AN EXPERIMENTAL STUDY OF THE EFFECT OF A PHOTOGRAPHIC TOOL IN THE IDENTIFICATION OF NURSING PROBLEMS

by

S. GERTRUDE MALONE

A technical paper submitted to the Graduate Faculty in partial fulfillment of the requirements for the degree

of

MASTER OF NURSING

Approved:

Anna Pearl Sherrick, R.N., Ed.D.
Head, Major Department

Rita M. Norrgard
Chairman, Examining Committee

Louis J. Ramsey
Dean, Graduate Division

MONTANA STATE COLLEGE
Bozeman, Montana

March, 1964

ACKNOWLEDGMENT

The author wishes to express sincere appreciation to the following people for their help and guidance in writing this paper:

Anna Pearl Sherrick, Professor and Director, Montana State College School of Nursing.

Rita Darragh, Associate Professor, Montana State College School of Nursing.

John A. Evert, M. D., Missoula, Montana.

John O. Picton, Ph.D., Montana State College, Bozeman, Montana.

The nurses who participated in the study and my family for their patience and encouragement.

TABLE OF CONTENTS

CHAPTER		PAGE
I.	INTRODUCTION AND DEFINITIONS OF TERMS	1
	Introduction	1
	The Problem Area	3
	Statement of the Problem	4
	The Purpose of the Study	4
	The Hypothesis	4
	The Design of the Study	4
	Limitations and Assumptions of the Study	6
	Definitions of Terms Used in the Study	6
	Organization of the Remainder of the Study	7
II.	THE RESEARCH PLAN	8
	Devising the Tool	8
	Selecting the Sample	10
	Collection of the Data	10
III.	DISCUSSION AND ANALYSIS OF DATA	11
	The Twenty-one Problems	12
	Group I	12
	Group II	12
	Group III	13
	Group IV	13
	The Tabulation of the Data	14

CHAPTER		PAGE
	Analysis of the Frequencies of Use	15
	Differences Between Categories "A" and "B"	15
	Differences in Groups of Problems	17
	The Significance of the Differences	17
	The Effectiveness of the Pictures	20
IV.	SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS	26
	Summary	26
	Conclusions	27
	Implications for Nursing	27
	Recommendations	28
APPENDIX A.	PHOTOGRAPHS AND CLINICAL CHARTS	29
APPENDIX B.	LETTERS	54
	Letters to Directors of Nursing Services	55
	Letter and Instructions to Nurses Participating	56
	Letter of Consent from National League for Nursing	61
	Letter of Consent from Patient, Picture Number 2	62
LITERATURE CONSULTED		63

LIST OF TABLES

TABLE PAGE

1. Rank Order of Pictures According to Derived Assistance 25

LIST OF FIGURES

FIGURE		PAGE
1.	Frequencies of the Listing of Each of the Twenty-one Problems - Category A, without the Pictures, Category B, with the Picture	16
2.	The Mean of the Frequencies of Each Group of Nursing Problems	18
3.	A Comparison of the Categories "A" and "B" in the Identification of the Problems of the Eight Cases	24

ABSTRACT

An experimental study in which the identification of nursing problems with and without the information elicited from photographs was compared.

The purpose of the study was to devise and test a tool using photographs for use in the teaching of the identification of nursing problems.

The study was based on data collected from a survey of twenty-three nurses employed in eight general hospitals in Montana. The accrued data gave evidence of assistance in identification of nursing problems derived from use of the tool. A hospital setting was used for the photographs made especially for this study.

AN EXPERIMENTAL STUDY OF THE EFFECT OF A PHOTOGRAPHIC TOOL IN THE IDENTIFICATION OF NURSING PROBLEMS

CHAPTER I

INTRODUCTION AND DEFINITION OF TERMS

Introduction.

Because the nursing profession has gone through various phases of development, what constitutes nursing is still not settled. What specific body of knowledge is uniquely nursing? The Goldmark Report in 1923[1] and the Brown Report in 1948[2], which have studied nursing education in terms of its effect upon society, have stressed that nursing is comprehensive, and not simply the physical aspects of care. With comprehensive nursing care the whole patient is considered, not only his medical diagnosis, treatments, and medications.

How do nurses arrive at the decision of what should be done for a patient? The identification of the nursing problem is the first step in constructing a nursing care plan. R. Louise McManus, in writing on nursing functions, describes the identification or diagnosis of a nursing

---

[1]Josephine Goldmark, Nursing and Nursing Education in the United States, (New York: The Macmillan Company, 1923), p. 7.

[2]Esther L. Brown, Nursing for the Future, (New York: Russell Sage Foundation, 1948), p. 11.

problem as a "unique" function of the professional nurse.[3]

An organized pattern of procedure for the nurse would seem to involve identification of the nursing problem, a nursing diagnosis and then a nursing care plan. If we can assume that nursing care affects the rate of a patient's return to health, then we can assume that the nursing care plan itself is an instrument in the attainment of that goal. The nursing care plan serves as a guide in carrying out patient care with the hope of making it individualized rather than routine care.

Nurses are expected to identify nursing problems, but their ability to do so varies, perhaps because of differences in experience, or in the formal attempts to find a nursing problem. Faye G. Abdellah says:

> Nursing problems must be identified before a nurse can select appropriate courses to solve them. . . . failure to identify the nursing problem or its wrong identifications, hence a wrong diagnosis, may result not only in nursing care that is of no avail, but which may actually be harmful.[4]

The need for identifying problems could be illustrated by the approach to a child who is fretful at night without his bedtime toy. The nurse might wrongly assume that the fretfulness is caused by pain unless she knows that most children have a favorite toy which they like

---

[3]R. Louise McManus, "Assumptions of Functions of Nursing," Regional Planning for Nursing and Nursing Education, (New York: Bureau of Publication, Teacher's College, Columbia University, 1950), p. 54.

[4]Faye G. Abdellah, Patient Centered Approaches to Nursing, (New York: The Macmillan Company, 1961), p. 10.

to take to bed. By establishing communication, which may need to be non-verbal, the nurse discovers the problem at hand and makes her plan which in turn will result in a more effective solution of the problem. Abdellah, in further discussion of the needs for identification of nursing problems says that most professional nurses practicing today are graduates of schools of nursing which utilized almost entirely a technical and subject-matter approach to the curriculum.[5] If the need for identification of nursing problems is the first step in total patient care, then the need for practice in identification of nursing problems logically follows.

The Problem Area.

In discussion of the rationale for patient-centered approach to nursing, Abdellah continues to say that the curriculum in schools of nursing must provide the widest possible experience for students in the identification of nursing problems.[6]

The need for further practice in the identification of nursing problems is not limited to students in schools of nursing. In view of the changes in the cirricula of schools of nursing within the past few years, practice in identification of nursing problems should also be included in refresher courses. It should also be included in the in-service education plan for those nurses who wish to improve their skill in con-

---

[5] Ibid, p. 3.

[6] Ibid, p. 3.

struction of nursing care plans. In a quest one might turn to audio-visual aides which have been established as effective methods of teaching. The use of diagrams and illustrations in the teaching of anatomy for example, has wide spread acceptance. A search of the literature did not produce evidence of the use of photographs in the teaching of identification of nursing problems.

Statement of the Problem.

Would the use of photographs assist the nurse in identifying nursing problems?

The Purpose of the Study.

The purpose of the study was to devise and test a tool, using photographic film, for use in the learning process of identifying nursing problems.

The Hypothesis.

The hypothesis was that nurses can derive information from a pictured situation in the practice of identifying nursing problems.

The Design of the Study.

The method of research was the experimental, using the Method of Difference. Mill's second canon proposes that if two sets of circumstances are alike in every respect except one factor and if a given result occurs only when that factor is present, said factor is probably the cause of the result. In this study the factor of difference or the

variable was a picture detail.

Partial records of eight patients were used in the study. Records contained the admission information, the physician's initial orders, and the presumptive diagnosis. The admitting information is usually available to a nurse when the first nursing care plan is formulated. The nurses participating in the study were asked to review this information, then to identify the nursing problem presented by each patient. They were asked to define the nursing problem by selecting one or more problems from a comprehensive list of twenty-one nursing problems compiled by The National League for Nursing.[7]

The problems which were identified were recorded on the score sheet by numbers. The envelope containing the pictures was then opened and the procedure repeated. The results were tabulated and compared.

The photographs depicting nursing problems were made for this study and were judged as suitable by the graduate students enrolled in the Master of Nursing program of the School of Nursing, Montana State College, Bozeman, Montana. Ten graduate students, all nurses, acted as judges. When three or more felt that a picture was inadequate it was not used in the study. Of the twenty photographs submitted, eight were judged as suitable.

---

[7]The National League for Nursing, Report of the Sub-committee on Records, (New York: American Journal of Nursing Company, June, 1957).

Limitations and Assumptions of the Study.

In the use of the experimental method itself, the set of circumstances may be different in some way which was not identifiable at the time of the study.

Twenty-five nurses currently registered in Montana and actively engaged in nursing as employees of eight general hospitals in Montana participated in the study. In this study no attempt was made to evaluate the ability of the individual nurses in identification of nursing problems. An unrecognized variable may have influenced the result.

There were limitations in the design of the study tool itself. The findings could be used only for these pictures and these problems.

The assumption was made that nurses do make a nursing care plan in initiating nursing care for a particular patient.

Definitions of Terms Used in the Study.

Nurse: A registered nurse.

Nursing Problem: "A condition faced by the patient or his family which the nurse can assist him or them to meet through the performance of her professional functions."[8]

Overt Nursing Problem: "An apparent condition faced by the patient or his family which the nurse can help him or them to meet through the performance of her professional functions."[9]

---

[8]McManus, op. cit., p. 54.

[9]Abdellah, op. cit., p. 6.

Covert Nursing Problem: "A concealed or hidden condition faced by the patient or his family which the nurse can help him or them to meet through the performance of her professional functions (e.g. a patient with a tracheotomy tube cannot sleep at night because of his anxiety of being alone and unable to get help should the tube become plugged with mucus). The covert problem is the anxiety, which the nurse must find ways of relieving. The solution to this problem will solve the overt nursing problem--the patient's inability to sleep."[10]

Nursing Diagnosis: "Conclusion based on an individual's nursing needs, resulting from critical analysis of his behavior, the nature of his illness and numerous other conditions which affect his needs."[11]

Nursing Care Plan: The result of the nurse's observations and judgments (the identification of nursing problems) plus prescribed medical therapy.

Organization of the Remainder of the Study.

The remainder of the study was arranged in three chapters. Chapter II consists of a description of the tool, how it was devised and tested. Chapter III presents the findings and interpretations of the data accrued from the score sheets. Chapter IV contains the summary, conclusions, implications for nursing and recommendations.

---

[10]Abdellah, op. cit., p. 6.

[11]Nari I. Komorita, "Nursing Diagnosis", The American Journal of Nursing, 62:12, December, 1962, p. 83.

CHAPTER II

THE RESEARCH PLAN

The experimental method of research, the method of difference, was used in the study. Twenty-five nurses were the respondents to two tests. The first test was the identification of nursing problems presented by patients using information made available to them from the hospital admission records, the physician's orders and the presumptive diagnosis. The second test was the identification of nursing problems using the information elicited from a photograph in addition to the above information. The purpose of the study was to devise and test a tool using photographic film for use in teaching of the identification of nursing problems.

Devising the Tool.

With the list of twenty-one nursing problems compiled by The National League for Nursing as a guide, photographs depicting nursing problems were taken of patients in a hospital setting.

> During 1953, the Division of Nursing Resources of the United States Public Service carried out a study in a sample of thirty general hospitals with and without schools of nursing to find out what types of patients were found in these hospitals and to seek to develop a classification of common nursing problems presented by patients. . .The research resulted in a typology comprising fifty-eight groups of common nursing problems presented by patients. A second study carried out during 1953-1955, sought to develop methods of identifying overt and covert nursing problems. The third study was carried out by Abdellah, Martin, Beland, and Matheney in cooperation with The National League for Nursing from 1955 to 1958. The

typology of nursing problems developed during 1953 was further refined and compressed to twenty-one groups of common nursing problems.[13]

The students enrolled in the Master of Nursing program of the School of Nursing, Montana State College, Bozeman, Montana, served as a jury in judging the appropriateness of the pictures. When three or more of the ten nurses, serving as the jury, voted the picture to be unsuitable in portraying the nursing problem, the picture was not used in the study. From the original twenty photographs, their final decisions resulted in the eight pictures used in the experiment (See Appendix A).

Partial records of eight patients served as a basis for information in the identification of the nursing problems. Information contained in these records was of the nature usually available to the nurse receiving a patient on a nursing service unit. The admittance record revealed the name, address, telephone number, hospital room number, hospital number, age, date and place of birth, race, religion, sex, marital status, occupation, father's name, mother's maiden name, next of kin and relationship, address and telephone number of next of kin, name of attending physician, hospital service, and date of admission. The presumptive diagnosis and the physician's admitting orders completed the information on the patient's record for the eight cases.

Endeavoring to create a situation as closely resembling an actual admission procedure as possible, the admission information and physician's

---

[13]Abdellah, op. cit., pp. 14-16.

orders were typed on hospital forms (See Appendix A).

Selecting the Sample.

The eight general hospitals whose nurse employees took part in the study were chosen on a basis of geographic distribution to avoid any particular type of influence, such as that of a school of nursing or work shop. A letter explaining the purpose of the study was sent to the Directors of the Nursing Services in each of the eight hospitals, asking their help and cooperation. The hospitals with the largest bed capacities were sent material for four nurses participants, the others for two nurses. The Directors were asked to choose the nurses for the study, using only the criteria that the nurses were currently registered as professional nurses in Montana and that the planning of nursing care for patients was one of their normal functions.

Collection of the Data.

Twenty-five individual packets were made up and placed in a large envelope. Each packet contained the following items:

1. A letter of instructions to the participants in which they were told the purpose of the study and how to use the score sheet.
2. A score sheet.
3. The records of the eight cases.
4. A list of the twenty-one nursing problems.
5. A smaller envelope, containing the eight pictures and instructions for their use, sealed and marked with the letter "B".

CHAPTER III

DISCUSSION AND ANALYSIS OF DATA

Twenty-three nurses participated in this study. No attempt was made to determine the degree of nursing skill, extent of education, or experience of the nurses. The criteria for participation were that the nurses were currently registered to practice professional nursing in Montana and that planning of patient care was one of their normal functions.

The twenty-one nursing problems used in the study were compiled by The National League for Nursing.[14]

The photographs which were made for the study were judged as suitable by a jury composed of students enrolled in the Master of Nursing program of the School of Nursing, Montana State College, Bozeman, Montana.

For purposes of analysis, the list of twenty-one nursing problems was divided into the four groups used by Ruth V. Matheney and Almeda Martin in their plan for a method of teaching the identification of nursing problems.[15]

---

[14]The National League for Nursing, Report of Sub-Committee on Records, (New York: American Journal of Nursing Company, 1958).

[15]Faye G. Abdellah, et al., Patient-Centered Approaches to Nursing, (New York: The Macmillan Company, 1961), pp. 80-82.

The Twenty-one Problems.

Group I: (Problems 1-4) Basic Problems.

"These problems are basic, they are presented to some degree by all patients regardless of the specific health problem that may confront the patient; such problems are apt to be both overt and covert."[16]

Problem 1: To maintain good hygiene and physical comfort.

Problem 2: To promote optimal activity, exercise, rest and sleep.

Problem 3: To promote safety through prevention of accident, injury, or other trauma and through the prevention of the spread of infection.

Problem 4: To maintain good body mechanics and prevent and correct deformities.

Group II: (Problems 5-11) Physiological Problems.

"This group of problems related to normal and disturbed physiological body processes. The major problems here are usually overt."[17]

Problem 5: To facilitate the maintenance of a supply of oxygen to all body cells.

Problem 6: To facilitate the maintenance of nutrition to all body cells.

Problem 7: To facilitate the maintenance of elimination.

Problem 8: To facilitate the maintenance of fluid and electrolyte balance.

Problem 9: To recognize the physiological responses of the body to disease conditions - pathological, physiological, and compensatory.

---

[16]Ibid, p. 81.

[17]Ibid, p. 81.

Problem 10: To facilitate the maintenance of regulatory mechanisms and functions.

Problem 11: To facilitate the maintenance of sensory function.

Group III: (Problems 12-18) Emotional and Interpersonal Problems.

"This group involves mainly emotional and interpersonal difficulties. The problems are usually covert."[18]

Problem 12: To identify and accept positive and negative expressions, feelings, and reactions.

Problem 13: To identify and accept the interrelatedness of emotions and organic illness.

Problem 14: To facilitate the maintenance of effective verbal and non-verbal communication.

Problem 15: To promote the development of productive interpersonal relationships.

Problem 16: To facilitate progress toward achievement of personal spiritual goals.

Problem 17: To create and or maintain a therapeutic environment.

Problem 18: To facilitate awareness of self as an individual with varying physical, emotional, and development needs.

Group IV: (Problems 19-21) Sociological Problems.

"This group involves sociological or community problems as well as individual ones. They may be overt or covert."[19]

Problem 19: To accept the optimum possible goals in the light of limitations, physical, and emotional.

---

[18]Ibid, p. 81.

[19]Ibid, p. 81.

Problem 20: To use community resources as an aid in receiving problems arising from illness.

Problem 21: To understand the role of social problems as influencing factors in the cause of illness.

The Tabulation of the Data.

For the tabulation two categories were used throughout the study. Category "A" representing the problems identified by the respondents with the information derived from the admission record, presumptive diagnosis, and physician's orders. The "B" category represents the problems identified by the respondents with the additional information derived from the pictures. All of the twenty-one problems were used in the process of identifying the nursing problems presented by the patients in the eight cases of the study. Some problems were used more frequently than others.

The data were analyzed in six ways.

1. The frequencies of use of all twenty-one problems.

2. The differences in the frequency of use of each of the twenty-one problems.

3. The differences in frequency of use between categories "A" and "B".

4. The Chi-squared test to rule out the differences that occur in any two categories by chance alone.

5. The frequency of the use of the problems portrayed in the photographs.

6. The effectiveness of the photographs.

Analysis of the Frequency of Use.

The data were tabulated on score sheets in order to establish which nursing problems were identified most frequently and whether or not there were nursing problems among the twenty-one which were not used by the respondents.

The problem with the lowest frequency of identification was problem number sixteen, "To facilitate progress toward achievement of personal goals." It was identified sixteen times. Nursing problem number one had the highest frequency. "To maintain good hygiene and physical comfort"; it was identified one hundred and nineteen times. The line marked "A" shows the frequency of identification of each of the twenty-one nursing problems without use of the pictures (Figure 1).

Differences Between Categories "A" and "B".

The difference in frequency of use of each of the twenty-one problems between categories "A" and "B" varied from no difference to a difference of twenty-two frequencies. There was very little difference in the frequencies between the two categories in use of problem number one and problem number seven. The greatest difference between the frequencies in the two categories was in use of problem number fifteen, "To promote the development of productive interpersonal relationships." This problem was identified twenty-two times more in category "B" than category "A".

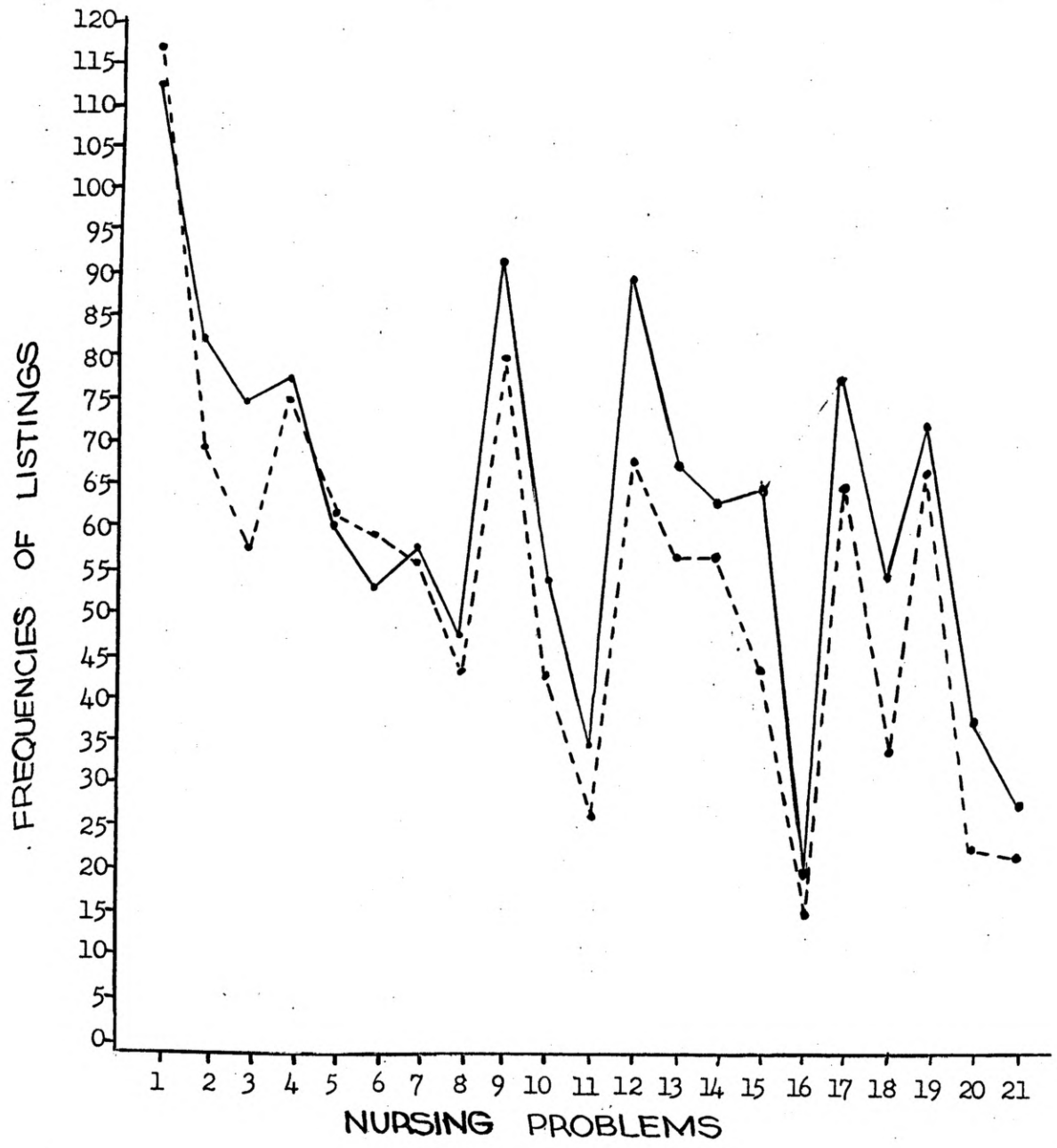


Figure 1. Frequencies of the Listings of Each of the Twenty-one Problems, Both Categories.

------- Category A - Without Pictures
——————— Category B - With Pictures

Differences in Groups of Problems.

The twenty-one problems were grouped in the following way:

Group I: These are basic problems, presented in some degree in all patients.

Group II: Problems of a physiological nature.

Group III: These are emotional and interpersonal in nature.

Group IV: These are sociological problems.

As the twenty-one nursing problems are not equally divided numerically into the four groups, a tabulation was done to determine the average number of problems identified in each group. The difference between the mean of the nursing problems identified from each group was compared. The greatest difference was in Group III, with Group IV, next, Group I, third, and the least difference was in Group II (See Figure 2). The difference between the averages of the frequencies of the two categories "A" and "B" for Group I was six. The difference between the two categories "A" and "B" for Group II was three. The differences for the two categories "A" and "B" for Group III was fifteen. The differences for the two categories "A" and "B" for Group IV was ten.

The Significance of the Differences.

It was established that there was a difference between the two categories "A" and "B". An analysis of the data to determine the significance of the difference was done through examination of the null hypothesis as related to the alternative hypothesis. The null hypothesis has stated that there is no difference between categories "A" and "B"

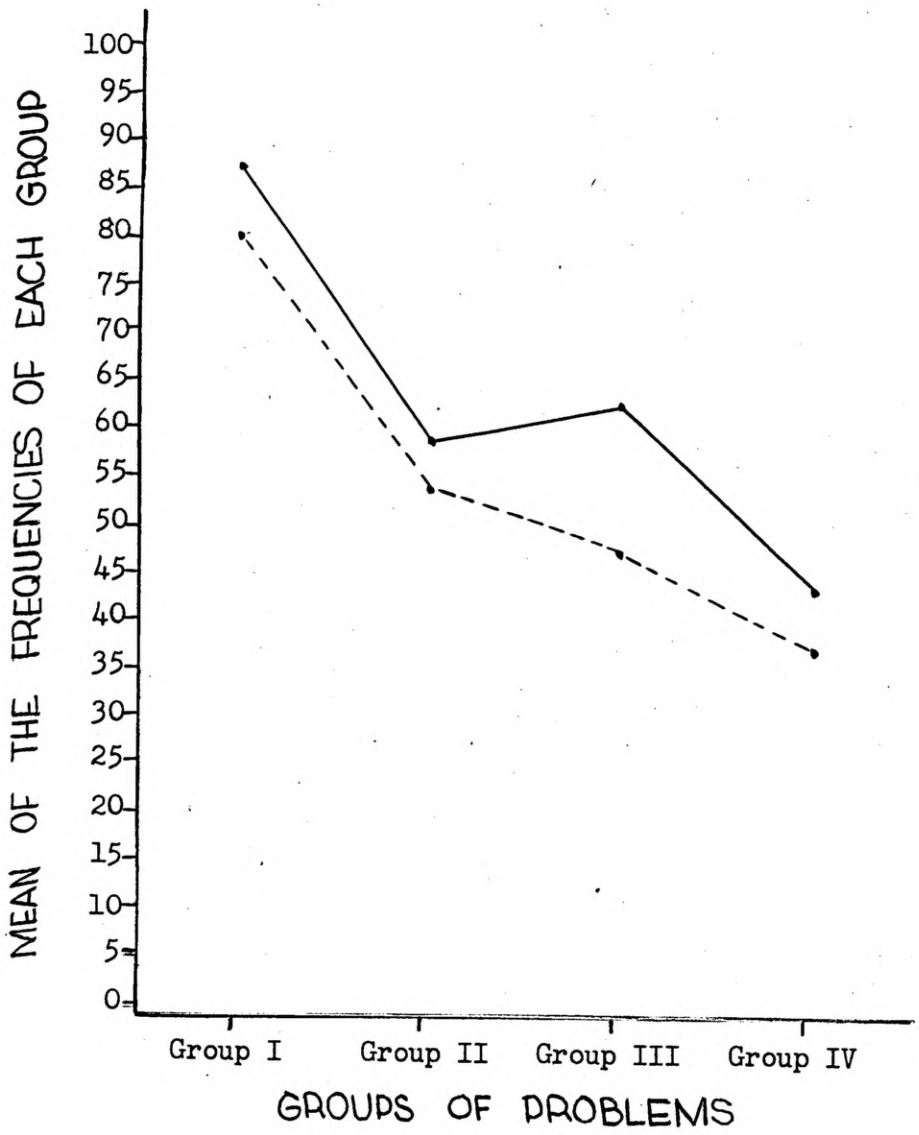


Figure 2. The Mean of the Frequencies of Each Group of Nursing Problems.

------ Category A - Without Pictures
——— Category B - With Pictures

other than by chance alone. If this null hypothesis was rejected than the alternative hypothesis was considered. The alternative hypothesis was that there is a difference between categories "A" and "B" other than by chance alone, with category "B" being greater than category "A".

The results of the data comparison were statistically analyzed using a modification of the Chi Square test to test the hypothesis.[20]

Group I: χ^2 = less than 1.0 significance beyond 0.1% level therefore accept the null hypothesis that there is no significant difference between categories "A" and "B" for nursing problems in Group I.

---

[20]Information furnished in conference with Dr. John O. Picton, Education Department, Montana State College, Bozeman, Montana.

Steps in the computation and use of chi^2 (χ^2) test for k independent samples:

1. Cast the observed frequencies in a k x r contingency table, using the k columns for the groups and the r rows for the conditions.

2. Determine the expected frequency for each cell by finding the product of the marginal totals common to it and dividing this product by N. (N is the sum of each group of marginal totals.) It represents the total number of independent observations. Inflated N's invalidate the test.

3. Compute χ^2 by using the formula $\chi^2 = \sum \frac{(O-E)^2}{E}$
   where O represents the observed frequency and
   E represents the expected frequency for each cell.

4. Determine the degrees of freedom, df. df = (k-1) (r-1).

5. Determine the significance of the observed value of χ^2 by reference to the proper tables. For a one-tailed test, halve the significance level shown. If the probability given for the observed value of df is equal to or smaller than the desired significance level, reject null hypothesis in favor of the alternative hypothesis.

Group II: χ^2 = less than 1.0 significance beyond 0.1% level therefore the null hypothesis is accepted that there is no difference between categories "A" and "B" for nursing problems in Group II.

Group III: χ^2 = 12+ significance beyond 0.1% level therefore reject the null hypothesis and accept the alternative hypothesis that there is a difference between categories "A" and "B" for nursing problems in Group III, category "B" being the greater.

Group IV: χ^2 4 significance beyond the 0.1% level therefore reject null hypothesis and accept the alternative hypothesis that there is a difference between categories "A" and "B" of nursing problems of Group IV, with "B" being the greater.

From analysis of the data the conclusion can be drawn that nurse respondents identified more nursing problems from the list of the twenty-one nursing problems with the use of photographs. The other conclusion that can be drawn is that most of the increase in numbers occurred in the identification of the nursing problems which are in Groups III and IV.

The Effectiveness of the Pictures.

The eight pictures used in the study were judged as portraying eight specific nursing problems from the list of the twenty-one nursing problems. An analysis of the data tabulated from the score sheets was done. The total number identified correctly as related to the eight problems for category "A" was 113. The total number of correctly

identified nursing problems in category "B" was 136. This was an increase of twenty-three correctly identified nursing problems with the aid of the photographs.

The mean of the numbers answered correctly in category "B" was 5.90 in contrast to the mean of 4.91 in category "A". This was an increase of per cent in accuracy of the identification of the nursing problems with the use of the tool.

The original hypothesis presented in Chapter I that nurses can derive information from a pictured situation could be true.

Picture number one depicted Nursing Problem #12, "To identify and accept positive and hegative expressions, feelings, and reactions." With the study of record material only it was so identified by 14 of 23 respondents. The addition of the picture enabled 6 more respondents to make this identification but it seemed to cause 2 nurses to change their minds and identify some other nursing problem.

Picture number two depicted Nursing Problem #2, "To promote optimal activity; exercise, rest and sleep." With the study of the record material only it was identified by 18 of 23 respondents. The addition of the picture enabled 4 more respondents to make this identification.

Picture number three depicted Nursing Problem #1, "To maintain good hygiene and physical comfort." With the study of the record material only it was so identified by 19 of 23 respondents. The addition of the picture enabled 3 more respondents to make this identification, but

again the addition of the picture seemed to cause 1 nurse to change her mind and identify some other nursing problem.

Picture number four depicted Nursing Problem #14, "To facilitate the maintenance of effective verbal and non-verbal communication." With the study of record material alone it was so identified by 7 of 23 respondents. The addition of the picture enabled 3 more respondents to make this identification but it seemed to cause two nurses to change their minds and identify some other nursing problem.

Picture number five depicted Nursing Problem #9, "To recognize the physiological responses of the body to disease conditions, pathological, and compensatory." With the study of record material only it was so identified by 15 of the 23 respondents. The addition of the picture enabled 3 more respondents to make this identification but it seemed to cause one nurse to change her mind and identify some other nursing problem.

Picture number six depicted Nursing Problem #5, "To facilitate the maintenance of a supply of oxygen to all body cells." With the study of record material only it was so identified by 21 of the 23 respondents. The addition of the picture enabled 2 more respondents to make this identification. This was the only instance in which all twenty-three respondents identified the depicted nursing problem.

Picture number seven depicted Nursing Problem #4, "To maintain good body mechanics and prevent and correct deformities." With study of the record material alone it was identified by 18 of the 23 respondents. The addition of the picture enabled one more respondent to make

the identification.

Picture number eight depicted Nursing Problem #20, "To use community resources as an aid in resolving problems arising from illness." With the study of record material only it was so identified by one of the nurse respondents. The addition of the picture enabled seven more respondents to make this identification.

Of the six instances where the addition of the picture seemed to cause the respondent to change her mind and choose some other nursing problem one nurse accounted for three or one-half of the instances. The other three were the responses of three different respondents in three different cases.

A comparison of the nursing problems identified in Category "A" to those identified in Category "B" revealed an increase in every one of the eight cases (See Figure 3).

The nurse respondents identified more additional problems from picture number eight and identified the least additional problems from picture number six as demonstrated by the increased responses in Category "B" over Category "A". The rank order of the nursing problems identified with the use of the pictures is shown in Table I.

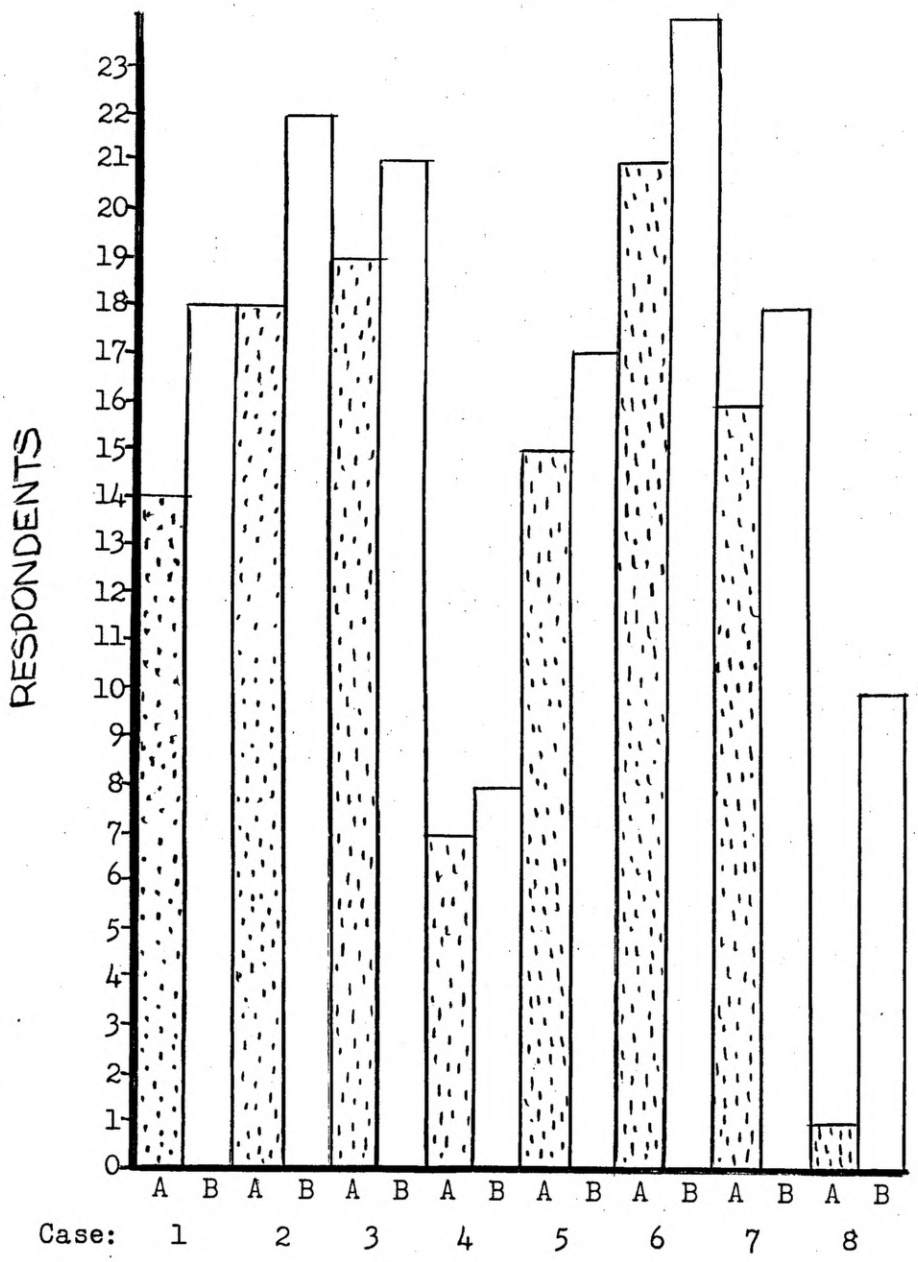


Figure 3. A Comparison of the Categories "A" and "B" in the Identification of the Problems of the Eight Cases.

Table I. Rank Order of Pictures According to Derived Assistance.

Rank	Case	Identified in Category "B" not "A"
1	8	8
2	1	6
3	2	5
4	4	4
4	5	4
5	3	3
6	6	2
6	2	2

CHAPTER IV

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Summary.

In this study it was assumed that nurses do make a nursing care plan for patients. The problem upon which the study was based was to determine whether or not the use of a photographic tool would assist the nurse in identifying nursing problems.

Abdellah and others in speaking of a need for more patient-centered approaches to nursing said that one needs nurses who are adept at identifying patients overt and covert problems.[21]

The purpose of this study was to devise and test a tool using photographs for use in the learning process of identifying nursing problems.

The experiment consisted of testing the effectiveness of eight pictures in depicting nursing problems. Twenty-three nurses in eight general hospitals in Montana were asked to identify nursing problems of eight patients, using the admission information, physician's orders and the presumptive diagnosis as a basis for their judgments. The numbers of the nursing problems they identified were recorded on a score sheet. Upon completion of the identification of the nursing problems for all eight cases, the nurses were given the photographs which had been made expressly for this study and judged as appropriate for portray-

---

[21]Abdellah, op. cit., p. 189.

ing certain nursing problems by the students enrolled in the Master of Nursing program in the School of Nursing of Montana State College, Bozeman, Montana. With the additional information elicited from the pictures, the participants again identified the nursing problems that the patient presented.

The study did not propose to evaluate the skill of the nurses in identifying nursing problems, their experience or education. The participants were currently registered to practice professional nursing in Montana and had as one of their normal functions, the planning of nursing care for patients.

Conclusions.

Photographs can be useful in the teaching of the identification of nursing problems. The study showed that nurses identified more nursing problems with the aid of the pictures depicting the nursing problems and that they identified the nursing problems more appropriately. The pictures in this study which depicted problems of a covert nature rather than overt gave more assistance to the nurses in the identification of nursing problems. There is the possibility that the need for assistance is greater in the identification of covert problems and that, therefore, the help derived would be greater.

Implications for Nursing.

> Nurses must be able, as an independent function, to establish nursing diagnoses and to plan, give and evaluate nursing care on the foundation of a scientific body of knowledge. Such an inter-

> pretation requires that basic education for nursing must help the student develop skills in identifying the nursing problems of patients, in selecting the appropriate nursing treatments to meet problems on a rational basis, and in applying principles of nursing care in practice.[22]

With views such as the one expressed in the above quotation becoming more prevalent, the need for more tools in the teaching of identification of nursing problems will be needed.

Recommendations.

The following areas of the study are recommended for investigation:

1. A study made to determine to what extent nurses do identify nursing problems.

2. A study made of what steps nurses take in the identification of nursing problems.

3. This study be repeated to evaluate the effectiveness of the individual pictures using a larger sample.

4. This study by repeated using different pictures to compare results of the two studies.

5. This study be repeated using a sample of student nurses rather than graduate professional nurses.

---

[22]Abdellah, op. cit., p. 183.

APPENDIX A

PHOTOGRAPHS AND CLINICAL CHARTS

NPBA HOSPITAL
ADMISSION AND DISCHARGE RECORD – CASE #1

Hospital No: 123411 Admission Date: May 31, 1963 AM X PM

Surname, First, Middle	Previous Adm.	Category	Birth Date	Age
Brown, Jenny Jean (Mrs.)	☐ Yes ☒ No	Private	April 12, 1895	68

Address, City, State	Home Phone	S	M	W	D	M	Fe	Military Svc.
1611 Spruce St., Missoula, Montana	586-2224			X				☐ Yes ☐ No

Birth Place	Race	Religion	Soc. Sec. No.	Service Date	Injured
Steevensville, Mont.	White	Presbyterian	none	----------	☐ On Duty ☐ Off Duty

Occupation	Employer	Address	Phone
Homemaker	----	----	----

Name of Spouse	Birth Place	Age	Occupation
Deceased	----	---	----

Address of Spouse	Father's Name	Mother's Name
----	James Dunn	Geraldine Moss

In Emergency Notify:	Relationship	Address	Phone
Mrs. Elizabeth Smith	Friend	1613 Spruce St., Missoula, Mont.	586-2229

Person Responsible for Payment:	Surgeon's Order	Date Last Worked	Dues Prepaid to:
self	☐ Yes ☐ No	----------	----------

Attending Physician:	Admitted By
Dr. G. P. Moorehouse	S. Beach

Admitting Diagnosis: Diagnostic Breast Biopsy — CODE

Final Diagnosis:

Operations:

Complications:

Hospital Infection	Consultation	Died Under 48 hrs: / Died Over 48 hrs:	Autopsy
☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No

Condition on Discharge

☐ Recovered ☐ Improved ☐ Unimproved ☐ Not Treated ☐ Tests Only ☐ Newborn

Cause of Death:	Signature of Physician

. . . . Record Room Fill in The Following . . . .

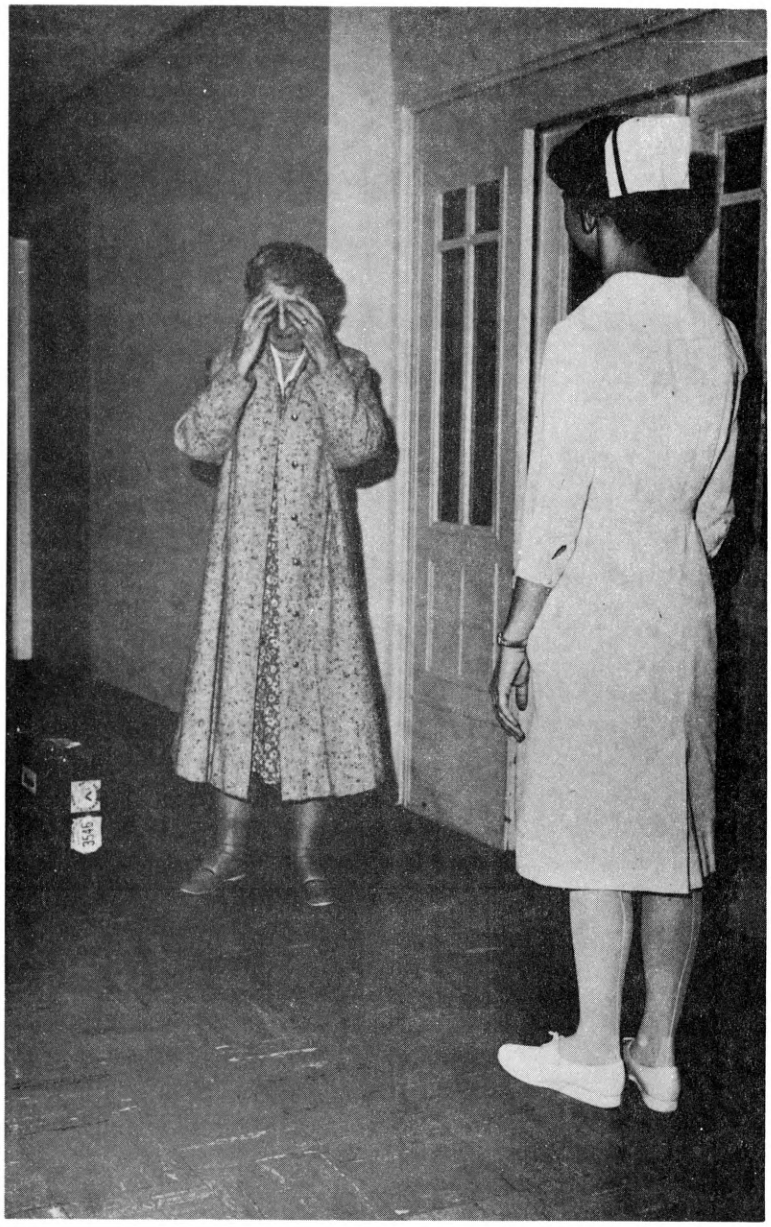
Date Discharged: Mo. Day Yr. Time A.M. P.M.	Expired: Mo. Day Yr. Time A.M. P.M.

Total Hospital Days	Disposition	Coroner Notified
		☐ Yes ☐ No

BILLINGS DEACONESS HOSPITAL
DOCTOR'S ORDERS

Date	Time	Nurses Check & Initials	Medication, Treatment and Diet
			Presumptive Diagnosis - Diagnostic breast biopsy
			910
			(1) Admit intermediate care
			(2) Prep for biopsy left breast, and possible radical nastectomy
			(3) Regular diet
			(4) HCT, WBC, DIFF, UA, Blood typing and cross match 3 units for
			possible use in am.
			(5) X-Ray Chest
			(6) Enema
			(7) Nembutol gr. 1/2 hs.
			(8) Demerol, 100 mg.
			Atropine gr. 1/150 on call to surgery

A vertical line drawn through an order indicates "discontinued." Initial in red on line.



Case #1

Problem #12 from Group 3 - emotional and interpersonal difficulties

"To identify and accept positive and negative expressions, feelings and reactions."

NPBA HOSPITAL
ADMISSION AND DISCHARGE RECORD - CASE #2

AM
X PM

Hospital No: 123459 Admission Date: May 10, 1963

Surname, First, Middle	Previous Adm.	Category	Birth Date	Age
Nelson, George Olaf	[X] Yes [ ] No	Private	May 6, 1920	43

Address, City, State	Home Phone	S	M	W	D	M	Fe	Military Svc.
1900 F Street, Livingston, Montana	222-1122		X			X		[X] Yes [ ] No

Birth Place	Race	Religion	Soc. Sec. No.	Service Date	Injured
Livingston, Montana	White	Roman Catholic	112-166-89	----	[ ] On Duty [ ] Off Duty

Occupation	Employer	Address	Phone
Farmer	Self	-----	----

Name of Spouse	Birth Place	Age	Occupation
Mary Ellen Nelson (Smith)	White Sulphur, Montana	40	Homemaker

Address of Spouse	Father's Name	Mother's Name
1900 F Street, Livingston, Montana	Bruce T. Nelson	Jessie O. Schultz

In Emergency Notify:	Relationship	Address	Phone
Mrs. George Olaf Nelson	Wife	1900 F Street, Livingston, Montana	222-1122

Person Responsible for Payment:	Surgeon's Order	Date Last Worked	Dues Prepaid to:
Self-American Republic Ins.	[ ] Yes [ ] No	----------	----------

Attending Physician:	Admitted By
Dr. E. P. Allan	S. Beach

Admitting Diagnosis: Previous Poliomeyelitis — CODE

Final Diagnosis:

Operations:

Complications:

Hospital Infection	Consultation	Died Under 48 hrs: / Died Over 48 hrs:	Autopsy
[ ] Yes [ ] No	[ ] Yes [ ] No		[ ] Yes [ ] No

Condition on Discharge

[ ] Recovered [ ] Improved [ ] Unimproved [ ] Not Treated [ ] Tests Only [ ] Newborn

Cause of Death: Signature of Physician

.... Record Room Fill in The Following ....

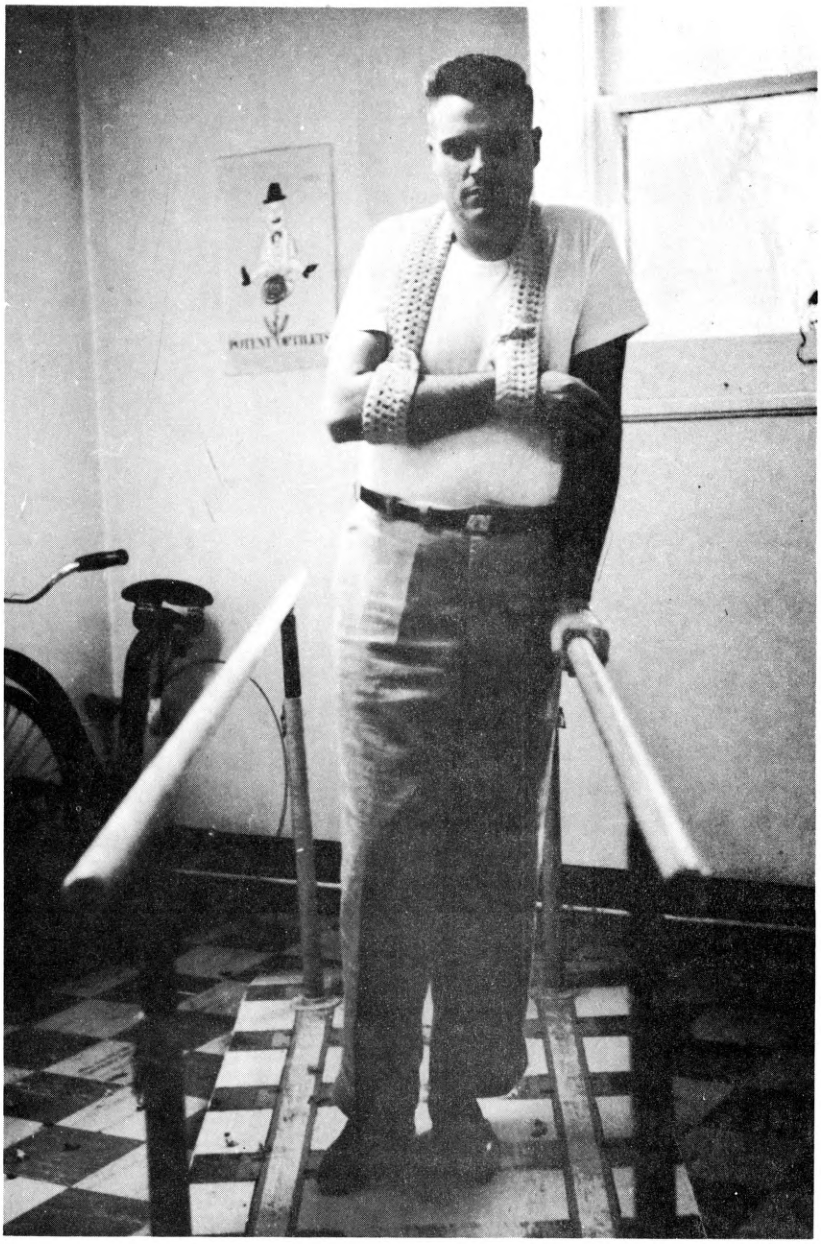
Date Discharged: Mo. Day Yr. Time A.M. P.M.	Expired: Mo. Day Yr. Time A.M. P.M.

Total Hospital Days	Disposition	Coroner Notified
		[ ] Yes [ ] No

BILLINGS DEACONESS HOSPITAL
DOCTOR'S ORDERS

Date	Time	Nurses Check & Initials	Medication, Treatment and Diet
			Presumptive Diagnosis - Previous Poliomyelitis
			(1) Admit self care unit
			(2) General Diet
			(3) Hematocrit, urinalysis, chest x-ray
			(4) Exercise right arm
			(5) Walk as often as possible
			(6) Deathermy to right shoulder twice daily
			(7) To physical therapy daily

A vertical line drawn through an order indicates "discontinued." Initial in red on line.



Case #2

Problem #2 from Group I - basic problems - present in some degree in all patients.

"To promote optimal activity, exercise, rest and sleep."

NPBA HOSPITAL
ADMISSION AND DISCHARGE RECORD - CASE #3

AM X PM

Hospital No: 123413 Admission Date: June 15, 1963

Surname, First, Middle	Previous Adm.	Category	Birth Date	Age
Poole, Winifred S. (Mrs. Jon E.)	[X] Yes [ ] No	Private	March 12, 1909	53

Address, City, State	Home Phone	S	M	W	D	M	Fe	Military Svc.
1602 Havre St., Havre, Montana	999-6655		X				X	[ ] Yes [ ] No

Birth Place	Race	Religion	Soc. Sec. No.	Service Date	Injured
St. Louis, Mo.	White	Baptist	----------	----------	[ ] On Duty [ ] Off Duty

Occupation	Employer	Address	Phone
Housewife	----	----	----

Name of Spouse	Birth Place	Age	Occupation
Jon F. Poole	Bircher, Missouri	55	Rural Mail Carrier

Address of Spouse	Father's Name	Mother's Name
1602 Havre St., Havre, Montana	George J. Coshen	Alice P. Andrews

In Emergency Notify:	Relationship	Address	Phone
John F. Poole	Husband	1602 Havre St., Havre, Montana	999-6655

Person Responsible for Payment:	Surgeon's Order	Date Last Worked	Dues Prepaid to:
Husband	[ ] Yes [ ] No	----------	----------

Attending Physician:	Admitted By
Dr. L. R. Pateur	S. Beach

Admitting Diagnosis: Cholecystitis — CODE

Final Diagnosis:

Operations:

Complications:

Hospital Infection	Consultation	Died Under 48 hrs: / Died Over 48 hrs:	Autopsy
[ ] Yes [ ] No	[ ] Yes [ ] No		[ ] Yes [ ] No

Condition on Discharge

[ ] Recovered [ ] Improved [ ] Unimproved [ ] Not Treated [ ] Tests Only [ ] Newborn

Cause of Death:	Signature of Physician

. . . . Record Room Fill in The Following . . . .

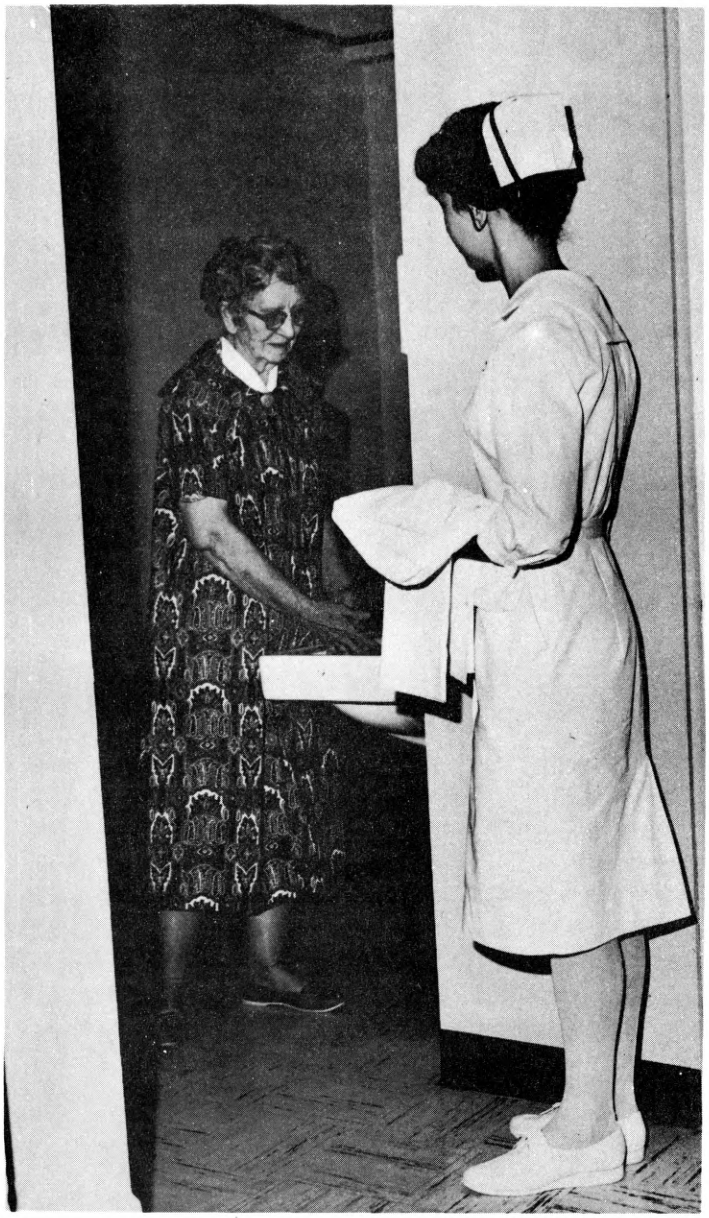
Date Discharged: Mo. Day Yr. Time A.M. P.M.	Expired: Mo. Day Yr. Time A.M. P.M.

Total Hospital Days	Disposition	Coroner Notified
		[ ] Yes [ ] No

BILLINGS DEACONESS HOSPITAL
DOCTOR'S ORDERS

Date	Time	Nurses Check & Initials	Medication, Treatment and Diet
			Presumptive Diagnosis - Cholecystitis
			(1) Admit intermediate care
			(2) Low fat diet
			(3) Prep for Cholecystectomy in am
			(4) Enema
			(5) HCT, WBC, UA
			(6) Chest X-ray
			(7) Nembutol, gr. 1 1/2 at bedtime
			(8) Semerol, gr. 100 mg.
			Scopalomine, gr. 1/150 on call to surgery

A vertical line drawn through an order indicates "discontinued." Initial in red on line.



Case #3

Problem #1 from Group I - basic problems - present in some degree in all patients.

"To maintain good hygiene and physical comfort."

NPBA HOSPITAL
ADMISSION AND DISCHARGE RECORD – CASE #4

Hospital No: 123458 Admission Date: June 30, 1963 AM X PM

Surname, First, Middle	Previous Adm.	Category	Birth Date	Age
Jones, Elizabeth Thelma	☐ Yes ☒ No	Private	June 15, 1949	13

Address, City, State	Home Phone	S	M	W	D	M	Fe	Military Svc.
513 West Curtiss, Bozeman, Montana	586-2934	X					X	☐ Yes ☐ No

Birth Place	Race	Religion	Soc. Sec. No.	Service Date	Injured
Bozeman, Montana	White	Congregational	----	----	☐ On Duty ☐ Off Duty

Occupation	Employer	Address	Phone
Student	----	----	----

Name of Spouse	Birth Place	Age	Occupation
----	----	--	----

Address of Spouse	Father's Name	Mother's Name
----	Joseph T. Jones	Thelma Saturday

In Emergency Notify:	Relationship	Address	Phone
Joseph T. Jones	Father	515 West Curtiss, Bozeman, Montana	586-2934

Person Responsible for Payment:	Surgeon's Order	Date Last Worked	Dues Prepaid to:
Father - Blue Cross	☐ Yes ☐ No	----	----

Attending Physician:	Admitted By
Dr. M. F. Benne	S. Beach

Admitting Diagnosis: Injured, left arm, possible fracture — CODE

Final Diagnosis:

Operations:

Complications:

Hospital Infection	Consultation	Died Under 48 hrs: / Died Over 48 hrs:	Autopsy
☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No

Condition on Discharge

☐ Recovered ☐ Improved ☐ Unimproved ☐ Not Treated ☐ Tests Only ☐ Newborn

Cause of Death:	Signature of Physician

.... Record Room Fill in The Following ....

Date Discharged: Mo. Day Yr. Time A.M. P.M.	Expired: Mo. Day Yr. Time A.M. P.M.

Total Hospital Days	Disposition	Coroner Notified
		☐ Yes ☐ No

BILLINGS DEACONESS HOSPITAL
DOCTOR'S ORDERS

Date	Time	Nurses Check & Initials	Medication, Treatment and Diet
			(1) Admit Intermediate Care
			(2) Nothing by Mouth
			(3) X-ray Forearm, Stat
			(4) HCT, WBC, UA



Case #4

Problem #14 from Group III - emotional and interpersonal difficulties

"To facilitate the maintenance of effective verbal and nonverbal communication."

NPBA HOSPITAL
ADMISSION AND DISCHARGE RECORD - CASE #5

Hospital No: 123457 Admission Date: July 4, 1963 AM X PM

Surname, First, Middle	Previous Adm.	Category	Birth Date	Age
Smith, John Henry	☐ Yes ☒ No	Private	Nov. 7, 1948	14

Address, City, State	Home Phone	S	M	W	D	M	Fe	Military Svc.
222 West Pine St., Bonner, Montana	none	X				X		☐ Yes ☐ No

Birth Place	Race	Religion	Soc. Sec. No.	Service Date	Injured
Hardin, Montana	White	Methodist	----------	----------	☐ On Duty ☐ Off Duty

Occupation	Employer	Address	Phone
Student	----	----	----

Name of Spouse	Birth Place	Age	Occupation
----	----	--	----

Address of Spouse	Father's Name	Mother's Name
----	Thomas F. Smith	Mary V. Jones

In Emergency Notify:	Relationship	Address	Phone
Thomas F. Smith	Father	222 West Pine St., Bonner, Mont.	None

Person Responsible for Payment:	Surgeon's Order	Date Last Worked	Dues Prepaid to:
Father	☐ Yes ☐ No	----------	----------

Attending Physician:	Admitted By
Dr. A. H. Reynolds	S. Beach

Admitting Diagnosis: Scalp lacerations, possible skull fracture, brain concussion — CODE

Final Diagnosis:

Operations:

Complications:

Hospital Infection	Consultation	Died Under 48 hrs: / Died Over 48 hrs:	Autopsy
☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No

Condition on Discharge

☐ Recovered ☐ Improved ☐ Unimproved ☐ Not Treated ☐ Tests Only ☐ Newborn

Cause of Death:	Signature of Physician

. . . . Record Room Fill in The Following . . . .

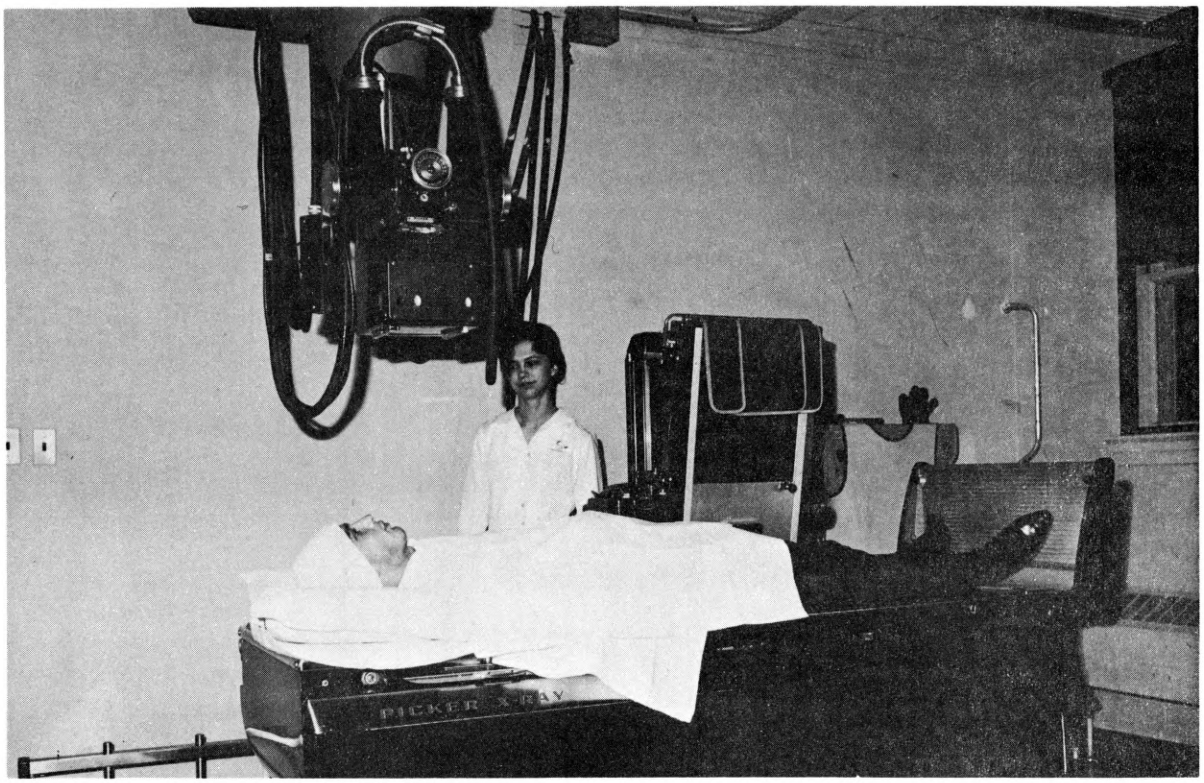
Date Discharged: Mo. Day Yr. Time A.M. P.M.	Expired: Mo. Day Yr. Time A.M. P.M.

Total Hospital Days	Disposition	Coroner Notified
		☐ Yes ☐ No

BILLINGS DEACONESS HOSPITAL
DOCTOR'S ORDERS

Date	Time	Nurses Check & Initials	Medication, Treatment and Diet
			Presumptive Diagnosis - Scalp lacerations, possible skull fracture, brain concussion
			(1) Admit Intermediate care unit
			(2) Record pulse, respirations, blood pressure every half hour
			(3) Report restlessness or deepening loss of consciousness or progressive changes in vital signs to physician at once
			(4) Keep airway clear
			(5) X-ray skull
			(6) Sodium luminol, gr. 1.M stot and repeat every 8 hours if necessary for restlessness
			(7) Record intake and output.
			(8) Clear liquids as tolerated
			(9) HCT, WBC, UA

A vertical line drawn through an order indicates "discontinued." Initial in red on line.



Case #5

Problem #9 from Group II - normal and disturbed physiological processes

"To recognize the physiological responses of the body to disease conditions - pathological, physiological, and compensatory."

NPBA HOSPITAL
ADMISSION AND DISCHARGE RECORD - CASE #6

Hospital No: 895421 Admission Date: July 10, 1963 AM X PM

Surname, First, Middle	Previous Adm.	Category	Birth Date	Age
Yancy, James P.	[X] Yes [ ] No	Private	Jan. 1, 1933	30

Address, City, State	Home Phone	S	M	W	D	M	Fe	Military Svc.
909 Sun St., Nome, Montana	666-555		X			X		[X] Yes [ ] No

Birth Place	Race	Religion	Soc. Sec. No.	Service Date	Injured
Belt, Montana	White	Lutheran	333-67-890	---	[ ] On Duty [X] Off Duty

Occupation	Employer	Address	Phone
Carpenter	Just-Right Home Builders	618 Central, Nome, Mont.	666-318

Name of Spouse	Birth Place	Age	Occupation
Jane Yancy	Butte, Montana	26	Homemaker

Address of Spouse	Father's Name	Mother's Name
909 Sun St., Nome, Montana	Daniel Yancy	Dianne Card

In Emergency Notify:	Relationship	Address	Phone
Jane Yancy	Wife	909 Sun St., Nome, Montana	666-555

Person Responsible for Payment:	Surgeon's Order	Date Last Worked	Dues Prepaid to:
Workmens Compensation	[ ] Yes [ ] No		

Attending Physician:	Admitted By
Dr. B. Q. White	S. Beach

Admitting Diagnosis: Gasoline fume inhalation — CODE

Final Diagnosis:

Operations:

Complications:

Hospital Infection	Consultation	Died Under 48 hrs: / Died Over 48 hrs:	Autopsy
[ ] Yes [ ] No	[ ] Yes [ ] No		[ ] Yes [ ] No

Condition on Discharge

[ ] Recovered [ ] Improved [ ] Unimproved [ ] Not Treated [ ] Tests Only [ ] Newborn

Cause of Death:	Signature of Physician

. . . . Record Room Fill in The Following . . . .

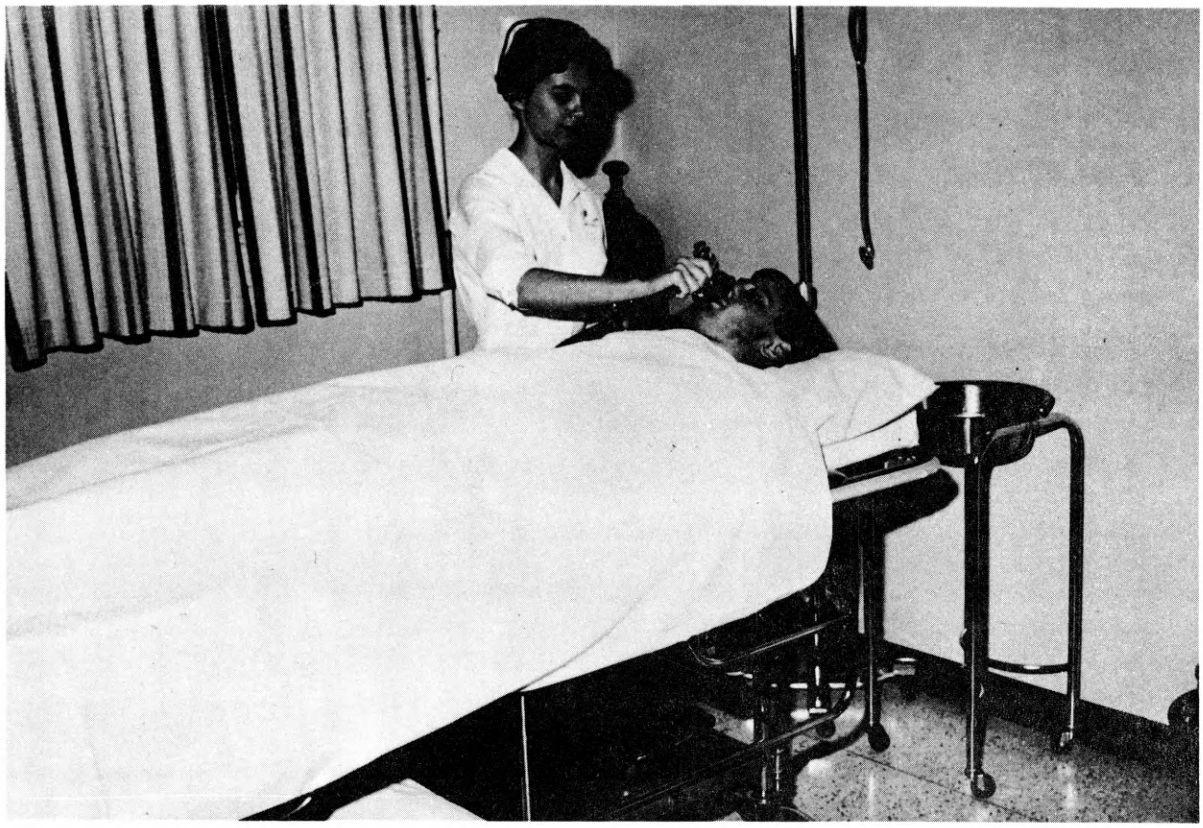
Date Discharged: Mo. Day Yr. Time A.M. P.M.	Expired: Mo. Day Yr. Time A.M. P.M.

Total Hospital Days	Disposition	Coroner Notified
		[ ] Yes [ ] No

BILLINGS DEACONESS HOSPITAL
DOCTOR'S ORDERS

Date	Time	Nurses Check & Initials	Medication, Treatment and Diet
			Presumptive Diagnosis - Gasoline fume inhalation
			(1) Oxygen inhalation with respirator
			(2) Record vital signs q. 1/2 hr.
			(3) X-ray chest - portable
			(4) Hematocrit, white blood cell count, urinalysis
			(5) Keep body warm

A vertical line drawn through an order indicates "discontinued." Initial in red on line.



Case #6

Problem #5 from Group II - normal and distrubed physiological processes.

"To facilitate the maintenance of a supply of oxygen to all body cells."

NPBA HOSPITAL
ADMISSION AND DISCHARGE RECORD - CASE #7

Hospital No: 123410 Admission Date: June 26, 1963 AM X PM

Surname, First, Middle	Previous Adm.	Category	Birth Date	Age
Anderson, Axel Pere	X Yes ☐ No	Private	Sept. 17, 1913	49

Address / City / State	Home Phone	S	M	W	D	M	Fe	Military Svc.
897 Ponderosa Dr., Pine City, Montana	999-8887		X			X		X Yes ☐ No

Birth Place	Race	Religion	Soc. Sec. No.	Service Date	Injured
Alexandria, Minn.	White	Lutheran	350-666-32	----	☐ On Duty ☐ Off Duty

Occupation	Employer	Address	Phone
Automobile Salesman	Good Car Motor Co.	111 Main St., Billings	444-6201

Name of Spouse	Birth Place	Age	Occupation
Mary Jane Anderson	Crookston, Minn.	49	Homemaker

Address of Spouse	Father's Name	Mother's Name
897 Ponderosa Dr., Pine City, Montana	Iver N. Anderson	Gudrun P. Johnson

In Emergency Notify:	Relationship	Address	Phone
Mrs. Axel Pare Anderson	Wife	897 Ponderosa Dr., Pine City, Mont.	999-8887

Person Responsible for Payment:	Surgeon's Order	Date Last Worked	Dues Prepaid to:
Self - Blue Cross	☐ Yes ☐ No	-----	----

Attending Physician:	Admitted By
Dr. C. F. Boneman	S. Beach

Admitting Diagnosis: Fractures, both femurs — CODE

Final Diagnosis:

Operations:

Complications:

Hospital Infection	Consultation	Died Under 48 hrs: / Died Over 48 hrs:	Autopsy
☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No

Condition on Discharge

☐ Recovered ☐ Improved ☐ Unimproved ☐ Not Treated ☐ Tests Only ☐ Newborn

Cause of Death:	Signature of Physician

.... Record Room Fill in The Following ....

Date Discharged: Mo.	Day	Yr.	Time A.M. P.M.	Expired: Mo.	Day	Yr.	Time A.M. P.M.

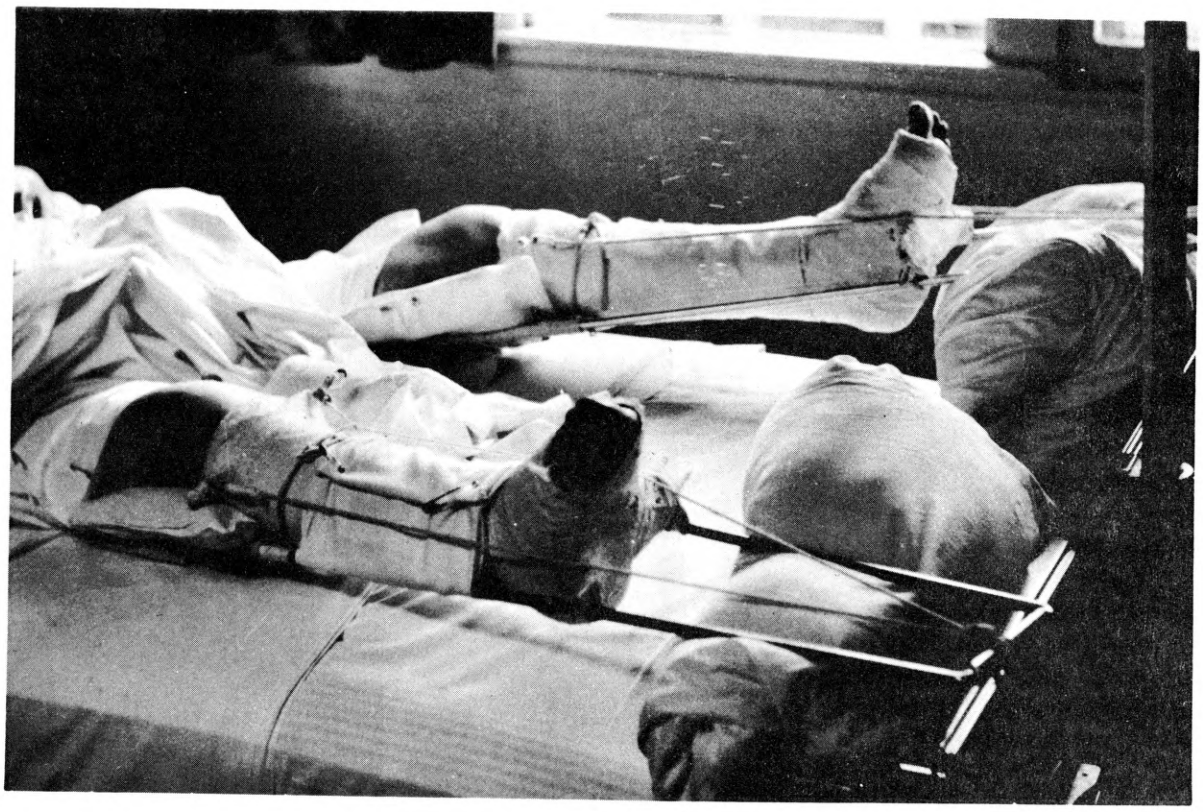
Total Hospital Days	Disposition	Coroner Notified
		☐ Yes ☐ No

BILLINGS DEACONESS HOSPITAL
DOCTOR'S ORDERS

Date	Time	Nurses Check & Initials	Medication, Treatment and Diet
			Presumptive Diagnosis - Fractures, both femurs
			(1) Admit to long term care (transfer from General Hospital)
			(2) General diet
			(3) Mineral Oil
			(4) Turn pt. frequently
			(5) Encourage quadriceps setting exercises twice daily

GAZETTE 6527-ZOM-11-62

A vertical line drawn through an order indicates "discontinued." Initial in red on line.



Case #7

Problem #4 from Group I - basic problems - present in some degree in all patients

"To maintain good body mechanics and prevent and correct deformities."

NPBA HOSPITAL
ADMISSION AND DISCHARGE RECORD - Case #8

AM
X PM

Hospital No: 984376 Admission Date: July 15, 1963

Surname	First	Middle	Previous Adm.	Category	Birth Date	Age
Doelada,	Johna	Henryon	☐ Yes ☒ No	Private	June 10, 1938	25

Address	City	State	Home Phone	S	M	W	D	M	Fe	Military Svc.
24	Elva,	Bagdad, India	none	X						☐ Yes ☒ No

Birth Place	Race	Religion	Soc. Sec. No.	Service Date	Injured
Bagdad, India	White	Islam	----	----------	☐ On Duty ☐ Off Duty

Occupation	Employer	Address	Phone
Student	----	----	----

Name of Spouse	Birth Place	Age	Occupation
----	----	--	----

Address of Spouse	Father's Name	Mother's Name
----	Judi Doelada	Kuri Lama

In Emergency Notify:	Relationship	Address	Phone
Juai Doelada	Father	24 Elva, Bagdad, India	

Person Responsible for Payment:	Surgeon's Order	Date Last Worked	Dues Prepaid to:
Self	☐ Yes ☐ No	----------	----------

Attending Physician:	Admitted By
Dr. E. M. Jones	S. Beach

Admitting Diagnosis: Chronic Asthma (For information call Foreign Student, M.S.C., Bozeman) — CODE

Final Diagnosis:

Operations:

Complications:

Hospital Infection	Consultation	Died Under 48 hrs: / Died Over 48 hrs:	Autopsy
☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No

Condition on Discharge

☐ Recovered ☐ Improved ☐ Unimproved ☐ Not Treated ☐ Tests Only ☐ Newborn

Cause of Death:	Signature of Physician

.... Record Room Fill in The Following ....

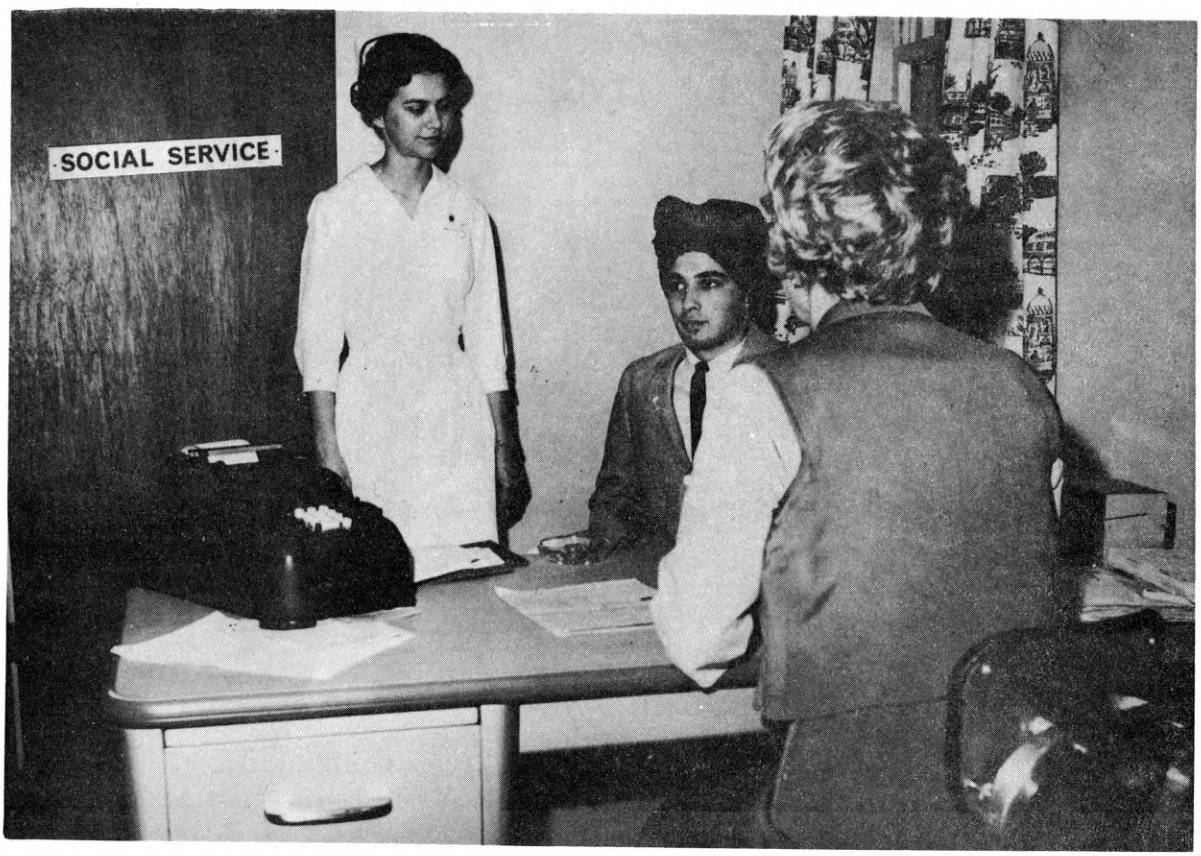
Date Discharged: Mo.	Day	Yr.	Time A.M. P.M.	Expired: Mo.	Day	Yr.	Time A.M. P.M.

Total Hospital Days	Disposition	Coroner Notified
		☐ Yes ☐ No

BILLINGS DEACONESS HOSPITAL
DOCTOR'S ORDERS

Date	Time	Nurses Check & Initials	Medication, Treatment and Diet
			Presumptive Diagnosis - Chronic Asthma
			(1) Admit Intermediate care
			(2) Bed Rest with bathroom privileges
			(3) Inhalations with Vaporizer Machine, B. I. D.
			Alevaire, 8 c.c.
			Ispurel, 8 gtts.
			(4) Saturated Solution K I, gtts. X tid., pc.
			(5) HCT, WBC, DIFF.
			(6) X-ray chest
			(7) Aminophillin, suppository at H.S.
			(8) Amesec, 1 caps., q. 8 hours
			(9) Selected diet

A vertical line drawn through an order indicates "discontinued." Initial in red on line.



Case #8

Problem #20 from Group IV - sociological and community problems.

"To use community resources as an aid in resolving problems arising from illness."

APPENDIX B

LETTERS

Montana State College
Bozeman, Montana

September 5, 1963

Director of Nursing Services
_____ Hospital
_____, Montana

Dear Director:

For completion of work for my Master's Degree in Nursing, I have chosen to do an experimental study on the effectiveness of a projective technique tool in the identification of nursing problems.

It will require the help of head nurses employed in your hospital; the nurses will be selected by you. They are to be currently registered in Montana and have as one of their normal functions, the planning of nursing care for patients.

Your help and cooperation is deeply appreciated.

Sincerely,

Gertrude Malone, R.N.

GM

513 West Curtiss
Bozeman, Montana

November 27, 1963

Dear Nurse:

You are being asked to participate in the testing of a new teaching tool. This is not a test of your ability, but rather of the efficiency of the tool.

In the past you have had to plan the care of patients and in so doing have had to identify the nursing problems. In this study you are provided with a list of twenty-one nursing problems, and from this list, you are asked to identify the problems which apply.

The eight cases are numbered one through eight. The score sheet which is attached to this letter has on it the case numbers one through eight and two columns labeled A and B. After you have chosen a problem or problems from the list of the twenty-one problems which you feel applies to the case, place the number of the nursing problem on the same line as the case number in the column under the capital letter A.

Instructions for filling out column B are in the envelope marked B which you are to open <u>after</u> you have completed the above procedure for all eight cases.

Sincerely yours,

Mrs. S. Gertrude Malone, R.N.
Candidate for Master's Degree
Montana State College School of Nursing

The Montana State College School of Nursing faculty appreciate your assistance as this study should assist in planning for care of patients.

Anna Pearl Sherrick, R.N., Ed.D.
Director, School of Nursing
Montana State College

SCORE SHEET

Place only numbers on this card. Do not write or sign card.

Case Number	A	B
1		
2		
3		
4		
5		
6		
7		
8		

LIST OF 21 NURSING PROBLEMS[1]

1. To maintain good hygiene and physical comfort.
2. To promote optimal activity; exercise, rest and sleep.
3. To promote safety through prevention of accident, injury, or other trauma, and through the prevention of spread of infection.
4. To maintain good body mechanics and prevent and correct deformities.
5. To facilitate the maintenance of a supply of oxygen to all body cells.
6. To facilitate the maintenance of nutrition to all body cells.
7. To facilitate the maintenance of elimination.
8. To facilitate the maintenance of fluid and electrolyte balance.
9. To recognize the physiological responses of the body to disease conditions -- pathological, physiological, and compensatory.
10. To facilitate the maintenance of regulatory mechanisms and functions.
11. To facilitate the maintenance of sensory functions.
12. To identify and accept positive and negative expressions, feelings and reactions.
13. To identify and accept the interrelatedness of emotions and organic illness.
14. To facilitate the maintenance of effective verbal and nonverbal communication.
15. To promote the development of productive interpersonal relations.
16. To facilitate progress toward achievement of personal spiritual goals.
17. To create and/or maintain a therapeutic environment.
18. To facilitate awareness of self as an individual with varying physical, emotional and developmental needs.

---

[1]As compiled by the National League for Nursing, Committee on Records, and used by permission of the National League for Nursing.

19. To accept the optimum possible goals in the light of limitations, physical and emotional.

20. To use community resources as an aid in resolving problems arising from illness.

21. To understand the role of social problems as influencing factors in the cause of illness.

In this envelope are eight pictures, numbered one through eight. Match the numbers on the pictures to the numbers on the eight cases; picture #1 to case #1, picture #2 to case #2, etc.

With this additional information, review the twenty-one problems and again place the number of the problem on the appropriate case number line under the column marked with the capital letter B. Do not change your answers in column A.

Please fill in the blanks for information on the bottom of the score sheet. Do not sign the score sheet. Hand the score sheet to the person administering the test. You may keep the list of the twenty-one nursing problems if you wish to do so.

Thank you for your cooperation.

S. Gertrude Malone

NATIONAL LEAGUE FOR NURSING, INC.

10 Columbus Circle, New York 19, N. Y.
Area Code 212
JUdson 2-1022

October 25, 1963

Mrs. S. Gertrude Malone
Chico Hot Springs Ranch
Pray, Montana

Dear Mrs. Malone:

Your letter of October 12, 1963 has been referred to this department for reply. If you wish to use the twenty-one nursing problems identified by the NLN Committee on Records you may do so, if you give credit to NLN as the original source of this material.

I suggest you write directly to the library at Teachers College, Columbia University, New York City, New York, regarding securing the unpublished dissertation written by Faye Abdellah. Perhaps through the interloan system between libraries, the college library would be able to secure a copy of the dissertation for you.

Sincerely yours,

Katherine Brim
Assistant Director
Department of Diploma and
Associate Degree Programs

KB/jg

Missoula, Montana

To whom it may concern:

I hereby give consent to S. Gertrude Malone, R.N. to use this picture in her publication of a nursing care study, for her Master's Thesis at Montana State College School of Nursing.

Signed:

Date: October 25, 1963

LITERATURE CONSULTED

Abdellah, Faye G. "Methods of Identifying Overt and Covert Nursing Problems," Nursing Research, 6:1 (June, 1957), p. 35.

_____, and Irene L. Beland, Ruth V. Matheney, Almeda Martin. Patient Centered Approaches to Nursing, (New York: The Macmillan Company, 1961).

Brooks, Ethel A. "Team Nursing," The American Journal of Nursing, 61:4 (April, 1961).

Brown, Esther L. Nursing for the Future, New York: Russell Sage Company Foundation, 1958.

Chambers, Wilda. "The Nursing Diagnosis," The American Journal of Nursing, 62:32 (November, 1953).

Fry, Vera S. "The Creative Approach to Nursing," The American Journal of Nursing, 53:3 (March, 1953).

Goldmark, Josephine. Nursing and Nursing Education in the United States, New York: The Macmillan Company, 1923.

Komorita, Nari. "Nursing Diagnosis," The American Journal of Nursing, 62:12 (December, 1962).

Lesnick, M. J. and Bernice E. Anderson. Nursing Practice and the Law, Philadelphia: J. B. Lippincott Company, 1955.

McManus, M. Louise. Assumptions of Functions of Nursing, Regional Planning for Nursing and Nursing Education, New York: Bureau of Publications, Teacher's College, Columbia University, 1950.

Neylon, Margaret P. "The Nurse in the Healing Milieu," The American Journal of Nursing, 61:4 (April, 1961).

Nightengale, Florence A. Notes on Nursing: What it Is and What it is Not, Philadelphia: J. B. Lippincott Company, 1956.