222

A SURVEY OF REGISTERED NURSES' CONCEPT OF ROLE AS IT RELATES TO INDEPENDENT NURSING FUNCTION INVOLVED IN RESTORATIVE CARE OF THE GERIATRIC PATIENT

BY

BETTY ECHOLS VIVIAN

A PAPER

Submitted to the Faculty of the

School of Nursing

in

partial fulfillment of the requirements

for the degree of

Master of Nursing

at

Montana State University

Approved:

Mrs Laura Walker PhD
Head, Major Department

Ethel M. Nelson
Chairman, Examining Committee

K Goering
Dean, Graduate Division

Bozeman, Montana
December, 1967

ACKNOWLEDGEMENT

I wish to express my graditude to the faculty of the School of Nursing of Montana State University for the help and encouragement which made this paper possible. Too, I am grateful to my family for their patience and understanding.

TABLE OF CONTENTS

CHAPTER		PAGE
I.	INTRODUCTION OF PROBLEMS, REVIEW OF LITERATURE AND METHODOLOGY	1
	A. The Problem	4
	B. The Purposes of This Study	4
	C. The Limitations	5
	D. Definitions of Terms	5
	E. Collection of Data	7
	F. Construction of the Questionnaire	8
II.	ANALYSIS AND INTERPRETATION OF DATA	12
	A. Findings of Part I of the Questionnaire	12
	B. Findings of Part II of the Questionnaire	16
	C. Findings of Part III and IV of the Questionnaire	18
	D. Findings of Part V of the Questionnaire	19
	E. Findings of Part VI and VII of the Questionnaire	23
III.	SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	24
APPENDIX		27
	A. Letter for Permission to use Questionnaire	28
	B. Letter Preceding Questionnaire	29
	C. Questionnaire Used	30
	D. Criteria established from Esther Lucille Browns statements concerning profile of a patient	34
	E. Criteria Established by United States Department of Health, Education and Welfare	35
BIBLIOGRAPHY		37

LIST OF TABLES

TABLE		PAGE
I.	Items of Information Necessary for Long Term Comprehensive Care by Percentage of Nurses Responding	14
II.	A Comparison of the Hospital and the Extended Care Facility Nurses by Percentage Responding to Information Necessary to Comprehensive Long Term Care	15
III.	Numbers and Percentages of Respondents Indicating Responsibility in Twelve Areas of Rehabilitative Care	20
IV.	Health Team Members Named as Responsible for Specific Area of Care by Number of Nurses Responding	22

ABSTRACT

The purposes of this study were to examine the areas of consensus and areas of differences in role concept held by registered nurse's caring for geriatric patients, so as to identify areas of nursing pratice which needs to be changed or modified to promote improved care of the geriatric patient.

A descriptive survey was conducted in one Montana community. Sixty questionnaires were given to registered nurses caring for geriatric patients in two general hospitals on the medical floors, in one convalescent hospital and in two extended care facilities. Forty-three of the questionnaires were returned. Twenty of the twenty-one questionnaires given to hospital employed nurses were returned. Twenty-three of the thirty-nine questionnaires given to nurses employed in extended care facilities were returned.

The findings of this study indicate:

1. The registered nurse's concept of her role as it relates to the physical aspect of restorative care does meet the established criteria prepared by the United States Department of Health, Education and Welfare to set standards for participants in the medicare program.
2. There is less agreement of role in areas concerning the social emotional aspects of restorative care by all respondents.
3. There are differences in role concept held by registered nurse's employed in the same settings as well as differences in role concept held by respondents employed in different settings related to nursing responsibility involved in specific areas of restorative care.

Through the analysis of data some areas of nursing practice have been identified which are related to the care of the geriatric patient which might be modified to improve patient care. Some of these areas as identified include the need for:

1. The clarification of role responsibility related to specific areas of restorative care. These specific areas include the nurse's responsibility in helping the patient achieve activities of daily living and use of the institutional facilities for rehabilitative purposes.
2. Increased emphasis on the nurse's role responsibility for care through programs in schools of nursing and through inservice education for nurses in hospitals and extended care facilities.

CHAPTER I

INTRODUCTION AND REVIEW OF THE LITERATURE

Increased numbers of aged individuals in this society has brought about a new awareness of the problems that face the person who is growing old. In previous years our culture has placed a high value on the usefulness of the members of society; usefulness being determined by wage earning ability. Dr. Goldfarb wrote "At the present time certain cultural values in the social environment of the United States adversely affect older people. Cultural values change. We are now in a period of transition. With accumulated experience, adequate social action, and education, the status of older people can change."[1]

In 1961, the White House Conference on Aging Act was passed, which provided federal funds to individual states to study the problems of the aged. Health received a lot of attention from these state reports. The surgeon general wrote "Health is a central factor in every aspect of the older people".[2] In an effort to improve health care, legislation was

---

[1] Alvin Goldfarb, Responsibilities to our Aged, American Journal of Nursing, 1964, p. 96

[2] Aging in the States, a report prepared by the White House Conference on Aging, Washington, D. C., United States Printing Office, 1961, p. 37

enacted in 1965, providing health insurance for the aged. This legislation has given more people in the older age group an opportunity to seek health care. Many new health care facilities are being established and federal regulations for health care are being imposed, however in many instances the aged person who is now able to afford better health care will not receive it in existing facilities.

Services to the aged in these facilities are often provided by personnel who are inadequately trained. "The major factor determining quality of service to the aged is professional personnel. If the professional staff is poorly trained or unavailable, the other related factors are of little value."[3]

There are approximately one million aged persons residing now in institutions. All of those people need some kind of nursing care. Nursing care of the geriatric patient is not new but in recent years the responsibility of the professional nurse in caring for these people has changed. There is evidence that social and cultural values stressing usefulness and earning power have slowed progress in this area of nursing. Nursing as a profession must make the effort to investigate nursing practice as it relates to geriatric nursing.

---

[3] Aging in the States, op. cit., p. 60

> The whole concept of nursing is changing. The nurses function once a "mothering one" is becoming a professional one; she is now responsible for intervention in the patients illness or when this is not possible, for scientific and humanistic care of the patient.[4]

The first step in determining necessary interventions requires identifying patients needs. How the older person thinks and feels about himself is affected by his emotional and physical health and this self concept in turn affects hes response to treatment. "Rehabilitation is uniquely important to older people...The mere functions of daily living are exceptionally important."[5] Many times the nursing intervention in patient care determines whether activities of daily living can be continued or the patient becomes completely dependent on those around him. Rehabilitative or restorative nursing involves more than the physical aspects of patient care. It is not always the presence of physical disabilities alone but the accompanying depression and loss of self esteem that prevents the patient from functioning at the optimal level of which he is capable.

---

[4] Mary Tschudin, The Redefinition of Nursing; A Critical Need, from Address delivered at Council of Members Agency, Seattle, Washington N. 1966

[5] Aging in the States, United States Printing Office, op. cit. p. 60

This study was concerned with identifying the professional nurse's concept of her role in the restorative care of the geriatric patient and how it compares to minimum criteria for care as established by the United States Department of Health Education ans Welfare as standards to be met by participants in the medicare program. The need to establish the professional nurse's belief as to her responsibility in the care of the geriatric patient can be investigated by examination of nursing practice.

> While the scope of practice of a profession is defined by the licensing law, there is considerable freedom to interpret the typically general language of the definition in the light of changing circumstances and the needs of society.[6]

This freedom of interpretation, implies that the individual nursing practioner's concept of her role may affect nursing care.

PROBLEM:

From this problem area, this study was confined to the following problems.

What is the registered nurse's concept of her role as it relates to the independent nursing functions involved in the restorative care of the geriatric patient?

---

[6]Hershey, Nathan, Toward A Better Definition of Nursing, Produced in U. S. A. by Typesetting, Inc. Pittsburg; 1965, p. 7

How does the nurse's concept of her role compare to the minimum criteria for restorative care of the geriatric patient as stated in the "Conditions for Participation of Extended Care Facilities in the medicare program". See Appendix E for criteria.

PURPOSE:

The purpose of this study was to examine the areas of consensus and areas of difference in role concept held by registered nurses who are caring for geriatric patients. This study was based on the assumption, "the extent to which there is consensus of role definition may be an important dimension affecting the functioning of social systems".[7]

This study may identify aspects of nursing practice which need to be modified or changed through nursing education and nursing service to provide improved nursing care for the aged.

METHODOLOGY:

The descriptive method of research was used. Data was collected by questionnaire. All of those nurses caring for geriatric patients on medical floor in two general hospitals and all registered nurses employed in one convalescent hospital and two extended care facilities in one Montana community comprised the population.

---

[7]Gross, Neal and Others, Exploration in Role Analysis: Studies of the School Superintendency Role, New York, John Wily and Son, 1958 Chapter I

LIMITATIONS:

The results of analysis of data concerned with comparing the groups of respondents employed in different settings might be affected by the difference in types of geriatric patients cared for in these two settings.

Other limitations of this study include those implicit to the use of the questionnaire for data collection.

Some of the limitations imposed by the use of the questionnaire include the generally unfavorable reaction to questionnaires because of its wide usage as a data collecting device. Other limitations include the ability of the investigator to interpret the results accurately and objectively. The nature of the sample size limits the generalizations to be made from the results of this study.

DEFINITION OF TERMS:

For the purpose of this study the following terms are defined:

INDEPENDENT NURSING FUNCTION: those services which the registered nurse performs for a patient without specific direction from the doctor.

GERIATRIC PATIENT: all patients over 65.

RESTORATIVE NURSING CARE: Nursing care directed toward assisting each patient to achieve and maintain the highest level of self care and independence.[8]

---

[8]Conditions of Participation, Prepared by the U. S. Department of Health & Welfare Soc. Adm. 1965

ROLE CONCEPT: images of the rights and obligations which a person perceives to be associated with his position.[9]

The descriptive survey method of research was used for this study. "The survey method of research typically constitutes a way of obtaining exact figures and facts about a current situation...it should be kept in mind that the survey need not be restricted to fact finding but may often result in the formulation of important principles of knowledge and the solution of scholarly problems."[10]

Having limited the study to the nurse's concept of her role in relation to restorative nursing care of the geriatric patient, the study was then limited to the nurse's giving geriatric care in five health care facilities certified by medicare in one Montana community.

A form letter was sent to the director of nursing service at each of these facilities. The letter briefly explained the purpose of the survey and requested the names of those registered nurses employed to care for the geriatric patient. See Appendix A for copy of letter.

Only those registered nurses employed on the medical floors of the two general hospitals were asked to participate in the survey. At the time this survey was done approximately eighty per cent of the patients

---

[9]Gross, Neal & Others, op. cit.

[10]Tyrus, Hillway, Introduction to Research, p. 21 (Boston: Haughton Mifflin Company, 1964)

on the medical floors of the general hospitals were over 65 years of age. All of the registered nurses employed in the convalescent hospital and the two extended care facilities were requested to take part in the study. It was believed that by limiting the sample in this manner the registered nurses would have been working more closely with the geriatric patient and this fact might influence their responses toward role consensus.

A letter explaining the purpose of the study and asking the registered nurses cooperation was attached to each questionnaire. Most respondents were contacted personally to clarify problems or questions related to the purpose of the study. Of the sixty questionnaires distributed, forty-three were returned. Twenty-three questionnaires were returned from the thirty-nine registered nurses employed in the extended care facilities and convalescent hospital. Twenty questionnaires were returned from the twenty-one registered nurses employed in the general hospitals on medical floor.

Part I of the questionnaire was based on criteria established by Esther Lucille Brown as a psychosocial and cultural frame of reference necessary to establish a profile of the patient. See Appendix D for this criteria. All the other questions were based on criteria established by the United States Department of Health, Education and Welfare in relation to standards for restorative nursing care. This criteria was set forth to be used as requirements for extended care facilities participating in the medicare program which provides health insurance for the aged. See Appendix E for this criteria.

The questionnaire was constructed in seven parts. A panel of three registered nurses acted as judges to review the questionnaire and make recommendations. These judges were all specialists in the field of medical-surgical nursing or had special preparation in rehabilitative nursing.

Part I of the questionnaire was designed to determine what background information about the patient assists the nurse in planning long term comprehensive care, which includes both the physical and emotional needs of the patient.

Part II was composed of a question in two parts requesting the respondent to list rehabilitative nursing measures that the nurse performs independent of direct medical orders and which of these measures were to be delegated to nursing personnel other than the registered nurse. One question was included for the purpose of determing if both physical and social aspects of restorative care were listed as rehabilitative nursing measures, and another to determine if both aspects of care were delegated to auxillary personnel.

Parts III and IV were composed of questions which requested the nurse to identify the response which best expressed her opinion of the nurses responsibility toward physical restorative nursing measures. These questions were to be the basis of analysis identifying the role consensus or difference regarding physical measures necessary to restorative care.

Part V was composed of a check list for the nurse to indicate which

members of the health team are responsible for specific rehabilitative measures. This question was to elicit responses to be used in determining the extent of agreement or disagreement on these areas of responsibility.

Parts VI and VII were composed of questions which requested the nurse to select her response to statements regarding the geriatric patient in relation to social activity and mental health. These questions were included for the purpose of exploring the nurses attitude toward the geriatric patient and the patients capabilities in these areas.

Gross defined role conception, "as the images of the rights and obligations associated with his position" and stated that these images are important for two reasons. (1) "They provide expectations which guide conduct, they indicate the appropriate behavior for particular situations." (2) "These guides generate attitudes, personal predispositions to act."[11]

The same questionnaire was used for all nurse respondents but they were coded by color, blue for the general hospital nurses and white for nurses in the extended care facilities. The color code was used to enable the investigator to identify the two groups in the sample so that the differences and agreements in role concept between the nurses participating in the survey might be analyzed. Gross wrote that "the population of role definer's may be a significant factor in the degree of consensus or evaluative standards an investigator finds".[12] The investigator felt that role concepts held by the two groups of nurses might be influenced by differences of place of imployment based on Gross's observation that

---

11 &12 Gross, Neal and Others, op. cit., Chapter I

> The present concept of position and role does not allow the analyst to deal with problems of real behavior. About all that he can do using these concepts is to state that the norms which are associated with a position influence the behavior of a person occupying the position."[13]

Chapter II presents the responses as returned on the questionnaire and an analysis of the data obtained. The concluding chapter contains the summary, conclusions and recommendations for further study.

---

[13] Gross, Neal and Others, op. cit., Chapter I

CHAPTER II

ANALYSIS AND INTERPRETATION OF DATA

This chapter includes the analysis and interpretation of the data returned on forty-three questionnaires given to registered nurses in one Montana community. These forty-three registered nurses comprised sixty per cent of the original sixty nurses given questionnaires. The responses given by the nurses for each part of the questionnaire with the exception of Part I are examined in relation to the Criteria Established for Restorative Care. Part I of the questionnaire was examined and compared by criteria established by Esther Lucille Brown's theory of total patient care concerned with a profile of the patient as necessary to rehabilitative nursing care.

FINDINGS of PART I of the QUESTIONNAIRE

Five items of information were indicated to be necessary by all respondents. The remaining ten items of information reflected differences in role concept of nurses responding. A higher percentage of hospital employed nurses indicated these ten items of information to be necessary than did those nurses employed in the extended care facilities.

The items of information which over seventy-five per cent of the respondents indicated to be necessary included the recreational interest of the patient and religion. Items of information which over fifty per cent of the respondents indicated to be necessary included patients parental family, occupational history, socioeconomic background and education. Items of information which less than fifty per cent of the respondents

indicated to be necessary included the patients income, geographical background and ethnic background.

Table I, page 14 shows percentages of registered nurse's responding to the ten items of information in which the respondents were not in agreement.

Table II, page 15 presents a bar graph comparing the two groups of respondents, hospital employed registered nurses and extended care facility employed registered nurses, indicating items of information necessary to comprehensive care of the geriatric patient.

Table I shows the percentage of the total group of nurses indicating necessary items of information ranked as to percentage.

TABLE I

Items of information necessary for long term comprehensive care by percentages of nurse's responding

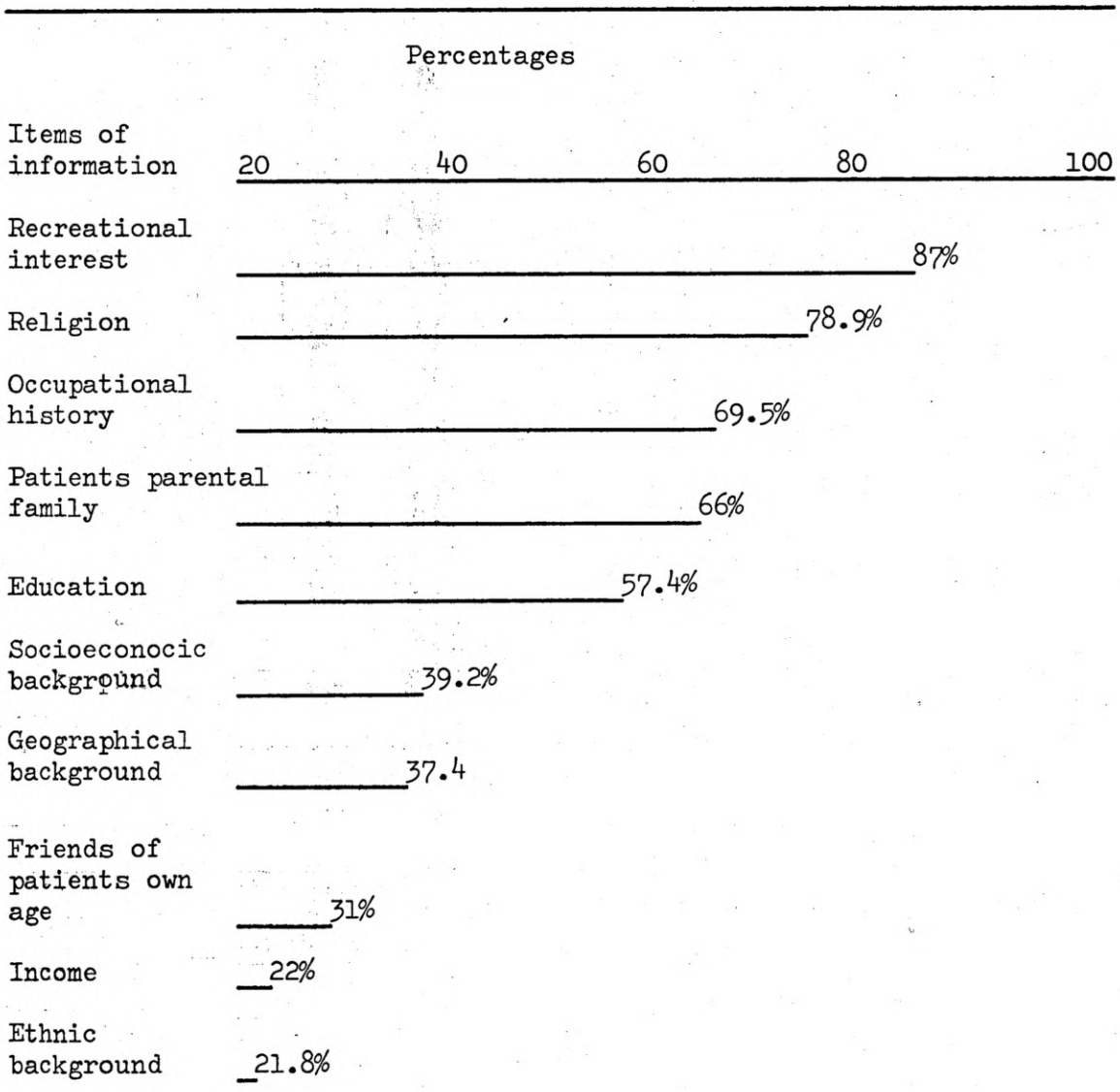
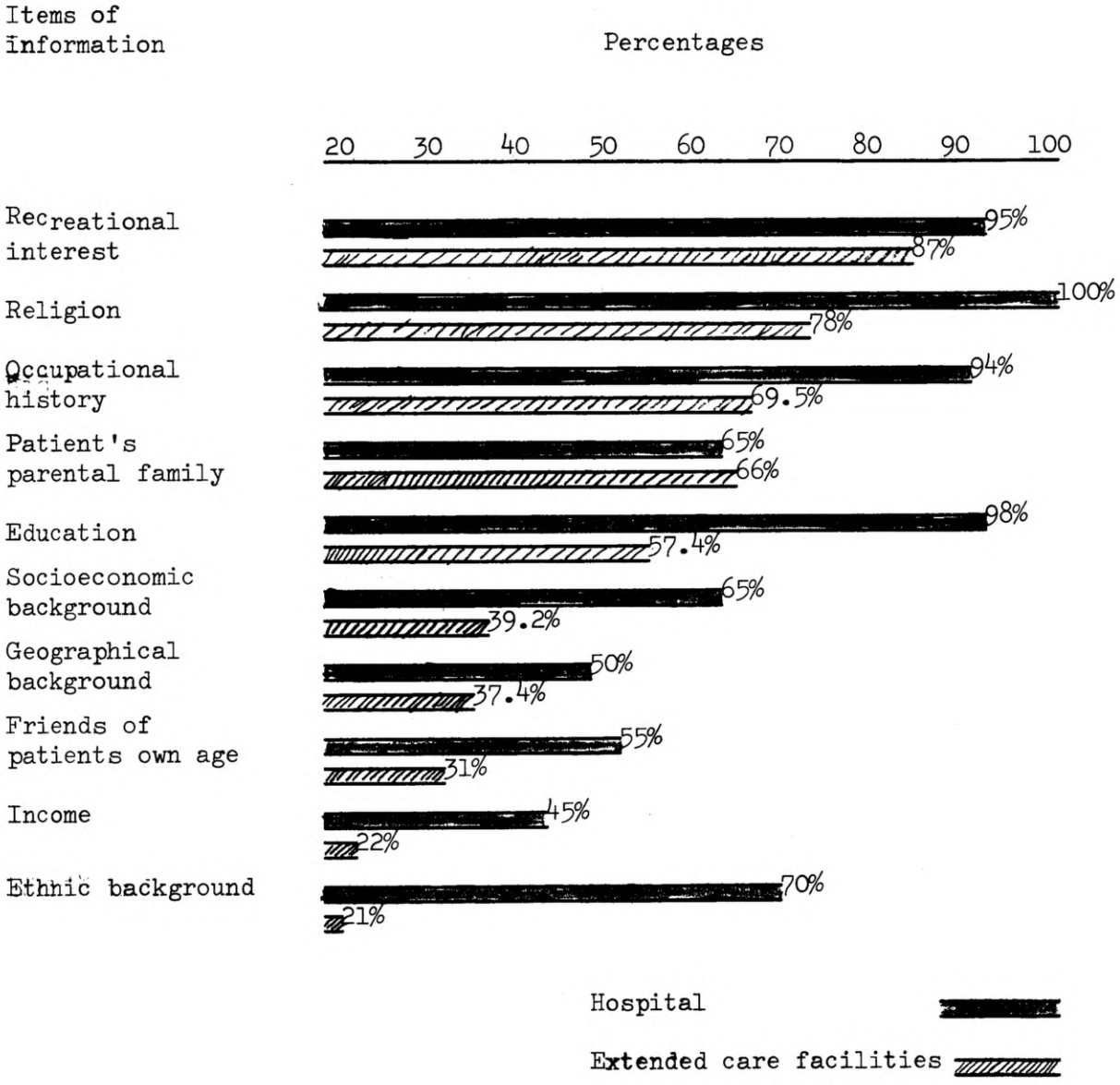


TABLE II

A comparison of the hospital and the extended care facility nurses by percentage responding to information necessary to comprehensive long term care



Those items of information in which the greatest difference in percentage of response occurred were occupational history in which sixty-nine per cent of the registered nurses employed in extended care facilities as compared to ninety-four per cent of the hospital employed registered nurses indicated this item of information to be necessary. Regarding educational background of the patient, ninety-eight per cent of the hospital employed nurses as compared to fifty-one per cent of the nurses employed in extended care facilities considered this information to be necessary. Regarding information about the patients religious background all the respondents employed in the hospital indicated this information to be necessary as compared to seventy-eight per cent of those respondents employed in extended care facilities. Information concerning income of the patient was indicated by forty-five per cent of the hospital employed registered nurses as information necessary, as compared to only twenty-two per cent of the registered nurses employed in extended care facilities.

These differences in responses indicate there are differences in concept between the registered nurses employed in different settings as well as differences in concept within the groups of registered nurses employed in the same settings, related to information necessary to long term comprehensive care.

FINDINGS of PART II: Two questions requesting the respondent to list rehabilitative nursing measures that the nurse performs independent of direct medical orders, the other asking which of these nursing measures were delegated to nursing personnel other than the registered nurses, comprised part II of the questionnaire.

The rehabilitative measures listed by the respondents were assigned to two catagories. These catagories were physical and social rehabilitative nursing measures. Thirty-seven of the forty-three respondents did not complete the part of the question dealing with the delegation of these nursing measures. Six of the respondents answered this part of the question with the answer, "same as above".

A list of the physical and social measures performed by the respondents as independent nursing functions were compiled.

This composite response consists of the physical and social rehabilitative measures listed by the respondents as independent nursing functions. Twenty-three, or fifty-three per cent of the forty-three respondents, listed both physical and social rehabilitative measures that were felt to be the registered nurses responsibility, twenty, or forty-six per cent listed only physical rehabilitative measures.

Fourteen, or sixty per cent of the group of nurses employed in extended care facilities listed both physical and social aspects of rehabilitative care; six, or thirty-nine per cent listed only physical measures. Nine, or forty-five per cent of the respondents employed in the hospital listed both physical and social rehabilitative measures; eleven, or fifty-five per cent listed rehabilitative measures related only to physical measures.

These responses indicate that there are differences between the nurses employed in different settings as well as differences between the nurses employed in the same setting in concept of role relating to

the registered nurses independent nursing function involved in restorative care as it pretains to both physical and social aspects of rehabilitation.

These physical and social rehabilitative nursing measures were listed by respondents as independent nursing functions.

Physical measures	
Weight	providing encouragement
Nutrition	providing companionship
Fluids	diversion
Help with feeding patients	encouraging interpersonal relation with others
Elimination	providing entertainment
Rest and sleep	emotional support
Exercise	family conferences
Range of motion	praise
Skin care	create motivation
Positioning	help patient feel useful
Safety measures	stimulate interest in others
	help patient feel he is needed

FINDINGS of PART III and IV:

Part III of the questionnaire deals with the nurses opinion of her independent responsibility as it relates to physical rehabilitative nursing measures. Thirty-eight of the forty-three registered nurses felt

it was the registered nurse's responsibility to delegate and supervise the procedures necessary to maintain good body alignment and proper positioning of the patient. The remaining five felt that the registered nurse had no responsibility other than that indicated by written medical orders.

In regard to part IV of the questionnaire, all the respondents indicated that changing the bedfast patients position every two hours was an independent nursing function.

FINDINGS of PART V

Part of the questionnaire dealing with agreement or differences in relation to nursing responsibilities in regard to specific rehabilitative measures. These areas of responsibility were compiled from criteria established by the Department of Health, Education and Welfare. Although this criteria stated only eight areas of nursing responsibility, twelve catagories were established by the investigator and included in this part of the questionnaire. The twelve catagories were used in an attempt to elicit more specific responses to the nurses responsibility regarding helping the patient achieve independence in activities of daily living. See Appendix E for criteria by which the catagories were established.

Table V, page 20, shows the numbers and percentage of respondents indicating nursing responsibility in twelve areas of rehabilitative care. A higher percentage of nurses employed in extended care facilities indicated nursing responsibility in nine of the twelve areas of rehabilitative care.

TABLE III

Numbers and percentage of respondents indicating responsibility in twelve areas of rehabilitative care

Areas of Responsibility	Extended Care Facility Nurses		Hospital Nurses	
	Number	%	Number	%
Teaching safe transfer activities	18	78.3	10	50
Keeping patient out of bed reasonable time	23	100	18	90
Allowing patient choice of activity	23	100	12	60
Helping achieve activities of daily living	21	91.3	10	50
Establish bowel and bladder routine	21	91.3	17	85
Explain diagnostic procedures	10	43.6	11	55
Information about general health habits	19	82.6	17	85
Explain disease condition	3	13	0	0
Information about dietary requirements	11	47.7	10	50
Ways to use facilities for rehabilitative purposes	10	43.6	2	10
Attitudes of nursing personnel toward patient	23	100	11	55
Help patient develop new interest	18	78.3	11	55

Those respondents not indicating nursing responsibility in the twelve areas listed, indicated that other team members were responsible. Those team members indicated were, the doctor, physical therapist, dietician and the family.

Table IV, page 22, shows percentage of respondents indicating health team members other than registered nurses who in their opinion are responsible for the twelve specific areas of responsibilities listed in part V of the questionnaire.

TABLE IV

Health team members named as responsible for specific area of care by percentage of nurses responding

Areas of Responsibility	Extended Care Facility Nurse Number	Health team member	Hospital Nurse %	Health team member
Teaching safe transfer activities	9 12	Physical therapist Family	50	Physical therapist
Keeping patient out of bed reasonable time			10	Doctor
Allowing patient choice of activity			40	Doctor
Helping achieve activities of daily living	08.7	Family	50	Physical therapist
Establish bowel and bladder routine	8.7	Doctor	15	Doctor
Explain diagnostic procedures	56.4	Doctor	45	Doctor
Information about general health habits	17.4	Family	15	Doctor
Explain disease condition	87	Doctor	100	Doctor
Information about dietary requirements	52.3	Doctor	50	Dietician
Ways to use facilities for rehabilitation	56.4	Doctor	98	Physical therapist
Attitudes of nursing personnel toward patient			45	Family
Help patient develop new interest	21.7	Family	45	Family

Part VI of the questionnaire deals with relating mental disturbances in the aged patient to lack of participation in social activities. Forty of the forty-three respondents felt that if the patient participated in social activities the patient's adjustment to environment could be improved. Three of the respondents felt that the severity of some mental disorders in the aged might be reduced.

Part VII of the questionnaire deals with the nurses' opinion of the cause of depression often seen in the elderly patients. Thirty-six of the respondents felt this depression was due to normal physical and mental changes accompanied by age. Two of the respondents felt this depression could be caused by the attitudes of those who care for him. Five of the respondents felt it was due to the image the patient has of himself.

CHAPTER III

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER STUDY

SUMMARY

The purposes of this study were to examine the areas of consensus and areas of differences in role concept held by registered nurses who are caring for geriatric patients so as to identify areas of nursing practice which needs to be changed or modified through nursing education and nursing service to provide improved care of the geriatric patient.

The problems which were investigated were stated in the form of two questions.

1. What is the registered nurse's concept of her role as it relates to independent nursing functions involved in the restorative care of the geriatric patient.

2. How does the registered nurse's concept of her role compare to the minimum criteria for restorative care of the geriatric patient as stated in conditions of participations of extended care facilities in the medicare program.

This study was based on the assumptions, "The extent to which there is consensus of role definition may be an important dimension affecting the functioning of social systems".

The descriptive survey method of research was used. Data was collected by questionnaire. Registered nurses caring for geriatric patients in two general hospitals, one convalescent hospital and in two extended care facilities comprised the population. The questionnaire was constructed

in seven parts based on criteria for restorative care. There was a sixty-per cent return of the questionnaires.

CONCLUSIONS

The findings of this study indicate:

1. The registered nurse's concept of her role does meet the established criteria in terms of nursing responsibility in physical rehabilitative care.

2. There is less agreement in areas concerning the social emotional aspect of restorative care by all the respondents. All of the respondents felt that participation in social activities by the geriatric patient is essential but less than fifty per cent of the respondents felt this was an independent nursing responsibility. Providing the patient an opportunity to participate in social activities is considered to be the families responsibility by the respondents.

3. More nurses employed in the extended care facilities indicated less background information as necessary to long term care but indicated more nursing responsibility in the twelve areas of responsibility established by minimum criteria than did those registered nurses employed in the hospital setting.

4. More hospital employed nurses indicated other health team members who were responsible for specific areas of rehabilitative care than did those nurses employed in extended care facilities.

In general the writer believes that through the analysis of this data some areas of nursing practice have been identified which are related to the care of the geriatric patient and which might be modified to improve

patient care. Some of the areas as identified include the need for:

1. A clarification of role in specific areas of responsibility related to restorative care. These areas of responsibility include the nurses responsibility as it related to helping the patient achieve activities of daily living and the use of institutional facilities for rehabilitative purposes.

2. Increased emphasis on the nurses role responsibility in rehabilitation through programs in schools of nursing and inservice education for nurses employed in hospitals and extended care facilities.

RECOMMENDATIONS FOR FURTHER STUDY

1. A study to determine if the nurse's concept of her role determines the place in which she accepts employment.

2. A survey to determine which inservice programs provided in health care facilities are concerned with the restorative care of the geriatric patient.

3. A study to determine what factors influence the registered nurse's decisions related to the delegation of duties to auxillary personnel.

4. A study similiar to this one with a structured interview method of data collection, including other variables such as age and educational preparation of the nurse respondents.

APPENDIX

APPENDIX A

Montana Deaconess Hospital
Nurses Residence
Great Falls, Montana 59401

I am a graduate student of Montana State University School of Nursing. As partial fulfillment of the requirements for a Master of Nursing degree, I am planning a survey of nurse's perception of their role in the care of the institutionalized geriatric patient.

In order to do this study, I am contacting the nurses in the Great Falls area who are caring for geriatric patients to ask them to answer the questions on the attached questionnaire. Your cooperation will be appreciated.

Thank you,

Mrs. Betty Vivian

The faculty of Montana State University School of Nursing will appreciate any assistance you can give Mrs. Vivian with the above request.

Mrs. Laura Walker, R. N., Ph. D.
Director, School of Nursing

APPENDIX B

Montana Deaconess Hospital
Nurses Residence
Great Falls, Montana 59401

Director of Nursing Service

Dear

I am a graduate student at Montana State University School of Nursing. As partial fulfillment of the requirements for a Masters of Nursing degree, I am planning a survey of nurse's perception of their role in relation to independent nursing measures involved in restorative care of the institutionalized geriatric patient.

To do this study, I am trying to contact nurses in the Great Falls area who are caring for geriatric patients to ask that they be respondents to my questionnaire. I would appreciate your mailing me the names and addresses of registered nurses employed in your hospital (on medical floor) so that I may contact them individually.

Thank you,
Mrs. Betty Vivian

The faculty of the Montana State University School of Nursing will appreciate the cooperation you can give Mrs. Vivian with this study.

Mrs. Laura Walker, R. N., Ph. D.
Director, School of Nursing

APPENDIX C

QUESTIONNAIRE

I. Which of the areas listed below concerning patients do you feel are important to have information about to be able to give comprehensive long term nursing care? Write either 1 or 2 in the space provided. Use 1 if the information is necessary; use 2 if the information is not necessary.

___ 1. Age

___ 2. Sex

___ 3. Patient's parental family or other relatives.

___ 4. Close friends of patient's age group

___ 5. Patient's own family, including spouse, children and grandchildren

___ 6. Occupational history

___ 7. Income

___ 8. Education

___ 9. Recreational interest

___ 10. Geographical background, beginning with place of birth and including present residence.

___ 11. Religion

___ 12. Ethnic background

___ 13. Socioeconomic background

___ 14. Medical history

___ 15. Information about patient's plan of care at home or other health facility on admission and discharge.

II. List rehabilitative nursing measures that the registered nurse performs independent of the doctor's orders for the geriatric patient.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

1. List those procedures which are delegated to nursing personnel other than registered nurses.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Check the responses in the following questions which, in your opinion, best describes the nurses role.

III. What responsibility do you feel that nurse's have in maintaining good body alignment and proper positioning of bedfast patients?

___ 1. None other than is indicated by written medical orders.

___ 2. Evaluating patient's physiological needs to determine when the use of these nursing measures is indicated.

___ 3. To delegate these nursing measures to the other available nursing personnel.

___ 4. The delegation and supervision of these nursing measures when they are indicated.

___ 5. Other _____

IV. Is it the nurse's responsibility to see that the bedfast patient changes position every two hours day and night?

___ 1. Only when this is ordered by the doctor.

___ 2. To stimulate circulation, prevent deformities and decubitus when the nurse feels it is necessary.

___ 3. When this is requested by the patient.

___ 4. Other _____

V. Please write in the space provided below, the name of the health t team member (doctor, nurse, therapist, family) who has a responsibility for the following activities.

___ 1. The teaching of safe transfer activities.

___ 2. Keeping the patient out of bed for reasonable periods of time.

___ 3. Allowing the patient some choice of activity within limits of physical abilities.

___ 4. Helping patients achieve some independence in activities of daily living.

___ 5. Establishing bowel and/or bladder training when possible.

___ 6. Explaining diagnostic or treatment procedures.

___ 7. Information concerning general health habits.

___ 8. Explanation of disease condition.

___ 9. Information concerning dietary requirements.

___ 10. Determining the way in which the institutional facilities are used for rehabilitative purposes.

___ 11. The attitudes of nursing personnel towards the geriatric patient.

___ 12. Helping the patient find and develop new interests when this is necessary.

VI. If the patient participates in some social activities, do you feel that:

___ 1. Some mental disorders can be prevented in this age group.

___ 2. The patient's adjustment to environment can be improved.

___ 3. The severity of some mental disorders in the aged can be reduced.

___ 4. This had little or no effect on the chronically ill geriatric patient.

VII. Do you feel that the state of depression so often noted in the chronically ill geriatric patient is due to:

___ 1. The image the patient has of himself.

___ 2. The attitudes of those who care for him.

___ 3. The normal physical and mental changes accompanied by age.

___ 4. Other _____

APPENDIX D

Criteria Used for Construction of
Part I of the Questionnaire

Ester Lucille Brown used a psychosocial and cultural frame of reference to establish a profile of the patient in the third monograph in the series "Newer Dimensions of Patient Care". This profile is considered essential to total patient care.

1. Age) In their psycosocial, as well
2. Sex) as their biological aspect
3. Patients parental family, or other relatives
4. Patients own family including spouse
5. Occupation and income
6. Recreational interest
7. Education
8. Geographical background
9. Religion
10. Ethnic background
11. Socioeconomic background

Esther Lucille Brown, Newer Dimensions of Patient Care, Russel Sage Foundation, New York, 1964, p. 30

APPENDIX E

CRITERIA ESTABLISHED BY UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE FOR RESTORATIVE CARE

This criteria was established by the United States Department of Health, Education and Welfare Social Security Administration for restorative nursing care. It was used to establish conditions necessary for participation in the medicare program.

Factor II: Nursing personnel are taught restorative nursing measures and practice them in their daily care of patients. These measures include:

(i) Maintaining good body alignment and proper positioning of patients:

(ii) Encouraging and assisting bedfast patients to change position at least every two hours, day and night, to stimulate circulation, and prevent decubiti and deformities:

(iii) Making every effort to keep patients active and out of bed for reasonable periods of time, except when contraindicated by physicians orders, and encouraging patients to achieve independence in activities of daily living by teaching self care, transfer, and ambulation activities:

(iv) Assisting patients to adjust to their disabilities, to use their presthetic devices and to redirect their interest if necessary:

(v) Assisting patients to carry out prescribed physical therapy exercises between visits of the physical therapists.

LITERATURE CITED

BIBLIOGRAPHY

Aging in the States, a report prepared by the White House Conference on aging, Washington, D. C., United States printing office, 1961.

Brown, Esther Lucille, New Demensions of Patient Care, Russell Sage Foundation, New York, 1964.

Conditions of Participation, prepared by the United States Department of Health, Education and Welfare Social Security Administration, 1965.

Goldfarb, Alvin, "Responsibilities to Our Aged", American Journal of Nursing, 1964.

Gross, Neal and Others, Explorations in Role Analysis: Studies of the School Superintendency Role, New York, John Wily and Son, 1958.

Hershey, Nathon, Toward A Better Definition of Nursing, Produced in United States of America by Computer Typesetting, Inc., Pittsburg, 1965.

Hillway, Tyrus, Introduction to Research, Boston: Haughton Mifflin Company, 1964.

Tschudin, Mary, The Redefinition of Nursing, A Critical Need, from Address delivered at Council of Members Agency, Seattle, Washington, 1966.