (34) and reported in The League Exchange, 1967. The data for the study were comprised of the opinions of 22 nurses and 11 physicians assigned to selected areas of medical service in one government

hospital. The nurses and physicians were interviewed and asked questions regarding their practice of telling patients about medicines, informing patients regarding medicines for post hospitalization, their opinions of nurses' knowledge and ability as it concerned communication with patients about medicines and their opinions regarding nurses giving patients information about medicines. The physicians were also asked their opinions on the importance of nurse communications with patients about medicines and if they were willing that nurses use independent judgment when determining what to tell and teach patients about medicines. Nurses were asked their opinion about using independent judgment. The conclusions reached on the basis of this study were:

1. Nurses believe they can make conclusions about information which will benefit patients.
2. Physicians believe that nurses' communications with patients about medicines are important to nursing care.
3. Nurses believe that they have the knowledge and ability necessary to tell and teach patients about medicines, and physicians do not believe that nurses have the necessary knowledge and ability.
4. If nurses suggested the effects of sedative and narcotic medicines, the information usually would benefit patients and not conflict with the physicians' plans for care.
5. If nurses told patients the names and nature of medicines, the information usually would not benefit patients and might conflict with the physicians' plans for care.
6. Nurses attach more importance to their (the nurses)

telling convalescent patients the expected concomitants of medicines than do physicians.

7. Nurses attach more importance to their (the nurses) providing information which factually answers patients' questions than do physicians.
8. Physicians believe that nurses, in answering patients' questions, should give patients less information about medicines than they (the physicians) do, particularly about expected concomitants.
9. Physicians are responsible for instructing patients about medicines they will take home.
10. Nurses are responsible for seeing that patients understand the physicians' instructions about medicines they will take home, as well as the procedural and safety aspects related to self-administration of medicines.
11. Physicians are willing that nurses make decisions about informing and instructing patients about medicines without specific instructions from them (the physicians) for each patient, provided the nurses have an understanding of the individual physician's plan for informing patients about medicines.

A study of such small scope could hardly be considered more than a pilot study, however, it was hoped that this study would further stimulate interest in examining nursing practice as it relates to communication with patients about medicines.

Dragoo (8) in an unpublished Master's Thesis at the University of Oregon School of Nursing, in 1966, sought to determine: what general information patients wish to be told about the diagnostic procedures involved in their medical care, what information the registered nurse caring for these same patients

think these patients wish to be told concerning their studies, if the nurses give the adequate information they think they do or who they think is responsible for this information. The data were obtained by giving questionnaires to 50 medical-surgical patients and 45 registered nurses. The conclusions reached on the basis of the data were:

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 do not indicate that they had any assurance that such explanations were actually being given. Although the study did not investigate the nature of explanations given or attempt to identify who was giving explanations about diagnostic tests, it was conjectured that the physicians and technicians may have been relying on the nurse to make the explanations.

Summary

A review of the related literature and related studies reveals that patients have questions to which they wish answers about their treatment; that they benefit from information both through

relieving anxiety and through enabling them to assist with their own care while hospitalized and at home.

The literature also indicates that it is the nurse who is most accessible to the patient and that the patient expects her to provide him with information pertinent to his care.

The professional nurse is becoming more autonomus in her practice either by choice or necessity and must decide whether she is willing and able to use independent judgment about what to tell patients.

CHAPTER III

REPORT OF THE STUDY

Design of the Study

The primary purpose of the study was to explore the willingness of nurses to assume the responsibility for deciding what to tell patients about the medication they are receiving while under the care of a physician. The study instrument used was a questionnaire based on the tool developed by Zimmer, (34) which elicits responses of nurses regarding what they are willing to tell patients about medications. The study follows the steps outlined in Chapter I. The limitations and assumptions, as stated in Chapter I have been the defining propositions of the study. Background variables of the nurses were identified and comparisons made to assess their relationships to:

1. What the nurse would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medications.
2. What the nurse would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.

The variables were: (1) present position in nursing, (2) years of nursing experience, (3) length of employment at given hospital, (4) highest degree or diploma attained in nursing and (5) decade of graduation from school of nursing.

It was hypothesized that:

1. Nurses ordered according to present position in nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medications.
2. Nurses ordered according to present position in nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.
3. Nurses ordered according to years of nursing experience show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medications.
4. Nurses ordered according to years of nursing experience show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.
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6. Nurses ordered according to length of employment at a given hospital show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.

7. Nurses ordered according to highest degree or diploma attained in nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medications.
8. Nurses ordered according to highest degree or diploma attained in nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.
9. Nurses ordered according to decade of graduation from school of nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medications.
10. Nurses ordered according to decade of graduation from school of nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.

In addition to the above hypotheses this study sought answers to the following questions:

1. Do nurses believe some information about the patient's illness and his treatment is helpful to the patient in accepting hospitalization and the care and treatment he is receiving?
2. Are there some medications about which the nurse tells the patient, such as state the effect or tell the purpose?
3. Are there any medications about which the nurses does not tell the patient?
4. Do nurses believe that nurses have a good knowledge of medications and their effects?
5. Do nurses believe that nurses are able to explain medications and their effects in terms of disease process and/or body functions?

6. Do nurses believe that nurses are able to assess the individual patient and judge what information about medications will be of benefit to him and what information will be of no benefit or will detract from his well-being?
7. Do nurses believe that nurses are able to assess the patient's intellectual level and determine what terminology and information the patient will understand?
8. Do nurses believe they would feel secure in making judgments regarding what to tell or teach patients if the decision were left entirely to them. (Assuming they had the privilege of discussing the cases they considered questionable with the physician.)

Selection and Revision of the Study Instrument

Following review of "A Study to Determine the Readiness of Nurses to Use Independent Judgment, and Willingness of Physicians that Nurses Use Independent Judgment, in Determining What to Tell and Teach Patients About Medicines," by Mary Zimmer, a modification of the interview schedule used to collect data for her study was selected to be the study instrument. A questionnaire was devised from the interview schedule, because it was thought that the questionnaire would extend the researcher's techniques of observation by reminding the respondent of each item and helping insure response to the same item from all respondents. (13) The tool was divided into two parts. The first elicited responses from the participants regarding background information such as years of nursing experience and highest degree or diploma attained in nursing. (Appendix B)

Part two contained a series of questions regarding medications about which the nurse would or would not tell the patient, nurses' opinions concerning their abilities and knowledge with regard to their willingness to tell patients about medications and what the nurse would tell patients with varying degrees of illness about different types of medications. The illnesses were described as acutely ill, critically ill and convalescent. This classification of illness was used in Zimmer's study as a basis for describing what patients should be told about medications. (34) The classification was derived from Szasz's and Hollender's basic models of the doctor-patient relationship which were used as models for describing what patients should be told about medications. (15, 33)

The response options for items 4 through 12 were divided into four choices: always, usually, occasionally and never to facilitate more definitive answers than yes/no would provide. For the purposes of this study, medications were divided into two groups: (1) sedative and hypnotic, narcotic, and tranquilizer medication and (2) other medications such as antibiotics, anticoagulants, vitamins and diuretics. They were divided in this way to attempt to determine if there would be any differences between these two groups of medications when tested against the specific background variables.

The questionnaire was tested for reliability by the test-retest method. (11) Questionnaires were distributed to 20 registered

nurses twice within a seven day interval. Chi squares with Yate's correction were computed for each item. Reliable items were those where the hypothesis of no difference between corresponding items on the first and second test could be accepted.

Three items were found to be unreliable for the purposes of this study. They were concerned with whether or not the nurse tells the names of sedative, hypnotic, narcotic or tranquilizer medications to a convalescing, acutely ill or critically ill patient. These items were eliminated from the final form of the questionnaire.

Selection of the Study Population

On the basis of their willingness to cooperate, four hospitals in the greater metropolitan Portland area were selected to participate in this endeavor. Two of the hospitals receive their financial backing from private funds, one is supported by state funds and one is church supported. These four hospitals are located in distinctly different geographical locations in the city. None of the four hospitals has a policy regarding what the nurse may tell the patient about medications. The individual names of the sample population and the participating hospitals were kept anonymous. The Directors of Nursing Service were contacted by letter and permission to conduct the study was given by telephone. Questionnaires were distributed to 25 registered nurses from each hospital who met the

following requirements:

- a. They were medical-surgical nurses concerned with the direct care of the patient.
- b. They were in a position to administer medication either as their sole function or in conjunction with bedside patient care.
- c. They were willing to participate in the study.

The Study Participants

The study participants were identified according to five background variables: present position, years of nursing experience, length of employment at given hospital, highest degree or diploma attained in nursing and decade of graduation from school of nursing.

Table 1 shows the distribution of nurses according to present position. It can be noted that 54 percent of the nurses identified themselves as staff nurses. This term was included in the list to designate nurses who have no other registered nurses working under their direction, (23) and are not working in the capacity of team member, medicine or treatment nurse. No one listed herself as a treatment nurse, however eight respondents identified themselves as medicine nurses. Both terms have been considered to be more or less passe with the advent of team nursing. (17) Two nurses who were relief supervisors, but frequently did bedside patient care,

constituted the Other category.

Table 1. Distribution of 80 Nurses According to Present Position

Present Position	Number	%
(1)	(2)	(3)
1. Staff nurse	43	54
2. Team leader	24	30
3. Team member	3	4
4. Medicine nurse	8	10
5. Treatment nurse	0	0
6. Other	<u>2</u>	<u>2</u>
Total	<u>80</u>	<u>100</u>

Table 2 indicates the distribution of nurses according to years of nursing experience. The majority of nurses responding had five years of nursing experience or less, while the smallest percentage had from 16-20 years of experience.

Table 2. Distribution of 80 Nurses According to Years of Nursing Experience

Years of Experience	Number	%
(1)	(2)	(3)
1. Under one year	16	20
2. 1 - 5 years	28	35
3. 6 - 10 years	8	10
4. 11 - 15 years	11	14
5. 16 - 20 years	6	7
6. Over 20 years	<u>11</u>	<u>14</u>
Total	<u>80</u>	<u>100</u>

Table 3 demonstrates the length of employment at a given hospital of each respondent. Eighty-one percent of the nurses had been employed at their present hospital for five years or less. This high percentage may be affected by the fact that two hospitals out of the four are less than ten years old.

Table 3. Distribution of 80 Nurses According to Length of Employment at Given Hospital

Length of Employment (1)	Number (2)	% (3)
1. Under one year	24	30
2. 1 - 5 years	41	51
3. 6 - 10 years	9	11
4. Over 10 years	<u>6</u>	<u>8</u>
Total	80	100

Table 4 shows the distribution for the highest degree or diploma attained in nursing by the participants. The majority were diploma school graduates which included the 3 percent who had taken refresher courses. These courses were completed within the last five years.

Table 4. Distribution of 80 Nurses According to Highest Degree or Diploma Attained in Nursing

Degree or Diploma	Number	%
(1)	(2)	(3)
1. Diploma	51	64
2. Associate of Arts degree	10	12
3. Baccalaureate degree	15	18
4. Masters degree	2	3
5. Special education or refresher courses	2	3
Total	80	100

Table 5 depicts the distribution of nurses according to decade of graduation from school of nursing. The largest number in any one period graduated after 1960, but 50 participants completed the basic program previous to 1960.

Table 5. Distribution of 80 Nurses According to Decade of Graduation from School of Nursing

Decade	Number	%
(1)	(2)	(3)
1. Prior to 1940	8	10
2. 1940 - 1949	21	26
3. 1950 - 1959	21	26
4. 1960 - 1969	30	38
Total	80	100

Procedure for Collecting Data

The directors of Nursing Service were given their choice as to method of distribution and collection of the questionnaires. In three of the four hospitals the questionnaires were distributed and collected by the Director of Nursing Service or the Inservice Director. In one of the four hospitals, they were distributed and collected by the researcher. Of the 100 questionnaires distributed equally among all four hospitals, 82 were returned to the researcher within the allotted time of three weeks after distribution. Two were unanswered leaving 80 usable questionnaires.

Tabulation, Analysis and Findings

Items in Part two of the questionnaire were tested against the variables in Part one by organizing the data into contingency tables and computing chi square with Yate's correction for continuity. (7) In several instances, the tables were reduced to include fewer categories than listed for each variable. This practice was necessary due to the computational process of chi square, which infers two rules: first, it can never be calculated in such a way that the expected frequency in any cell will be zero; second, it can never be done in such a way that expected frequencies fall between one and five in more than 20 percent of the cells. (11) Several categories

which yielded cells with frequencies of four or less were eliminated from the contingency tables in order to avoid serious distortion of the results.

Differences Among Nurses According to Present Position

The present position of each participant was tested against whether the nurse always, usually, occasionally or never told patients with varying degrees of illness specified information about sedative, hypnotic, narcotic and tranquilizer medications. The position of the nurse was tested due to the changing concept of the nurse's role with regard to team nursing. Whereas the nurse was at one time assigned certain duties or functions to perform, the present day patient-centered care is concerned with the entire patient rather than separate functions. (2) Due to the fact that some hospitals or individual nurses within the hospitals still practice the functional concept of patient care, an attempt was made to determine if what the nurse stated to be her position was related to what she told the patient about medications. Chi square was computed to discover if what the nurse told the patient was contingent upon her present position in nursing. No significant differences were found to exist at the .05 level of significance. Accordingly, it was necessary to accept the null hypothesis that:

Nurses ordered according to present position show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic and tranquilizer medications.

The findings are shown in Table 6.

Table 6. Differences Among 80 Nurses According to Present Position with Regard to What They Tell Patients About Sedative, Hypnotic, Narcotic and Tranquilizer Medications

Information Given to Patient (1)	χ^2 (2)	df (3)	p (4)
1. Suggest the Effects to a:			
a. Convalescing patient	8.24	6	< .30
b. Acutely ill patient	3.79	6	< .80
c. Critically ill patient	5.94	6	< .50
2. Tell the Nature to a:			
a. Convalescing patient	2.69	3	< .50
b. Acutely ill patient	.89	3	< .90
c. Critically ill patient	1.52	6	< .95
3. Tell the Expected Concomitants to a:			
a. Convalescing patient	8.02	6	< .30
b. Acutely ill patient	7.21	9	< .70
c. Critically ill patient	3.47	6	< .80

The present position of each participant was tested against whether the nurse always, usually, occasionally or never tells patients with varying degrees of illness specified information about other medications such as antibiotics, anticoagulants, vitamins and

diuretics. No significant differences were found to exist at the .05 level of significance. Therefore, the null hypothesis was accepted that:

Nurses ordered according to present position show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.

The findings are shown in Table 7.

Table 7. Differences Among 80 Nurses According to Present Position with Regard to What They Tell Patients About Other Medications

Information Given to Patient (1)	χ^2 (2)	df (3)	p (4)
1. Suggest the Effects to a:			
a. Convalescing patient	8.05	6	< .30
b. Acutely ill patient	7.70	9	< .70
c. Critically ill patient	3.18	6	< .80
2. Tell the Nature to a:			
a. Convalescing patient	12.08	6	< .10
b. Acutely ill patient	9.22	9	< .50
c. Critically ill patient	2.40	6	< .90
3. Tell the Names to a:			
a. Convalescing patient	5.61	6	< .50
b. Acutely ill patient	9.60	6	< .20
c. Critically ill patient	4.89	6	< .70
4. Tell the Expected Concomitants to a:			
a. Convalescing patient	5.58	6	< .50
b. Acutely ill patient	2.36	9	< .99
c. Critically ill patient	2.17	6	< .95

Differences Among Nurses According to Years
of Nursing Experience

The number of years of nursing experience for each participant was tested against whether the nurse always, usually, occasionally or never tells patients with varying degrees of illness about sedatives, hypnotics, narcotics and tranquilizer medication. It was thought that the years of nursing experience could have some bearing on what the nurse would tell the patient. With greater experience the nurse should become more familiar with medications and their effects and feel more secure in her judgments. This may encourage the nurse to tell patients more about medications. However, the more experienced nurse might not be familiar with new medications and may be more concerned with the traditional nurse-patient-doctor roles, therefore, telling the patient less.

Statistical analysis demonstrated that there were no differences among nurses at the .05 level of significance. Thus it was necessary to accept the null hypothesis:

Nurses ordered according to years of nursing experience show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedatives, hypnotics, narcotics and tranquilizer medications.

The findings are depicted in Table 8.

Table 8. Differences Among 80 Nurses According to Years of Nursing Experience with Regard to What They Tell Patients About Sedative, Hypnotic, Narcotic and Tranquilizer Medications

Information Given to Patient (1)	χ^2 (2)	df (3)	p (4)
1. Suggest the Effects to a:			
a. Convalescing patient	13.79	10	< .20
b. Acutely ill patient	12.28	10	< .30
c. Critically ill patient	11.18	15	< .80
2. Tell the Nature to a:			
a. Convalescing patient	7.77	10	< .70
b. Acutely ill patient	17.26	15	< .50
c. Critically ill patient	14.33	10	< .20
3. Tell the Names to a:			
a. Convalescing patient	17.02	15	< .50
b. Acutely ill patient	16.13	15	< .50
c. Critically ill patient	11.23	15	< .80

The length of nursing experience was tested against whether the nurse always, usually, occasionally or never tells patients with varying degrees of illness specified information about other medications. No significant differences were found at the .05 level of significance. Accordingly, the null hypothesis was accepted that:

Nurses ordered according to years of nursing experience show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications.

The findings are shown in Table 9.

Table 9. Differences Among 80 Nurses According to Years of Nursing Experience with Regard to What They Tell Patients About Other Medications

Information Given to Patient (1)	χ^2 (2)	df (3)	p (4)
1. Suggest the Effects to a:			
a. Convalescing patient	15.09	10	< .20
b. Acutely ill patient	14.73	15	< .50
c. Critically ill patient	17.86	15	< .30
2. Tell the Nature to a:			
a. Convalescing patient	10.16	10	< .50
b. Acutely ill patient	5.33	10	< .90
c. Critically ill patient	5.89	15	< .99
3. Tell the Names to a:			
a. Convalescing patient	10.23	10	< .50
b. Acutely ill patient	8.62	10	< .70
c. Critically ill patient	5.97	10	< .90
4. Tell the Expected Concomitants to a:			
a. Convalescing patient	15.71	15	< .50
b. Acutely ill patient	15.49	15	< .50
c. Critically ill patient	14.04	15	< .70

Differences Among Nurses According to Length
of Employment at a Given Hospital

The length of employment at their present hospital for each nurse was tested against whether the nurse always, usually, occasionally or never tells patients with varying degrees of illness,

specified information about sedative, hypnotic, narcotic and tranquilizer medications. The nurse who has been employed only a short time at any one hospital may feel inhibited by her lack of familiarity with the environment and this may affect what she is willing to tell the patient. Statistical analysis revealed, however, that there were no differences among nurses according to their length of employment at a given hospital. Consequently, the null hypothesis was accepted that stated:

Nurses ordered according to length of employment show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative, hypnotic, narcotic and tranquilizer medications.

The findings are shown in Table 10.

The length of employment at a given hospital for each participant was tested against whether the nurse always, usually, occasionally or never told patients with varying degrees of illness about other medications. On the basis of statistical evidence, no differences were found to exist at the .05 level of significance among nurses according to length of employment. Therefore, the null hypothesis was accepted:

Nurses ordered according to length of employment show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.

The findings are revealed in Table 11.

Table 10. Differences Among 80 Nurses According to Length of Employment at a Given Hospital with Regard to What They Tell Patients About Sedative, Hypnotic, Narcotic and Tranquilizer Medications

Information Given to Patient (1)	χ^2 (2)	df (3)	p (4)
1. Suggest the Effects to a:			
a. Convalescing patient	7.90	6	< .30
b. Acutely ill patient	5.53	6	< .50
c. Critically ill patient	6.85	6	< .50
2. Tell the Nature to a:			
a. Convalescing patient	12.75	15	< .70
b. Acutely ill patient	8.09	9	< .70
c. Critically ill patient	6.97	6	< .50
3. Tell the Expected Concomitants to a:			
a. Convalescing patient	8.04	9	< .70
b. Acutely ill patient	8.50	6	< .30
c. Critically ill patient	6.68	9	< .70

Table 11. Differences Among 80 Nurses According to Length of Employment at Given Hospital with Regard to What They Tell Patients About Other Medications

Information Given to Patients (1)	χ^2 (2)	df (3)	p (4)
1. Suggest the Effects to a:			
a. Convalescing patient	2.41	4	< .70
b. Acutely ill patient	3.52	6	< .80
c. Critically ill patient	3.22	6	< .80
2. Tell the Nature to a:			
a. Convalescing patient	10.79	9	< .30
b. Acutely ill patient	10.22	6	< .20
c. Critically ill patient	5.76	6	< .50
3. Tell the Names to a:			
a. Convalescing patient	2.39	6	< .90
b. Acutely ill patient	9.24	6	< .20
c. Critically ill patient	2.63	3	< .50
4. Tell the Expected Concomitants to a:			
a. Convalescing patient	8.52	9	< .50
b. Acutely ill patient	13.05	9	< .20
c. Critically ill patient	15.39	9	< .10

Differences According to Highest Degree or
Diploma Attained in Nursing

It has been assumed that the type of education a nurse receives will affect her abilities and attitudes. The highest degree or diploma held in nursing was tested against whether the nurse always, usually,

occasionally or never tells patients with varying degrees of illness specified information about sedative, hypnotic, narcotic and tranquilizer medications. No differences were found to exist at the .05 level of significance. As a result, the null hypothesis was accepted that:

Nurses ordered according to highest degree or diploma attained in nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedatives, hypnotics, narcotics and tranquilizer medications.

The findings are shown in Table 12.

Table 12. Differences Among 80 Nurses According to Highest Degree or Diploma in Nursing with Regard to What They Tell Patients About Sedative, Hypnotic, Narcotic and Tranquilizer Medication

Information Given to Patients (1)	χ^2 (2)	df (3)	p (4)
1. Suggest the Effects to a:			
a. Convalescing patient	1.23	4	< .90
b. Acutely ill patient	3.49	4	< .50
c. Critically ill patient	3.12	4	< .70
2. Tell the Nature to a:			
a. Convalescing patient	4.61	4	< .50
b. Acutely ill patient	2.46	4	< .70
c. Critically ill patient	4.94	4	< .30
3. Tell the Expected Concomitants to a:			
a. Convalescing patient	6.28	6	< .50
b. Acutely ill patient	3.00	6	< .90
c. Critically ill patient	2.52	6	< .90

The highest degree or diploma held in nursing by each participant was also tested against whether the nurse always, usually, occasionally or never tells patients with varying degrees of illness about other medications. Statistical evidence indicated there were no differences at the .05 level of significance among nurses according to the highest degree held in nursing. The null hypothesis was accepted that:

Nurses ordered according to highest degree in nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.

The findings are shown in Table 13.

Table 13. Differences Among 80 Nurses According to Highest Degree or Diploma in Nursing with Regard to What They Tell Patients About Other Medications

Information Given to Patients (1)	χ^2 (2)	df (3)	p (4)
1. Suggest the Effects to a:			
a. Convalescing patient	9.31	6	< .20
b. Acutely ill patient	5.78	6	< .50
c. Critically ill patient	3.56	6	< .80
2. Tell the Nature to a:			
a. Convalescing patient	4.80	4	< .50
b. Acutely ill patient	2.72	4	< .70
c. Critically ill patient	2.93	4	< .70
3. Tell the Names to a:			
a. Convalescing patient	4.67	4	< .50
b. Acutely ill patient	2.75	4	< .70
c. Critically ill patient	4.77	4	< .50
4. Tell the Expected Concomitants to a:			
a. Convalescing patient	1.35	6	< .98
b. Acutely ill patient	2.74	6	< .80
c. Critically ill patient	2.88	6	< .90

Differences According to Decade of Graduation
From School of Nursing

Nursing education has been in the process of changing concepts for several years. It could be expected that a difference of opinion would exist between recent graduates and nurses who graduated one

or more decades ago. This division of graduation dates may also infer some information about the relative age of the respondent. The decade of graduation from the school of nursing was tested against whether the nurse always, usually, occasionally or never tells patients with varying degrees of illness specified information about sedative, hypnotic, narcotic and tranquilizer medications. No differences were found at the .05 level of significance among nurses who differ according to the decade of graduation from nursing school. Accordingly, it was necessary to accept the null hypothesis that:

Nurses ordered according to decade of graduation from school of nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about sedative, hypnotic, narcotic and tranquilizer medications.

The findings are depicted in Table 14.

The decade of graduation was tested against whether the nurse always, usually, occasionally or never tells patients with varying degrees of illness about other medications. It was determined that at the .05 level of significance, no differences were found to exist among nurses according to the decade of graduation from school of nursing. The following null hypothesis was accepted:

Nurses ordered according to decade of graduation from school of nursing show no differences as to what they would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins and diuretics.

The findings are indicated in Table 15.

Table 14. Differences Among 80 Nurses According to Decade of Graduation from School of Nursing with Regard to What They Tell Patients about Sedative, Hypnotic, Narcotic and Tranquilizer Medications

Information Given to Patients (1)	χ^2 (2)	df (3)	p (4)
1. Suggest the Effects to a:			
a. Convalescing patient	10.20	6	< .20
b. Acutely ill patient	6.69	3	< .10
c. Critically ill patient	14.41	9	< .20
2. Tell the Nature to a:			
a. Convalescing patient	5.09	6	< .70
b. Acutely ill patient	5.64	9	< .80
c. Critically ill patient	5.34	6	< .50
3. Tell the Expected Concomitants to a:			
a. Convalescing patient	14.15	9	< .20
b. Acutely ill patient	10.18	9	< .50
c. Critically ill patient	9.17	9	< .50

Table 15. Differences Among 80 Nurses According to Decade of Graduation from School of Nursing with Regard to What They Tell Patients About Other Medications

Information Given to Patients (1)	χ^2 (2)	df (3)	p (4)
1. Suggest the Effects to a:			
a. Convalescing patient	4.15	6	< .70
b. Acutely ill patient	14.82	9	< .10
c. Critically ill patient	13.94	9	< .20
2. Tell the Nature to a:			
a. Convalescing patient	3.17	6	< .80
b. Acutely ill patient	9.90	6	< .20
c. Critically ill patient	10.17	6	< .20
3. Tell the Names to a:			
a. Convalescing patient	9.36	6	< .20
b. Acutely ill patient	7.28	6	< .30
c. Critically ill patient	8.21	6	< .30
4. Tell the Expected Concomitants to a:			
a. Convalescing patient	1.38	9	< .99
b. Acutely ill patient	.47	9	< .99
c. Critically ill patient	8.82	9	< .50

Out of 155 chi square tests for significance using the above background variables, not one was found to be significant. This may be a significant finding in itself, because by chance alone out of 155 tests, it would be expected that approximately eight would be significant at the .05 level. (7) Apparently, none of the background

variables tested in this study affect what the nurse tells the patient about medications. This could mean that although nursing education has made much progress in terms of defining the perimeters of the profession, nurses are slow to change their concept of what they should tell patients about medications. The recent graduate does not appear to tell more than the graduate of 20 years, the baccalaureate graduate does not differ from the diploma graduate. The willingness of the nurse to tell the patient about medications is apparently dependent upon some other variable(s), if in fact nurses do differ. Another variable to be considered is that of personality. In a study by Dodge, (6) it was found that the nurse who perceives herself as a psychologically strong or tough individual differs in her beliefs as to the importance of keeping the patient informed from the nurse who perceives herself as relatively weak. If no differences are to be found after testing several variables, it may be concluded that nurses are a more homogeneous group than has been expected, at least with regard to what they are willing to tell patients about medications.

Opinions of 80 Nurses Regarding Their Willingness to Inform Patients About Medications

Items 1 through 3 and 11 through 17 (Appendix B) were concerned with nurses' beliefs regarding the knowledge and ability of nurses in general to inform patients about medications, if nurses

are willing to assume this responsibility and whether or not nurses consider this information to be important to the patient's welfare.

Item 1 (Appendix B) revealed agreement among nurses that some information about his illness is helpful to the patient in accepting hospitalization and the care and treatment he is receiving. This concept has received considerable attention in nursing education and was unanimously accepted by the participants in this study.

Item 2 (Appendix B) indicated that all participants, but one, who identified herself as a medicine nurse, would tell the patients about some medications. The one dissenting nurse stated that this was always the doctor's responsibility. Participants were requested to express comments regarding why they do or do not tell patients about some medications. Of the 80 responses, about half of the nurses stated they told the patient in order to relieve apprehension. The remaining half reported reasons similar to the following:

Respect for the patient's intelligence

To encourage the patient to accept responsibility for his medication after discharge from the hospital

So the patient will understand the effects of the medication and become aware of possible side effects

To increase the patient's confidence in the health team and encourage his cooperation

To assure the patient that his treatment is being carried out

To find out if the patient is allergic to the medication

To make the patient feel included in the plan for his care

The adult patient has the right to know about his treatment and what medications he is receiving.

To educate the patient so he can be of assistance with his own therapy

To answer the patient's direct request to know what medication he is receiving

The most prevalent response, in addition to relieving apprehension, was to help the patient understand the effects of the medication and become aware of possible side effects. It could be construed that a relationship exists between these two comments. If the patient understands the effects of his medication and possible side effects this may be instrumental in relieving his apprehension. According to the literature, (3) the relief of apprehension is important to the patient's sense of well being and it is encouraging to observe that more than half of the sampled nurses indicated recognition of this concept. It was also interesting to note that nurses stated the opinion that patients have the right to know about their treatment and medication, a premise which is discussed in the literature with the inference that members of the health team seldom indicate this awareness. (16)

Examples of medications about which the nurse does tell the patient are listed in Table 16. The most frequently mentioned medication were analgesics and antibiotics. Considering the stated

reasons for telling patients about medications, it would seem reasonable that analgesics which relieve pain and thereby help to alleviate anxiety would be one of the more often mentioned medications.

Nurses who recorded antibiotics had a tendency toward stating such responses as, "to determine if the patient is allergic" or "to encourage the patient to accept responsibility for his medications after discharge" as reasons for why they told the patient about some medications. Cardiac medications were also found listed with the latter reason. Diuretics were frequent examples of medication the nurse would tell the patient about, perhaps because diuretics increase the frequency of urination, which could cause anxiety in the uninformed patient. Examples of narcotics were the fourth most prevalent medication mentioned. This is an interesting observation because the narcotic's category is also listed as having the highest percentage of medications about which nurses do not tell the patient. (Table 17) On this basis it would be difficult to conclude whether nurses do or do not usually tell patients about narcotics. The reasons stated in connection with listing this category as "do tell" were, "to relieve apprehension, " and "to help the patient understand the effects and be aware of possible side effects. " The question which asked why the nurse does not tell (Item 3 in Appendix B) was either left blank or answered with a response similar to, "the patient may become alarmed if he knows the medication is a narcotic. "

Table 16. Medications About Which Nurses Do Tell Patients

Category	Frequency	%
(1)	(2)	(3)
1. Analgesics	28	12
2. Antemetics	7	3
3. Antibiotics	34	14
4. Anticoagulants	12	5
5. Cardiac medication	20	8
6. Diuretics	20	8
7. Hypnotics	15	6
8. Insulin	8	4
9. Laxatives	23	10
10. Muscle Relaxants	7	3
11. Narcotics	22	9
12. Sedatives	9	4
13. Other	20	8
Total	240	100

Eighty-three percent of the nurses who answered item 3 (Appendix B) indicated that there are medications about which they do not tell the patient. (Refer to Table 17). Examples of reasons given for not telling the patient are listed as follows:

It is up to the patient's doctor to determine what the patient should know about some medications.

To know what medications they are receiving may cause apprehension and hamper the patient's recovery.

The medication may be pertinent to a diagnosis of which the patient is not aware.

It is not the nurse's position to tell patients about some medications.

Information about what he is receiving may reverse the desired results.

It depends upon the individual patient; some patients patients would not understand why they were receiving certain medications.

Variations of the above statements were mentioned several times. However, references to the doctor and his prerogative to tell patients about some medications constituted approximately three-quarters of the reasons given for why the nurse did not tell the patient. This finding is compatible with the traditional concept that the nurse usually considers the physician to be responsible for deciding what to tell the patient. (12) It is of interest to note that nurses believe telling patients about some medications may cause apprehension just as not telling them may have the same effect. This could indicate that they are concerned about this aspect of patient care and attempt to discern situations which may produce anxiety.

Examples of medications about which the nurses does not tell the patient are shown in Table 17. In addition to narcotics, tranquilizers constitute a category that is frequently mentioned as containing medications about which nurses do not tell patients. Some of the reasons given for not telling patients about tranquilizers were: "it did not seem to be in the patient's best interest to know, " "some patients resent being given tranquilizers, " "some patients might not understand why they are being given tranquilizers. " In this respect, it would seem that there are some medications about which nurses think patients are better off not to know, and that they make

decisions on the basis of the individual patient as to what they do tell and do not tell. Placebos, a drug which by its very nature would imply that the patient must not know its identity was mentioned only 12 times out of 106 responses. It may be that nurses do not consider placebos to be medication in the strict interpretation of the word or that to tell the patient about a placebo obviously would defeat its purpose.

Table 17. Medications About Which Nurses Do Not Tell Patients

Category	Frequency	%
(1)	(2)	(3)
1. Analgesics	3	3
2. Antibiotics	3	3
3. Anticoagulants	9	8
4. Antihypertensives	5	5
5. Cancer Drugs	7	7
6. Cardiac Medications	7	7
7. Emergency Drugs	3	3
8. Narcotics	25	23
9. Placebos	12	11
10. Sedatives	5	5
11. Tranquilizers	22	20
12. Other	5	5
Total	106	100

Seventy-eight percent of the nurses questioned stated that they believe the patient who will continue on medication after discharge from the hospital and will be responsible for taking the medication, should have a good understanding of the medication and its purpose

in relation to disease process and/or body function. Twenty-two percent considered this information to be usually helpful. Sixty-nine percent thought it was appropriate that the nurse usually or occasionally assume responsibility for providing this instruction in addition to that which the physician has given the patient, while 22 percent thought it always was appropriate and 9 percent stated never. It is interesting to note that while 78 percent of the nurses always think instruction is valuable to the patient only 22 percent always think it is appropriate for the nurse to provide information in addition to that which the physician has given. It may be that some nurses think the physician's instructions will always be adequate or that the nurse should not presume to provide additional information.

Seventy-five percent of the respondents stated they think nurses have a good knowledge of medications and their effects. Some of the reasons given for this affirmative position are represented by the following direct comments:

Nurses must have a good knowledge, those who don't stand out for their lack of knowledge.

The Physician's Desk Reference is always available and most nurses use it to look up medications they are uncertain about.

Current knowledge is essential to dispense drugs.

Nurses have a good knowledge which serves them well.

Twenty-five percent of the nurses responding indicated that

they do not believe that nurses have a good knowledge of medications and their effects. Reasons given for their views were stated as follows:

Nurses do not take the time to research new drugs, although they may know old drugs.

Many (nurses) have a fair knowledge of medications, but poor knowledge of their effects.

There are too many drugs for nurses to have really good knowledge.

The questions that asked if the respondents believed nurses are able to explain medications and their effects in terms of disease process and/or body function, revealed that 69 percent believe they are. Sample comments on this question are:

The nurse spends more time with the patient and must bridge the gap between doctor and patient to relieve anxiety.

They must have this knowledge to effectively do their job.

This information is implicit in the full knowledge of any medication.

Nurses have a generalized knowledge which allows them to correctly observe the patient so they can report to the doctor.

If nurses do not know they will try to find out by asking.

Despite the greater percentage of affirmative answers, most of the comments were negative, several in conjunction with yes responses. This is demonstrated by the following examples:

Education in nursing is not extensive enough for this complete knowledge.

More attention would be given to this problem if we knew doctors wanted nurses to assume responsibility in this field.

Nurses should mainly be concerned with dosage and usage.

Nurses should know effects, but not for the purpose of explaining to the patient; this is for the doctor to do.

If the patient has a question he should be referred to the doctor.

It would appear that although most nurses believe nurses are able to explain medications in terms of disease process and/or body function, some believe they should not because this is considered to be the doctor's prerogative.

Ninety-one percent of the nurses responding stated that they believe nurses are able to assess the individual patient and judge what information about medications will be of benefit to him and what information will be of no benefit or will detract from his well-being. Most of the comments on this question were similar to these examples:

A nurse must know her patients or she can tell them nothing.

This is the most important aspect of dispensing medicines.

Any nurse with any psychological knowledge can assess patients and treat them accordingly.

Daily contact makes the nurse more aware of patients' reactions to stress and their response to illness.

Many times the nurse understands the patient's emotional stability and helps the doctor decide how much to tell the patient.

Comments regarding why the participants do not believe nurses have the ability to assess the patient are as follows:

Many nurses do not take time to evaluate the patient or don't care about evaluations.

Most nurses don't know that much about medications or patients.

Apparently, most nurses are rather confident in their ability to assess patients and judge what information about medications will be of benefit, even to the extent of advising the doctor.

A high percentage of affirmative agreement was also found with regard to whether the respondents believe that nurses are able to assess the patient's intellectual level and determine what terminology and information the patient will understand. Ninety-seven percent gave reasons similar to the following for this belief:

The nurse may be better acquainted with the patient than the doctor and may have better rapport.

Nurses have this ability, but they don't always practice it.

It depends on the nurse's ability to communicate.

There were no comments in relation to the two negative responses.

If the decision about what to tell or teach patients about their medications were entirely up to them (nurses), 76 percent stated they would feel secure in making these judgments (assuming they had the privilege of discussing those cases which were considered questionable with the physician). The following are examples of their comments on this question:

A nurse who knows her patients and medications and has the privilege of discussing questionable cases with the physician can make decisions with confidence.

Present trends in total nursing care necessitates this ability.

If the nurse is not qualified to instruct patients about medications, she is not qualified to give them.

Some doctors resent the nurse doing what they had time to do ten years ago. However, their hospital visits are shorter now and we must fill in.

The media of television, journals, etc. has made the public more aware of current trends, and the old fashioned secrecy of "ask your doctor" is being replaced by a sensible approach that doctors expect nurses to evaluate and lend pertinent information at the patient's level of acceptance.

Some of the nurses who indicated they would not feel secure in making these judgments commented as follows:

Nurses don't have time or enough education to make these judgments.

Nurses don't have adequate communication with the doctor or know enough about the patients.

Patients want this information from the doctor as he is the one they will see in the future should questions arise.

We, as nurses, are not to go into the details of medication with the patient. It is up to the doctor to tell him what he is to know.

Summary

The study revealed agreement among nurses that information about his illness is helpful to the patient in accepting hospitalization and the care and treatment he is receiving. All the participants, but one, indicated there are some medications about which they tell the patient. The most prevalent reason was to relieve apprehension and the most frequently mentioned medications that the nurse would tell about, were antibiotics and analgesics. The majority of nurses indicated that there are medications about which they do not tell the patient. Narcotics and tranquilizers were listed most often as medications the nurse felt would cause undue anxiety or would not be in the patient's best interest to know about. The majority of respondents stated that they believe the patient who will continue on medications after discharge from the hospital and will be responsible for taking the medication, should have a good understanding of the medication and its purpose. Sixty-nine percent of the nurses thought it appropriate that nurses provide instruction for the patient in addition to that which the physician has given. Most participants in this study think nurses have good knowledge of medications and their effects and believe that nurses are able to explain medications and

their effects in terms of disease process and/or body function. Ninety-one percent of the respondents indicated that they believe nurses are able to assess the individual patient and judge what information will be of no benefit or detract from his well-being. All but two nurses stated they believe nurses are able to assess the patient's intellectual level and determine what terminology and information the patient will understand. Three-quarters of the nurses responding expressed the opinion that if the decision were left up to them, they would feel secure in making these judgments. The nurses who would not feel secure in making these judgments referred frequently to the doctor's prerogative to tell the patient what he wants the patient to know. It would appear that most nurses in this study do not consider their actions to be strictly dependent upon direct orders from the physician.

No significant relationships were found to exist between what the nurse tells the patient and the nurse's present position in nursing, length of employment at a given hospital, years of nursing experience, highest degree or diploma attained in nursing or decade of graduation from school of nursing.

CHAPTER IV

SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Summary

The primary purpose of this study was to explore the willingness of nurses to assume the responsibility for deciding what to tell patients about the medications they are receiving while under the care of a physician. The general hypotheses of the study stated that five predetermined background variables would show no differences as to what nurses would tell patients with varying degrees of illness about medications. The background variables were: (1) present position in nursing, (2) years of nursing experience (3) length of employment at a given hospital, (4) highest degree or diploma attained in nursing, (5) decade of graduation from school of nursing.

The study was conducted in four different hospitals in the greater metropolitan Portland area. Data were collected by use of a questionnaire from 80 registered nurses who gave bedside care to medical-surgical patients.

In addition to the hypotheses, the study attempted to

determine whether: (1) nurses believe some information about the patient's illness and treatment is helpful to the patient in accepting hospitalization, (2) there are some medications about which the nurse does tell the patient, (3) there are some medications about which the nurse does not tell the patient, (4) nurses believe that patients who will continue on medication after discharge should have a good understanding of the medication and its purpose, (5) nurses believe they should assume responsibility for providing this information in addition to that which the physician has provided, (6) nurses believe nurses have a good knowledge of medications and are able to explain medications in terms of disease process and/or body function, (7) nurses believe that nurses are able to assess individual patients and judge what information would be in the patient's best interest to know or not to know, (8) nurses believe nurses are able to assess the patient's intellectual level and determine what terminology and information the patient would understand, (9) nurses believe they would feel secure in making independent judgments about what to tell or teach patients.

Findings

The findings are summarized as follows:

1. There were no significant differences among nurses ordered according to present position as to what they

would tell patients with varying degrees of illness about (1) sedative, hypnotic, narcotic and tranquilizer medications and (2) other medications.

2. There were no significant differences among nurses ordered according to years of nursing experience as to what they would tell patients with varying degrees of illness about (1) sedative, hypnotic, narcotic and tranquilizer medications and (2) other medications.
3. There were no significant differences among nurses ordered according to length of employment at a given hospital as to what they would tell patients with varying degrees of illness about (1) sedative, hypnotic, narcotic and tranquilizer medications and (2) other medications.
4. There were no significant differences among nurses ordered according to highest degree or diploma attained in nursing as to what they would tell patients with varying degrees of illness about (1) sedative, hypnotic, narcotic and tranquilizer medications and (2) other medications.
5. There were no significant differences among nurses ordered according to decade of graduation from school of nursing as to what they would tell patients with

varying degrees of illness about (1) sedative, hypnotic, narcotic and tranquilizer medications and (2) other medications.

6. The study revealed agreement among nurses that information about his illness is helpful to the patient in accepting hospitalization.
7. There are some medications about which the nurse does tell the patient. The most frequently mentioned were analgesics and antibiotics.
8. There are some medications about which the nurse does not tell the patient such as narcotics and tranquilizers.
9. Seventy-eight percent of the respondents stated that they believe the patient who will continue on medication after discharge should have good understanding of the medication and its purpose.
10. Sixty-nine percent of the nurses thought it appropriate that the nurse provide discharge information about medications in addition to that which the physician has given.
11. The majority of nurses in this study believe that nurses have a good knowledge of medications and their effects and are able to explain medications in terms of disease process or body function.

12. Ninety-one percent of the respondents indicated that they believe nurses are able to assess the individual patient and determine what information would be in the patient's best interest to know or not to know.
13. All but two of the nurses responding to this question stated they believe that nurses are able to assess the patient's intellectual level and determine what terminology and information the patient would understand.
14. Seventy-six percent of the nurses responding believe they would feel secure in making independent judgments about what to tell or teach patients.

Conclusions

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

1. There appears to be no relationship between the nurse's present position, length of employment at a given hospital, highest degree or diploma attained in nursing, years of nursing experience or decade of graduation from nursing school to what the nurse is willing to tell the patient about medications.

2. Most nurses believe they have the knowledge and ability to assess the patient and appropriately decide what the patient should be told about his medication.
3. Nurses are selective in determining which medications to tell the patient about, and base their decisions on consideration for the patient's well being.
4. If given the opportunity, most nurses would feel secure in making independent judgments about what to tell or teach patients regarding medications.
5. Nurses who express hesitation at using independent judgment refer to the physician's prerogative to tell patients about medications.

Recommendations for Further Study

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

1. Conduct a similar study on physicians to ascertain their opinions of the nurse's ability and knowledge with regard to medications and of the nurse using independent judgment in determining what to tell patients about medications.
2. Replicate the study testing different variables, such as

- personality, against what the nurse tells the patient.
3. Conduct a similar study on patients to determine what they expect to be told about their medications and by whom. Variables such as the patient's diagnosis or degree of illness could be tested against what the patient wishes to be told about his medications.
 4. Conduct a comparison study on licensed practical nurses and registered nurses to determine if there are differences between the two groups as to what they tell the patient about medications.
 5. Replicate the study to determine if nurses in different areas of clinical practice differ with regard to what they are willing to tell the patient about medications.

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APPENDIX A

COVER LETTER

3507 S. W. 11th Avenue
Portland, Oregon, 97201
December 9, 1968

Director of Nursing Service
(Name of Hospital)
(Address of Hospital)
Portland, Oregon (zip code)

Dear

In partial fulfillment of requirements for a Master of Science Degree at the University of Oregon School of Nursing, I am conducting a study to determine the willingness of nurses to assume the responsibility for deciding what to tell selected adult patients regarding the medicines they are receiving while under the care of a physician.

Twenty-five medical-surgical nurses from your hospital will be invited to participate. This will involve completion of a questionnaire by each nurse which will require about 15 minutes. The method of distributing and collecting the questionnaires will depend upon your preference. I will contact you by telephone to discuss whether or not your hospital wishes to assist with the study.

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

Sincerely yours,

Dianna Van Eaton, R. N.

Mrs. Van Eaton is a regularly enrolled graduate student in this school of nursing. Any assistance you can give her will be appreciated.

Lucile Gregerson, Thesis Adviser

APPENDIX B

QUESTIONNAIRE

INTRODUCTION TO PARTICIPANTS

The purpose of this study is to determine the willingness of general-duty nurses to assume the responsibility for deciding what to tell selected adult patients regarding the medicines they are receiving while under the care of a physician.

This study is being conducted by Dianna Van Eaton, R. N. , B. A., B. S. , University of Oregon School of Nursing. General-duty nurses from four hospitals in the City of Portland, Oregon will be participating.

Your response to this questionnaire will be anonymous. Please do not sign your name.

Thank you for your assistance and contribution to this endeavor.

APPENDIX B

QUESTIONNAIRE

PART I

DIRECTIONS

Please check the box which best describes you.

1. Present position:
 - 1A. Staff nurse
 - 1B. Team leader
 - 1C. Team member
 - 1D. Medicine nurse
 - 1E. Treatment nurse
 - 1F. Other (specify)

2. Years of nursing experience:
 - 2A. Under one year
 - 2B. 1 - 5 years
 - 2C. 6 - 10 years
 - 2D. 11 - 15 years
 - 2E. 16 - 20 years
 - 2F. Over 20 years
3. Length of employment at this hospital:
 - 3A. Under one year
 - 3B. 1 - 5 years
 - 3C. 6 - 10 years
 - 3D. Over 10 years
4. Highest degree or diploma attained in nursing:
 - 4A. Diploma
 - 4B. Associate of Arts degree
 - 4C. Baccalaureate degree
 - 4D. Masters degree
 - 4E. Special education or refresher courses (specify)

5. Year of graduation from school of nursing:
 - 5A. Prior to 1940
 - 5B. 1940 through 1949
 - 5C. 1950 through 1959
 - 5D. 1960 through 1969

PART II

DIRECTIONS

Please check or insert the appropriate response which best describes your opinion.

1. Do you believe some information about his illness and his treatment is helpful to the patient in accepting hospitalization and the care and treatment he is receiving?

	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
2. Are there some medications that you tell the patient about, i. e., give him some information, such as suggest the effect or tell the purpose?

	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
- 2A. Why? _____

- 2B. If the answer to number 2 is "yes," give examples of three medications about which you tell the patient.

	1. _____
	2. _____
	3. _____

3. Are there any medications about which you do not tell the patient? Yes _____
 No _____
- 3A. Why? _____

- 3B. If the answer to number 3 is "yes," give examples of three medications about which you do not give the patient information. 1. _____
 2. _____
 3. _____

DIRECTIONS

The following sequence of questions concerns what you would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic, and tranquilizer medications. Please check the appropriate column which best describes your opinion.

4. Do you suggest the effects, e. g., will help you to rest, will make you feel less nervous, will relieve the pain, to a:
- | | always | usually | occasionally | never |
|-----------------------------|--------|---------|--------------|-------|
| 4A. convalescing patient? | — | — | — | — |
| 4B. acutely ill patient? | — | — | — | — |
| 4C. critically ill patient? | — | — | — | — |
5. Do you tell the nature of the medication, e. g., sedative, hypnotic, narcotic, or tranquilizer to a:
- | | always | usually | occasionally | never |
|-----------------------------|--------|---------|--------------|-------|
| 5A. convalescing patient? | — | — | — | — |
| 5B. acutely ill patient? | — | — | — | — |
| 5C. critically ill patient? | — | — | — | — |
6. Do you tell the expected concomitants, e. g., may fall into a deep sleep, may feel drowsy, etc. to a:
- | | always | usually | occasionally | never |
|-----------------------------|--------|---------|--------------|-------|
| 6A. convalescing patient? | — | — | — | — |
| 6B. acutely ill patient? | — | — | — | — |
| 6C. critically ill patient? | — | — | — | — |

DIRECTIONS

The following sequence of questions concerns what you would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins, diuretics, etc. Please check the appropriate column which best describes your opinion.

7. Do you suggest the effects, e. g., will combat the infection, will make your heart beat more slowly, will make you excrete more urine, etc. to a:
- | | always | usually | occasionally | never |
|-----------------------------|--------|---------|--------------|-------|
| 7A. convalescing patient? | — | — | — | — |
| 7B. acutely ill patient? | — | — | — | — |
| 7C. critically ill patient? | — | — | — | — |

8. Do you tell the nature of the medication, e. g., antibiotic, anticoagulant, laxative, vitamin, diuretic, etc. to a:
- | | always | usually | occasionally | never |
|-----------------------------|--------|---------|--------------|-------|
| 8A. convalescent patient? | — | — | — | — |
| 8B. acutely ill patient? | — | — | — | — |
| 8C. critically ill patient? | — | — | — | — |
9. Do you tell the names of the medications, e. g., Terramycin, Milk of Magnesia, Diamox, etc. to a:
- | | always | usually | occasionally | never |
|-----------------------------|--------|---------|--------------|-------|
| 9A. convalescing patient? | — | — | — | — |
| 9B. acutely ill patient? | — | — | — | — |
| 9C. critically ill patient? | — | — | — | — |
10. Do you tell the expected concomitants, e. g., may feel jittery, face may feel flushed, etc. to a:
- | | always | usually | occasionally | never |
|------------------------------|--------|---------|--------------|-------|
| 10A. convalescing patient? | — | — | — | — |
| 10B. acutely ill patient? | — | — | — | — |
| 10C. critically ill patient? | — | — | — | — |
11. Do you believe that the patient, who will continue on medication(s) after discharge from the hospital and will be responsible for taking the medication(s), should have a good understanding of the medication(s) and its (their) purpose in relation to disease process and/or body function?
- | | always | usually | occasionally | never |
|--|--------|---------|--------------|-------|
| | — | — | — | — |
12. Do you consider it appropriate that the nurse assume responsibility for providing this instruction in addition to that which the physician has given the patient?
- | | always | usually | occasionally | never |
|--|--------|---------|--------------|-------|
| | — | — | — | — |

DIRECTIONS

The following sequence of questions concerns the nurse's knowledge and ability. Please check or insert the appropriate response which best describes your opinion.

13. Do you believe that nurses have a good knowledge of medications and their effects? Yes ___
No ___

Comment _____

14. Do you believe that nurses are able to explain medications and their effects in terms of disease process and/or body function? Yes ___
No ___

Comment _____

15. Do you believe that nurses are able to assess the individual patient and judge what information about medications will be of benefit to him and what information will be of no benefit or will detract from his well-being? Yes
No

Comment _____

16. Do you believe that nurses are able to assess the patient's intellectual level and determine what terminology and information the patient will understand? Yes
No

Comment _____

17. If the decision about what to tell or teach patients about their medications were entirely up to you, would you feel secure in making these judgments (assuming that you had the privilege of discussing those cases which you considered questionable with the physician)? Yes
No

Comment _____

Thank you for your assistance,

Dianna Van Eaton

(Mrs.) Dianna Van Eaton
3507 S. W. 11th Avenue
Portland, Oregon 97201
Phone: 227-1364

APPENDIX C

SUMMARY OF DATA

APPENDIX C

Summary of Data

QUESTIONNAIRE

PART I

DIRECTIONS

Please check the box which best describes you.

- | | | | |
|---------------------------------|-----------------------------|--|-----------------------------|
| 1. Present position: | | 3. Length of employment at this hospital: | |
| 1A. Staff nurse | <input type="checkbox"/> 43 | 3A. Under one year | <input type="checkbox"/> 24 |
| 1B. Team leader | <input type="checkbox"/> 24 | 3B. 1 - 5 years | <input type="checkbox"/> 41 |
| 1C. Team member | <input type="checkbox"/> 3 | 3C. 6 - 10 years | <input type="checkbox"/> 9 |
| 1D. Medicine nurse | <input type="checkbox"/> 8 | 3D. Over 10 years | <input type="checkbox"/> 6 |
| 1E. Treatment nurse | <input type="checkbox"/> 0 | | |
| 1F. Other (specify) | <input type="checkbox"/> 2 | 4. Highest degree or diploma attained in nursing: | |
| | | 4A. Diploma | <input type="checkbox"/> 51 |
| 2. Years of nursing experience: | | 4B. Associate of Arts degree | <input type="checkbox"/> 10 |
| 2A. Under one year | 16 | 4C. Baccalaureate degree | <input type="checkbox"/> 15 |
| 2B. 1 - 5 years | <input type="checkbox"/> 28 | 4D. Masters degree | <input type="checkbox"/> 2 |
| 2C. 6 - 10 years | <input type="checkbox"/> 8 | 4E. Special education or refresher courses (specify) | <input type="checkbox"/> 2 |
| 2D. 11 - 15 years | <input type="checkbox"/> 11 | | |
| 2E. 16 - 20 years | <input type="checkbox"/> 6 | | |
| 2F. Over 20 years | <input type="checkbox"/> 11 | 5. Year of graduation from school of nursing: | |
| | | 5A. Prior to 1940 | <input type="checkbox"/> 8 |
| | | 5B. 1940 through 1949 | <input type="checkbox"/> 21 |
| | | 5C. 1950 through 1959 | <input type="checkbox"/> 21 |
| | | 5D. 1960 through 1969 | <input type="checkbox"/> 30 |

PART II

DIRECTIONS

Please check or insert the appropriate response which best describes your opinion.

- | | | |
|---|-------|-----------|
| 1. Do you believe some information about his illness and his treatment is helpful to the patient in accepting hospitalization and the care and treatment he is receiving? | Yes | <u>80</u> |
| | No | <u>0</u> |
| | Total | 80 |
| 2. Are there some medications that you tell the patient about, i. e., give him some information, such as suggest the effect or tell the purpose? | Yes | <u>79</u> |
| | No | <u>1</u> |
| | Total | 80 |
| 2A. Why? _____ | | |
| | | |
| 2B. If the answer to number 2 is "yes," give examples of three medications about which you tell the patient. | 1. | _____ |
| | 2. | _____ |
| | 3. | _____ |

3. Are there any medications about which you do not tell the patient? Yes 65
 3A. Why? _____ No 13
 _____ No Response 2
 _____ Total 80
- 3B. If the answer to number 3 is "yes," give examples of three medications about which you do not give the patient information. 1. _____
 2. _____
 3. _____

DIRECTIONS

The following sequence of questions concerns what you would tell convalescing, acutely ill and critically ill patients about sedative and hypnotic, narcotic, and tranquilizer medications. Please check the appropriate column which best describes your opinion.

4. Do you suggest the effects, e. g., will help you to rest, will make you feel less nervous, will relieve the pain, to a:
- | | always | usually | occasionally | never | No Response | Total |
|-----------------------------|-----------|-----------|--------------|-----------|-------------|-------|
| 4A. convalescing patient? | <u>18</u> | <u>46</u> | <u>16</u> | <u>0</u> | 0 | 80 |
| 4B. acutely ill patient? | <u>16</u> | <u>43</u> | <u>20</u> | <u>0</u> | 1 | 80 |
| 4C. critically ill patient? | <u>4</u> | <u>25</u> | <u>36</u> | <u>15</u> | 4 | 80 |
5. Do you tell the nature of the medication, e. g., sedative, hypnotic, narcotic, or tranquilizer to a:
- | | always | usually | occasionally | never | No Response | Total |
|-----------------------------|-----------|-----------|--------------|-----------|-------------|-------|
| 5A. convalescing patient? | <u>4</u> | <u>25</u> | <u>36</u> | <u>15</u> | 0 | 80 |
| 5B. acutely ill patient? | <u>10</u> | <u>25</u> | <u>26</u> | <u>19</u> | 0 | 80 |
| 5C. critically ill patient? | <u>3</u> | <u>15</u> | <u>34</u> | <u>27</u> | 1 | 80 |
6. Do you tell the expected concomitants, e. g., may fall into a deep sleep, may feel drowsy, etc. to a:
- | | always | usually | occasionally | never | No Response | Total |
|-----------------------------|-----------|-----------|--------------|-----------|-------------|-------|
| 6A. convalescing patient? | <u>15</u> | <u>30</u> | <u>26</u> | <u>8</u> | 1 | 80 |
| 6B. acutely ill patient? | <u>8</u> | <u>26</u> | <u>30</u> | <u>15</u> | 1 | 80 |
| 6C. critically ill patient? | <u>8</u> | <u>13</u> | <u>35</u> | <u>33</u> | 0 | 80 |

DIRECTIONS

The following sequence of questions concerns what you would tell convalescing, acutely ill and critically ill patients about other medications such as antibiotics, anticoagulants, vitamins, diuretics, etc. Please check the appropriate column which best describes your opinion.

7. Do you suggest the effects, e. g., will combat the infection, will make your heart beat more slowly, will make you excrete more urine, etc. to a:
- | | always | usually | occasionally | never | No Response | Total |
|-----------------------------|-----------|-----------|--------------|-----------|-------------|-------|
| 7A. convalescing patient? | <u>19</u> | <u>34</u> | <u>25</u> | <u>1</u> | 1 | 80 |
| 7B. acutely ill patient? | <u>9</u> | <u>34</u> | <u>30</u> | <u>6</u> | 1 | 80 |
| 7C. critically ill patient? | <u>8</u> | <u>16</u> | <u>40</u> | <u>15</u> | 1 | 80 |

8. Do you tell the nature of the medication, e. g., antibiotic, anticoagulant, laxative, vitamin, diuretic, etc. to a:					No	
	always	usually	occasionally	never	Response	Total
8A. convalescent patient?	<u>11</u>	<u>37</u>	<u>28</u>	<u>4</u>	0	80
8B. acutely ill patient?	<u>4</u>	<u>33</u>	<u>35</u>	<u>8</u>	0	80
8C. critically ill patient?	<u>3</u>	<u>20</u>	<u>38</u>	<u>18</u>	1	80
9. Do you tell the names of the medications, e. g., Terramycin, Milk of Magnesia, Diamox, etc. to a:						
	always	usually	occasionally	never		
9A. convalescing patient?	<u>1</u>	<u>16</u>	<u>35</u>	<u>28</u>	1	80
9B. acutely ill patient?	<u>0</u>	<u>9</u>	<u>34</u>	<u>37</u>	0	80
9C. critically ill patient?	<u>1</u>	<u>5</u>	<u>29</u>	<u>45</u>	0	80
10. Do you tell the expected concomitants, e. g., may feel jittery, face may feel flushed, etc. to a:						
	always	usually	occasionally	never		
10A. convalescing patient?	<u>9</u>	<u>20</u>	<u>29</u>	<u>22</u>	0	80
10B. acutely ill patient?	<u>8</u>	<u>16</u>	<u>31</u>	<u>23</u>	2	80
10C. critically ill patient?	<u>7</u>	<u>9</u>	<u>31</u>	<u>32</u>	1	80
11. Do you believe that the patient, who will continue on medication(s) after discharge from the hospital and will be responsible for taking the medication(s), should have a good understanding of the medication(s) and its (their) purpose in relation to disease process and/or body function?	always	usually	occasionally	never		
	<u>61</u>	<u>18</u>	<u>0</u>	<u>0</u>	0	80
12. Do you consider it appropriate that the nurse assume responsibility for providing this instruction in addition to that which the physician has given the patient?	always	usually	occasionally	never		
	<u>18</u>	<u>31</u>	<u>24</u>	<u>7</u>	0	80

DIRECTIONS

The following sequence of questions concerns the nurse's knowledge and ability. Please check or insert the appropriate response which best describes your opinion.

13. Do you believe that nurses have a good knowledge of medications and their effects?	Yes	<u>59</u>
	No	<u>18</u>
	No Response	3
Comment _____	Total	80
<hr/>		
14. Do you believe that nurses are able to explain medications and their effects in terms of disease process and/or body function?	Yes	<u>51</u>
	No	<u>23</u>
	No Response	6
Comment _____	Total	80

15. Do you believe that nurses are able to assess the individual patient and judge what information about medications will be of benefit to him and what information will be of no benefit or will detract from his well-being?
- | | | |
|---------------|-------------|----|
| | Yes | 68 |
| | No | 7 |
| | No Response | 5 |
| Comment _____ | Total | 80 |
-
16. Do you believe that nurses are able to assess the patient's intellectual level and determine what terminology and information the patient will understand?
- | | | |
|---------------|-------------|----|
| | Yes | 72 |
| | No | 2 |
| | No Response | 6 |
| Comment _____ | Total | 80 |
-
17. If the decision about what to tell or teach patients about their medications were entirely up to you, would you feel secure in making these judgments (assuming that you had the privilege of discussing those cases which you considered questionable with the physician)?
- | | | |
|---------------|-------------|----|
| | Yes | 58 |
| | No | 18 |
| | No Response | 4 |
| Comment _____ | Total | 80 |
-

Thank you for your assistance,

Dianna Van Eaton

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AN ABSTRACT OF THE THESIS OF

DIANNA VAN EATON

For the MASTER OF SCIENCE in NURSING EDUCATION

Date of receiving this degree: June 12, 1969

Title: EXPRESSED OPINIONS OF EIGHTY REGISTERED NURSES
REGARDING WHAT THEY TELL SELECTED PATIENTS
ABOUT MEDICATIONS

Approved 

(Associate Professor in Charge of Thesis)

The primary purpose of this study was to explore the willingness of nurses to assume the responsibility for deciding what to tell patients about the medications they are receiving while under the care of a physician.

The study was conducted in four different hospitals in the greater metropolitan Portland area. Data were collected by use of a questionnaire from 80 registered nurses who gave bedside care to medical-surgical patients.

Findings

The findings are summarized as follows:

1. There were no significant differences among nurses ordered according to present position as to what they would tell patients with varying degrees of illness about (1) sedative, hypnotic, narcotic and tranquilizer medications and (2) other medications.
2. There were no significant differences among nurses ordered according to years of nursing experience as to what they would tell patients with varying degrees of illness about (1) sedative, hypnotic, narcotic and tranquilizer medications and (2) other medications.
3. There were no significant differences among nurses ordered according to length of employment at a given hospital as to what they would tell patients with varying degrees of illness about (1) sedative, hypnotic, narcotic and tranquilizer medications and (2) other medications.
4. There were no significant differences among nurses ordered according to highest degree or diploma attained in nursing as to what they would tell patients with varying degrees of illness about (1) sedative, hypnotic, narcotic and tranquilizer medications and (2) other medications.

5. There were no significant differences among nurses according to decade of graduation from school of nursing as to what they would tell patients with varying degrees of illness about (1) sedative, hypnotic, narcotic and tranquilizer medications and (2) other medications.
6. The study revealed agreement among nurses that information about his illness is helpful to the patient in accepting hospitalization.
7. There are some medications about which the nurse does tell the patient. The most frequently mentioned were analgesics and antibiotics.
8. There are some medications about which the nurse does not tell the patient such as narcotics and tranquilizers.
9. Seventy-eight percent of the respondents stated that they believe the patient who will continue on medication after discharge should have a good understanding of the medication and its purpose.
10. Sixty-nine percent of the nurses thought it appropriate that the nurse provide discharge information about medications in addition to that which the physician has given.
11. The majority of nurses in this study believe that nurses have good knowledge of medications and their effects and are able to explain medications in terms of disease process

or body function.

12. Ninety-one percent of the respondents indicated that they believe nurses are able to assess the individual patient and determine what information would be in the patient's best interest to know or not to know.
13. All but two of the nurses responding to this question stated they believe nurses are able to assess the patient's intellectual level and determine what terminology and information the patient would understand.
14. Seventy-six percent of the nurses responding believe they would feel secure in making independent judgments about what to tell or teach patients.

Conclusions

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

1. There appears to be no relationship between the nurse's present position, length of employment at a given hospital, highest degree or diploma attained in nursing, years of nursing experience or decade of graduation from nursing school to what the nurse is willing to tell the patient about medications.

2. Most nurses believe they have the knowledge and ability to assess the patient and appropriately decide what the patient should be told about his medications.
3. Nurses are selective in determining which medications to tell the patient about, and base their decisions on consideration for the patient's well being.
4. If given the opportunity, most nurses would feel secure in making independent judgments about what to tell or teach patients regarding medications.
5. Nurses who express hesitation at using independent judgment refer to the physician's prerogative to tell patients about medications.

Recommendations for Further Study

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

1. Conduct a similar study on physicians to ascertain their opinions of the nurse's ability and knowledge with regard to medications and of the nurse using independent judgment in determining what to tell patients about medications.
2. Replicate the study testing different variables, such as personality, against what the nurse tells the patient.
3. Conduct a similar study on patients to determine what they

expect to be told about their medications and by whom.

Variables such as the patient's diagnosis or degree of illness could be tested against what the patient wishes to be told about his medications.

4. Conduct a comparison study on licensed practical nurses and registered nurses to determine if there are differences between the two groups as to what they tell the patient about medications.
5. Replicate the study to determine if nurses in different areas of clinical practice differ with regard to what they are willing to tell the patient about medications.

Typed by Barbara Glenn