

ANXIETY REDUCING NURSING ACTIVITIES

by

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TABLE OF CONTENTS

CHAPTER	PAGE
I. THE PROBLEM AND JUSTIFICATIONS FOR THE STUDY	1
The Problem	2
Statement of the problem	2
Statement of the purpose	2
The Scope of the Problem	2
Definition of anxiety	3
The origin of anxiety	4
The dynamics of anxiety	7
Behavioral manifestations of anxiety	7
Functions of anxiety	9
The methods of dealing with anxiety	10
Justifications for the Study	12
Related Studies	15
Organization of Remainder of the Study	17
II. THE RESEARCH DESIGN	18
The Method of Collecting the Data	18
Criteria for the narrative recording	18
The Selection of the Patients	21
Criteria for the selection of the patient sample	21
The Method of Recording the Data	25

CHAPTER	PAGE
Definitions of Terms Used	26
Anxiety	26
Need	26
Physical need	26
Non-physical need	26
Nursing need	27
Nursing activity	27
Narrative recording	27
Nurse patient interaction	27
Nurse patient relationship	27
Behavior	27
Myocardial infarction	28
Limitations of the Study	28
Limitations regarding the method of collecting the data	28
Limitations concerning the use of the tool to identify nursing needs and nursing activities .	29
Limitation regarding the selective perception of the investigator	29
III. THE METHOD AND TOOLS USED IN THE ANALYSIS OF THE COLLECTED DATA	31
The Scheme for the Analysis of Anxiety Behavior . . .	32
Description of the tool	32

CHAPTER	PAGE
The use of the scheme for the identification of anxiety behavior manifested in the narrative recording	32
The Scheme for the Analysis of Nursing Needs and Incumbent Nursing Activities	33
Description of the tool	33
The use of the scheme for the identification and classification of nursing needs, and nursing activities manifested in the narrative recordings	36
The Pilot Study	37
Steps in the Analysis of the Collected Data	37
IV. PRESENTATION OF FINDINGS	39
Patient A: Summary of the Narrative Recordings	39
First visit	39
Second visit	40
Third, fourth, and fifth visits	41
Sixth visit	42
Seventh visit	43
Patient B: Summary of the Narrative Recordings	48
First visit	48
Second visit	49
Third and fourth visits	51

CHAPTER	PAGE
Fifth, sixth, and seventh visits	52
Similarities and Differences Between Patients A and B	54
V. SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS .	60
Summary	60
Conclusions	62
Data related to the problem	62
Anxiety behavior manifested in the narrative recording	62
Nursing activities resulting in a reduction of the anxiety behavior identified	63
Data related to hypothesis	65
Implications	66
Recommendations	68
APPENDIX A. Assumptions Related to the Hypothesis	71
APPENDIX B. Performable or Observable Acts or Operations Related to the Stages of Anxiety	74
APPENDIX C. Scheme for Identification and Classification of Nursing Needs, Physiological Symptoms, and Nursing Activities Occurring During the Acute Stage (1-14 days) of Myocardial Infarction	78
APPENDIX D. The Narrative Recordings	88
LITERATURE CITED	227

LIST OF TABLES

TABLE	PAGE
I. Summary of the Frequency of Nursing Activities Occurring in Each Stage of Anxiety for Patient A . . .	46
II. Summary of the Frequency of Nursing Activities Occurring in Each Stage of Anxiety for Patient B . . .	55
III. Frequency of Nursing Activities Occurring in Each Stage of Anxiety for Patient A and B in the Acute Stage of Myocardial Infarction	59

LIST OF FIGURES

FIGURE	PAGE
1. Frequency of Nursing Activities Occurring in Each Stage of Anxiety for Patient A	47
2. Frequency of Nursing Activities Occurring in Each Stage of Anxiety for Patient B	56

ABSTRACT

The problem in this study was to identify in terms of behavioral reactions the anxiety reducing nursing activities in the nurse patient relationship in the hospital in relation to two patients during the acute phase of myocardial infarction.

This study was based upon the following proposition: if the patient's nursing need was met, the intensity of the patient's anxiety would be reduced; in order to meet the nursing need and reduce the intensity of the patient's anxiety certain kinds of nursing activities had to be carried out in the nurse patient interaction, for nursing activities are incumbent upon nursing needs.

The tool used in the collection of the data was the narrative recording which was defined as a written record of the situation, behavior, and environmental interaction that took place during each specific visit (for a total of fourteen visits) in which nursing care was given by the investigator.

In the analysis of the data collected in the narrative recording two tools were used. The tool entitled Performable and Observable Acts or Operations Related to the Stages of Anxiety was used to identify the intensity or quality of anxiety as to stage in the narrative recording. If the patient's anxiety progressed on a descending level from panic, to severe, to moderate, to mild anxiety, his anxiety was said to be reduced.

The tool entitled Scheme for the Analysis of Nursing Needs, Physiological Symptoms, and Nursing Activities Occurring During the Acute Stage (1-14 days) of Myocardial Infarction was used to identify the expressed nursing needs and the nursing activities carried out to meet these needs in the narrative recording. A frequency tabulation was made as to the number and kind of nursing activities carried out in each stage of anxiety.

In this study the hypothesis was substantiated on the basis of the findings in relation to two patients. The nursing activity occurring most frequently as the patients' anxiety was reduced from the stage Severe to the stage Moderate Anxiety was to encourage the patient to express his feelings and ideas.

The nursing activities occurring most frequently as the patients' anxiety was reduced from the stage Moderate to the stage Mild Anxiety were: (1) to explain the therapeutic regime; (2) to encourage the patient to express his feelings and ideas; and (3) to convey empathetic understanding.

The nursing activities occurring most frequently as the patients' progressed from the stage Mild Anxiety to the stage Relatively None were: (1) to convey information essential to problem solving; and (2) to explain the therapeutic regime.

CHAPTER I

THE PROBLEM AND JUSTIFICATIONS FOR THE STUDY

Anxiety springs from man's dual character: on the one hand, man is involved in the contingencies of nature, like the animals; on the other, he has the freedom and understanding of his position. In short, man being both bound and free, both limited and limitless, is anxious.¹

Reinhold Niebuhr

Anxiety seems to be a dominant fact and is threatening to become a dominant cliché of modern life. Because of the rapid pace of living in which the modern is engaged and because of the improved methods of communication, the general lay public has become increasingly aware of and interested in anxiety. Anxiety seems to occur universally; in some form or another everyone feels anxiety, everyone talks about anxiety, and everyone hears about anxiety.

Public interest has stimulated both the medical and nursing professions to better understand individual behavior and to utilize the concepts of mental health in dealing with individual patients and the complex problems associated with disease. The advocacy to treat the patient as a person and to treat the whole person, not merely the physical aspects of his disease, should be familiar to all in the nursing profession.

Therefore, it seems that the concept of anxiety, since anxiety is of a universal nature and is universally felt, must be understood by

¹Reinhold Niebuhr, The Nature and Destiny of Man (New York, 1941), p. 182.

The professional individual in nursing before that individual can act intelligently in dealing with his own and other's anxiety. It was the intent of the investigator in this study to deal with not only the concept of anxiety but also the application of the concept of anxiety in the nurse patient relationship.

I. THE PROBLEM

Statement of the problem. The problem in this study was to identify in terms of behavioral reactions the anxiety reducing nursing activities in the nurse patient relationship in the hospital in relation to two patients during the acute phase of myocardial infarction.

Statement of the purpose. The intended purpose of this study was: to determine what nursing activities in the nurse patient interaction, as revealed in the narrative recording, resulted in a decrease or reduction in the anxiety behavior identified.

II. THE SCOPE OF THE PROBLEM

In order to accomplish the purpose of the study it was essential to survey the literature in the behavioral sciences in order to (1) investigate the theory of anxiety and (2) to determine the nature of anxiety and to identify the behavior recognized as anxious. In addition it was necessary to develop a scheme for the identification of anxiety behavior and its degree of intensity in order that the anxiety behavior manifested by the patient in the narrative recording could be

measured qualitatively and could be said to be reduced or increased in terms of intensity.

Because the investigator was dealing with two patients with a diagnosis of myocardial infarction, a survey of the literature from the biological sciences and the medical and nursing fields was carried out in order to identify the nursing needs of the patient with a diagnosis of myocardial infarction and to identify the nursing activities considered appropriate to meet the incumbent nursing need.

Definition of anxiety. The behavioral scientists are reluctant to define and agree upon the exact nature of anxiety. Rollo May, the psychoanalyst, discusses the meaning of anxiety from a sensational or feeling point of view. He says that anxiety "is a diffuse apprehension". He believes that the "central difference between fear and anxiety is not in the physiological manifestations" but rather that "fear is a reaction to a specific danger while anxiety is unspecific, vague, and objectless". According to May, the special characteristics of anxiety are "the feelings of uncertainty and helplessness in the face of danger",²

It may be well to differentiate here between normal and neurotic anxiety. May characterizes normal anxiety as that which is not out of proportion to the actual threat. It does not have to be managed by forcing it out of awareness (repression or dissociation) or by using

²Rollo May, The Meaning of Anxiety (New York: The Ronald Press Company, 1950), pp. 51-57.

neurotic defenses. Normal anxiety is "confronted constructively on the level of conscious awareness, or can be relieved if the objective situation is altered".³

In neurotic anxiety, the reaction to the threat is out of proportion to the actual danger; awareness becomes constricted; it is managed by various forms of avoidance and neurotic symptoms may occur.⁴

Thus, anxiety is a feeling state, it is directed toward an anticipated object or situation which is not perceived, recognized, or formulated as an objective reality by the individual affected. Because the source of anxiety is not recognized itself as anxiety-creating, the individual experiencing anxiety has difficulties dealing with his anxiety. In Cameron's words: "it is an amputated emotional reaction which is never carried to its consummatory phase, the reason being that it is not consciously recognized."⁵

The origin of anxiety. Anxiety won belated recognition as a social phenomenon in the United States from Karen Horney, Erich Fromm, and Harry Stack Sullivan. To Fromm, the Freudian frustrations of sex energy becomes anxiety only when it involves some value or way of life

³Ibid., p. 194.

⁴Ibid., p. 197.

⁵Norman Cameron, The Psychology of Behavior Disorders (Cambridge: The Riverside Press, 1947), p. 246.

that the individual holds vital to his security -- for instance, the prestige of having a pretty wife.⁶ Horney believed that Freud put the cart before the horse; anxiety, she held, came before instinctual drives -- the instincts developed into drives only under the whiplash of anxiety.⁷ To Sullivan, devotee of the "power motive" which drives man to pursue security, anxiety arose from the infant's apprehension of disapproval.⁸ Significant in Sullivan's theory is his insight into the effect of anxiety: experiences that create anxiety not only limit the individual's activities but also actually set limits to his awareness and hence to his learning ability.

In summary, the authorities seem to differ in opinion regarding the specific etiology of anxiety; however, generally they seem to agree that anxiety is related to man's ego or self needs; similarly, they seem to agree that when individual fulfillment of self needs in terms of expectations is threatened anxiety develops.

This leads one to a discussion of needs and behavior (s). A need can be defined simply as something that lacks in a person. However, this definition is not adequate for the purpose of comprehensive understanding; a need involves something else. It seems logical to assume that if something lacks in a man and if this something is desired, the

⁶May, op. cit., p. 130.

⁷Ibid., pp. 139-146.

⁸Ibid., pp. 146-150.

individual will (since man is by nature goal-directed) either with awareness or unawareness, act or take certain steps to achieve that which is considered to be desirable (or to fulfill the need). The pattern of activity the individual performs or undertakes in the direction of the desired goal is termed behavior. Thus, need can be defined as something which lacks in a person which in order to be met requires a particular behavior to occur. Conversely, all behavior is purposeful and meaningful in terms of the satisfaction of an individual's need (s).

How then is anxiety related to the concept of needs and behavior? Through the process of "enculturation" the individual develops a set of expectations; anxiety results from a threat to the individual's self-needs in terms of expectations. Because the integrated view which an individual holds in reference to himself (what he expects of himself in relation to his environment and other individuals within his environment) is incorporated into the self-system from the moment of birth, a pattern of behavior results simultaneously as the individual attempts to deal with the threat and at the same time fulfill the needs of his self-system. This pattern of behavior is characteristically termed anxiety.

In summary, the primary characteristics of anxiety are: (1) it is an affective or feeling state which is diffuse and objectless in terms of the perceived cause by the individual experiencing anxiety; (2) it originates from a threat to the individual's self-expectations in relation to self-needs and is manifested by behaviors.

The dynamics of anxiety. According to Hays, the dynamics of anxiety occur in reference to the individual's self-system in the following manner:

- (1) Expectations of self and others are incorporated into the self-system. In a situation these are activated.
- (2) In an interpersonal situation expectations are not met or there is fear that they are not going to be met.
- (3) One can feel anxiety as a warning of a threat to the self-system without seeing the connection between the expectations held and what is going on in the situation.⁹

Behavioral manifestations of anxiety. Anxiety is manifested in both covert and overt behavior patterns. An overt behavior is that outward observable expression of a feeling. Covert behavior reactions are hidden emotional responses; they are not manifested through direct outward activity or verbalization.

According to Sullivan, normal anxiety is common to all individuals as they experience new threats to their existence as persons.¹⁰ An individual's reaction to anxiety may take several courses: (1) he may battle it out by himself; (2) he may seek help; or (3) he may run away from anxiety. In terms of battling anxiety out by himself, the individual may tolerate the anxiety of each new experience and reach a comfortable solution without help. In terms of seeking help, the

⁹Dorothea Hays, "Teaching a Concept of Anxiety", Nursing Research, X (Spring, 1961), p. 109.

¹⁰Harry Stack Sullivan, The Interpersonal Theory of Psychiatry (New York: W.W. Norton and Co., Inc., 1953), p. 301.

individual may seek help by directly asking others for assistance with his problem or he may talk things out without realizing that he is seeking help. Or he may not be aware of his problem or of his need to get help. In terms of flight, the individual may run away from anxiety without realizing that he is doing so.¹¹

Physiologically, the individual behaves as though his very existence is threatened; the Autonomic Nervous System is activated and the body is prepared for fight or flight. In this respect the anxious individual displays many of the following symptoms; an increase in heart rate or tachycardia, an increase in respiratory rate, perspiration, elevation of blood pressure, dilated pupils, restlessness, insomnia, anorexia or extreme hunger, extreme thirst, a feeling of a lump in the throat, frequent micturition, diarrhea, and/or constipation.¹²

In terms of non-physical behavior, the individual may not be able to directly express his feeling of anxiety; his total overt behavior pattern is disorganized. His motor system is activated and he manifests anxiety by increased muscular tension and restlessness, general fidgeting, non-purposeful movement of the extremities, hall pacing, demanding requests, and talkativeness. The individual feels something

¹¹Martha Brown and Grace Fowler, Psychodynamic Nursing--A Bio-social Orientation, 2nd ed. (Philadelphia: W.B. Saunders Co., 1961), p. 23; 169-173; Cameron, op. cit., pp. 246-256; Hildegard Peplau, Interpersonal Relations in Nursing (New York: G.P. Putnam's Sons, 1952), pp. 124-157.

¹²Ibid.

terrible is going to happen or he is unable to concentrate or focus his attention on anything for a period of time. In terms of speech, he may stutter; slips-of-the tongue or blocking in the flow of speech may occur. He may deny the situation in which he finds himself by making jokes or acting indifferent. He may become depressed, feel continuously fatigued, or show increased irritability with the slightest provocation.¹³

In summary, covertly the individual who is anxious is frightened. He acts as though the threat comes from the environment; the physiological autonomic nervous system symptoms which occur in response to the anxiety prepare the individual for fight or flight. However, the preparation is ineffective because the conflict or source of the anxiety comes from within the individual and he is unable to escape. In severe anxiety, the individual's ego is overwhelmed by all the threatening excitation and its functions become limited in helping the individual cope with his environment. In this stage of anxiety the individual needs external help.

Functions of anxiety. Not all anxiety is detrimental. Normal anxiety serves as a signal which alerts the individual to the possibility of excessive ego excitation that might upset his equilibrium and create a painful state. In this respect, anxiety indicates a need for change and acts as a stimulus for defensive action to deal with the situation. Thus, the energy force of anxiety can be utilized in a creating or

¹³ ibid.

learning experience and in normal amounts it acts as an incentive to learning. Normal anxiety is handled constructively when one recognizes it and confronts the situation directly. May describes the constructive handling of anxiety as "moving through anxiety creating experiences rather than moving around them or retrenching in the face of them".¹⁴ A person is ready to meet unavoidable anxiety constructively when he recognizes that there is greater gain in moving ahead than in escape from anxiety provoking situations.

It is through the constructive handling of anxiety that persons develop greater awareness of self and learn to use their creative abilities--both evidences of growth. If anxiety is not handled constructively, awareness of self is constricted, creativeness is limited, and performance is decreased. It becomes a destructive force--the personality becomes progressively limited as it develops avoidance techniques, neurotic anxiety accumulates and spreads and neurotic symptomatic behaviors occur.

The methods of dealing with anxiety. Sullivan believes that anxiety is interpersonally stimulated and that with favorable relationships with others one learns to handle anxiety profitably. In his discussion on "coming to grips" with anxiety, he states that it is important

to nurture in the patient correct foresight of the near future, that it becomes intolerable to be always running away from minor anxiety...so that the patient realizes that,

¹⁴May, op. cit., p. 228.

anxiety or not, the present way of life is unsatisfactory and is unprofitable in the sense that it is not changing things for the better; whereupon, in spite of anxiety, other things being equal, the self-system can be modified.¹⁵

As an individual attempts to modify his self-system and live with his anxiety profitably, there are certain supportive kinds of things which a nurse, a doctor, a psychologist, or social worker can do to help the patient. The kinds of things which are done for each patient are highly individualized in nature; however, there are certain basic principles which can be followed. In general, these are: (1) to relate new experiences and to orient the patient regarding what is expected of him in dealing with the anticipated experience; (2) to provide the patient with an opportunity to express his feelings and discover their meaning in relation to his thoughts, his actions, and his problem; in addition, it is important to provide the individual with the opportunity to validate his feelings; (3) to afford the individual with the opportunity to set his own pace in working with his problems; to evaluate his readiness to deal with the immediate situation in which he finds himself; (4) to offer the individual the experiences of unconditional acceptance within a non-judgmental atmosphere.¹⁶

In this study it was the intent of the investigator to apply the concept of anxiety discussed above in dealing with two patients with a

¹⁵Sullivan, op. cit., p. 301

¹⁶Peplau, op. cit., pp. 130-136.

diagnosis of myocardial infarction in order that the nursing activities or the kinds of things which the nurse did to, for, or with the patient in the nurse patient interaction which reduced the patients' anxiety could be identified. From a study of the concept of anxiety and the possible methods of applying this concept, the following hypothesis was formulated and served as the foundation for the solution of the problem: if the patient's nursing need was met, the intensity of the patient's anxiety would be reduced. Therefore, in order to meet the nursing need and reduce the intensity of the patient's anxiety, certain kinds of nursing activities had to be carried out in the nurse patient interaction, for nursing activities are incumbent upon nursing needs. This hypothesis rests upon a formulated set of assumptions which may be found in the appendix (Appendix A).

III. JUSTIFICATIONS FOR THE STUDY

Esther Lucille Brown in 1948 defined the functions of the professional nurse. In her definition she spelled-out the role of the nurse in terms of total patient care.

The professional nurse must be able to evaluate behavior and situations readily and to function intelligently and quickly in response to their variations. She must recognize physical symptoms of illness which are commonly identified with organic changes. She must also recognize those heretofore less considered manifestations of illness such as anxieties, conflicts, and frustrations, which have a direct influence on organic changes and are now thought to be the result of an incompatible interaction between a person and his environment.

Nurses in their longer contacts with individuals have more opportunities to observe behavior and to listen to expression of thought, under varying conditions, than do physicians whose contacts are necessarily intermittent and brief. For this reason, the nurse must be able to direct her actions and her verbal expressions on the basis of a sound understanding of human behavior and human relationships. If the nurse does not have the quality of this understanding and cannot use it to deal effectively with persons, she may contribute to illness or counteract the efforts of other professional workers.¹⁷

Not only is a nurse practitioner's competency judged by her knowledge and utilization of concepts from the physical and biological sciences in terms of nursing activities, but also concepts from the behavioral sciences. Flexnor states that the professional person is concerned with "the achievement of social ends".¹⁸ Since anxiety is a social phenomenon, in that it is universally present and felt, it becomes increasingly important for the nurse practitioner to understand the concept of anxiety and to utilize this knowledge in order to alleviate the anxiety arising in the nurse patient situation in terms of helping her patient understand and deal constructively with his anxiety.

Anxiety reduction is important also to the nurse educator. If the nursing instructor's goal is to educate competent nurse practitioners, she must necessarily, according to Brown's definition, teach

¹⁷Esther L. Brown, Nursing For the Future (New York: Russell Sage Foundation, 1948), p. 73-74

¹⁸Ibid. p. 76.

her students about anxiety; in addition, she must deal with the anxiety which arises in the teaching-learning situation. Her understanding of the concept of anxiety, and her utilization of anxiety reducing activities in dealing with students will influence the student's reaction to anxiety-creating experiences, their ability to learn, and their ability to deal with their patient's anxiety.

According to Towle, anxiety in some instances enhances learning for it provides the energy necessary to accomplish the goal expected of the student; in other instances, anxiety hinders learning, for the student is so involved in dealing with his anxiety that the ability to learn is blocked.¹⁹ Thus, the student's knowledge is incomplete or entirely negligible in some areas. This in turn influences the competency of the nurse practitioner.

Similarly, the patient's ability to learn about himself in relation to his disease is influenced by his anxiety. If the nurse practitioner functions in the role of teacher, she must be able to deal with the patient's anxiety in order to channel it into an area where learning is effective; thus he moves constructively toward recovery.

Therefore, this study was considered justified in terms of competency of the nurse practitioner and nurse educator whose final goal

¹⁹Charlotte Towle, The Learner in Education for the Professions (Chicago: The University of Chicago Press, 1955), pp. 29-41.

is to promote the health of the individual patient, his family, and the community of which all are a part.

IV. RELATED STUDIES

In a survey of the research literature in the behavioral, nursing, and medical sciences no studies centering around the anxiety reducing nursing activities in the nurse patient relationship in the hospital, as such, were found. However, two studies dealing with the concept of anxiety were found.

In nursing, Hays attempted to describe the pattern of teaching which evolved when a nurse facilitated the application of a concept of anxiety to the experiences described in group discussion by selected patients in a county psychiatric hospital over a period of twelve one-hour sessions.²⁰ For the purposes of this study, significant in Hays' study was the method used to collect the data and the scheme developed which described the stages of anxiety, the operational behavior, and the variations in the form of operation. (Appendix B). Hays' scheme was used in the analysis of the data collected in this study in order to determine reduction in the anxiety manifested by the two patients with a diagnosis of myocardial infarction. Hays used the scheme for analysis of her process recordings in order to identify the phases and steps in

²⁰Hays , op. cit., pp. 108-113.

the teaching process, the tools used, and the roles taken using the experiential method of teaching a concept of anxiety.

In psychology, Ruebush studied interfering and facilitating effects of test anxiety.²¹ He found that the effect of anxiety on performance, whether facilitating or supporting, was mediated primarily by defensive reaction to the anxiety. In addition, he found that the effects of anxiety upon performance vary depending upon I.Q. level, the type of task required, and the instructions given.

In reference to cardiac disease and the nursing needs of the patient, Goldner and Kyle conducted a study in which the group approach was used for the purpose of helping six selected male patients, who had been hospitalized four to six weeks, verbalize their conscious fears regarding recurrence and death following a myocardial infarction and to clarify misconceptions regarding their condition.²² They found the group approach an effective means of dealing with the resistance of cardiac patients who need help in re-establishing psychological equilibrium following a heart attack.

²¹Britton K. Ruebush, "Interfering and Facilitating Effects of Test Anxiety", Journal of Abnormal and Social Psychology, IX (March, 1960), pp. 205-212.

²²Rose Goldner and Eleanor Kyle, "A Group Approach to the Cardiac Patient", Social Casework, XLI (July, 1960), pp. 346-353.

V. ORGANIZATION OF REMAINDER OF THE STUDY

Chapter II deals with the research design in terms of (1) the method of collection of the data; (2) the selection of the patient sample; (3) the method of recording the data; and (4) definitions of terms used, and the limitations of the study.

In Chapter III the method of analysis and the tools used in the analysis of the collected data (the narrative recording) is discussed. In Chapter IV the findings of the study are presented. Chapter V deals with the summary, conclusions, implications, and recommendations of the study.

CHAPTER II

THE RESEARCH DESIGN

This study was a descriptive survey about the anxiety reducing nursing activities in the nurse patient relationship in the hospital.

1. THE METHOD OF COLLECTING THE DATA

The tool used for the collection of the data was a narrative recording supplemented by the information obtained from the nurse's and physician's notes on the patient's chart. In addition, information regarding the patient's progress was obtained from the verbal report of the charge nurse each time nursing care was given.

For the purpose of this study the narrative recording was defined as a written record of the situation, behavior, and environmental interaction that took place during each specific visit in which nursing care was given by the investigator.

The purpose of the narrative recording was to present an account of the nurse patient interaction which occurred while the investigator was giving nursing care to each patient in each specific instance; this recording was then analyzed in order to identify what nursing care activities reduced the patient's anxiety.

Criteria for the narrative recording. A set of criteria were formulated in order to define the essential elements of the narrative recording and to maintain consistency as to the nature of the data collected and presented.

The narrative recording was divided into three parts: (1) a prologue or over-view, (2) an interim report, and (3) the nurse patient interaction.

The prologue or over-view contained pertinent identifying information regarding the patient. Such kinds of information as age, sex, family situation, religion, occupation, cultural background, and medical history were included in the prologue. The information in the prologue was obtained from the patient's chart and from the physician and was used in the analysis of the narrative recording in terms of judgment regarding the intensity of the patient's anxiety.

In order to maintain the continuity of the collected data the interim report described the patient's behavior and medical progress prior to each recording of the nurse patient interaction; this information was obtained from the nurse's and physician's notes on the patient's chart and the verbal report from the charge nurse on the ward in which the patient was hospitalized.

The interaction part of the narrative recording was used as the foundation for the analysis of anxiety reducing nursing activities in the nurse patient relationship. The interaction included information regarding the physical appearance and condition of the patient, the verbal and non-verbal communication which occurred between the patient and nurse, and the situational factors entering into and influencing the nurse patient interaction as observed by the investigator.

In this study the investigator was not only the observer but also the participant in that the investigator gave the nursing care and was directly involved in the nurse patient interaction. The individual method of collecting the data necessarily limits this study in terms of what was perceived and recorded as nurse patient interaction. However, individual perception was felt also to be a strength in this study in that the nurse patient relationship in a specific instance is generally on a one-to-one basis in the hospital situation. In addition, because the investigator was considered a competent practitioner of nursing in that she was a graduate of a collegiate school of nursing and licensed in the state in which the study was conducted, it was felt that the nursing judgments made regarding the nursing needs of the patient were valid.

According to Allport, there are two aspects to perception: the set and the apperception. The set refers to the past experience of the individual and its influence on what is perceived; the apperception refers to what is perceived as an objective reality in a given situation.¹ Since the investigator was a licensed practitioner of nursing, and, therefore, considered competent in giving nursing care, it was felt that the "set" which influenced the nursing judgments made regarding the pertinency of the information recorded were based upon scientific principles of competent nursing. Similarly, perception of what was happening

¹Gordon Allport, "Perception and Public Health", Health Education Monographs, No. 2, (California: Society of Public Health Educators, Inc. 1958), pp. 7-10.

as an objective reality was limited and strengthened in terms of the ability of the investigator to make competent nursing judgments in terms of problem solving and to selectively perceive those kinds of things pertinent to competent nursing care.

II. THE SELECTION OF THE PATIENTS

The selection of the patient sample was made from the patient census of a one hundred bed general hospital located in Gallatin County, Montana. The majority of the residents of Gallatin County were in the middle income bracket; the community background was of a rural nature. The Bozeman Deaconess Hospital was considered a teaching institution in that some clinical education of the students in the collegiate program in nursing at Montana State College was carried out here.

Criteria for the selection of the patient sample. In setting up the criteria for the selection of the patient sample in order to investigate the anxiety decreasing factors in the nurse patient relationship in the hospital it was first necessary to decide upon a diagnosis or the type of disease condition which would be manifested by the patients. According to Rogers, in the age group from twenty-five years on, diseases of the heart have become established as the most important among the leading causes of death by age group in the United States from 1949-1957.² Rogers also states that in 1957 diseases of the heart were

²Edward S. Rogers, Human Ecology and Health (New York: The Macmillan Company, 1960), p. 149.

the leading cause of death for both sexes and for non-white as well as white persons; the crude rate for white males was substantially higher than that for non-white males and for all females.³ According to Cecil and Loeb, the incidence of myocardial infarction occurs six times as often in men as in women. This condition occurs with increasing frequency with the advancing years, particularly in those individuals past fifty years of age.⁴ According to the literature, cardiac disease, as an entity, is known to cause more anxiety on the part of the patient because of fear of death, recurrence, or further body damage.⁵

Thus, from the mortality and incidence figures cited above and because of the involvement of anxiety in cardiac disease the first criteria regarding diagnosis -- myocardial infarction, age -- over forty years of age, and sex -- male were selected.

In terms of diagnosis it was necessary to establish a limitation regarding the stage of the disease during which patients would be given nursing care since patients with this diagnosis are under hospital medical supervision usually four to six weeks after the onset. Cecil and

³Ibid., p. 150.

⁴Russell L. Cecil and Robert F. Loeb (ed.), A Textbook of Medicine, 10th ed., (Philadelphia: W.B. Saunders Company, 1959), p. 1283.

⁵Rose Goldner and Eleanor Kyle, "A Group Approach to the Cardiac Patient", Social Casework, XLI (July, 1960), p. 346; Kathleen Shafer, et. al., Medical-Surgical Nursing (St. Louis: The C.V. Mosby Company, 1958), pp. 263-264.

Loeb, in discussing the prognosis in acute myocardial infarction, state the first four weeks after the onset of the disease is the most dangerous in terms of development of mortal complications which occur with decreasing frequency as time progresses. In this respect, the first two weeks are the most critical.⁶ Thus, it was decided that the patients would be given nursing care for a period of one week during the acute stage (1-14 days) of the myocardial infarction. The limit of seven days was chosen arbitrarily and was felt to be appropriate in terms of the number of interpersonal interactions for analysis of the evidence presented regarding anxiety decreasing factors.

When the collection of the data began, the first patient was given nursing care forty-eight hours after admission. For the purpose of consistency in the stage of the progress of the disease after the onset, it was felt that with the next patient, the initial contact should begin within forty-eight hours after admission.

The next three criteria were based upon the concept of anxiety and the roles played by the individual as a member of society. Since anxiety arises because of a threat to one's expectations of self in relation to society, and since a role concept develops as a result of one's expectations of self in relation society (how one perceives himself and what he expects of himself and thinks others expect), the criteria of

⁶Cecil and Loeb (ed.), op. cit., p. 1293.

family member and productive member of society (in terms of occupation) previous to admission were justified.

According to Sullivan, "When the imperative necessity for change is recognized through experience, most people are able to stand some anxiety (the degree varies on the basis of the individual's past experience)...or he is able to observe previously ignored and misinterpreted experience in such fashion that his formulation of himself and of living can change in a favorable direction".⁷ Conversely, it seemed, if the individual had not had the anxiety-arousing experience, i.e., had never been hospitalized with this particular diagnosis, the anxiety caused by this experience would be greater than if the patient had not previously learned modification of the self-system oriented to the cardiac regime'. Thus, the criterion, first admission with this particular diagnosis, was considered justified.

In summary, in setting up the criteria for the selection of the patient sample, the investigator judged the following criteria appropriate to an investigation of the anxiety decreasing factors in the nurse patient relationship:

1. The patient had a diagnosis of acute myocardial infarction and was given nursing care after the onset of the attack for a period of seven successive days beginning the first forty-eight hours after admission.
2. The sex of the patients was male.

⁷H.S. Sullivan, The Interpersonal Theory of Psychiatry (New York: W.W. Norton and Company, Inc., 1953), p. 301.

3. The age of the patients was over forty.
4. The patients were family members.
5. The patients, previous to admission, were productive members of society.
6. This was the patients' first admission to the hospital with this particular diagnosis.

III. THE METHOD OF RECORDING THE DATA

Two patients were selected according to the above criteria. Both patients were given nursing care initially within the first forty-eight hours after the onset of the acute myocardial infarction. Subsequently, each patient was given nursing care for a period of seven successive days. Morning care was given on three different days, and evening care was given on four days during the acute phase of each of the patients' illness. An average of one to two hours was spent giving nursing care during each specific visit. It was during the time that nursing care was given by the investigator that the nurse patient interaction was observed. Notes regarding the ensuing interaction were taken; the narrative recording was then written after each subsequent visit.

Previous to giving nursing care to each of the patients, the investigator contacted the patients' physician in order to obtain his permission to give nursing care to his patient and to explain the purpose of the study. Both of the physicians then oriented their patients to the fact that the investigator was doing research regarding their diagnosis, none was aware of the exact nature of the study, i.e. that

this study was an investigation of the anxiety reducing factors in the nurse patient relationship. It was felt that this information would tend to be misinterpreted and would, therefore, interfere with the establishment of the nurse patient relationship in terms of creating greater anxiety for the patient; this in turn would have influenced the validity of the study.

IV. DEFINITIONS OF TERMS USED

Anxiety. Anxiety was defined as an affective or feeling state which results from a threat to the individual's ego (self) expectations and which causes both physical and non-physical behaviors.

Need. In this study need referred to something or somethings which lack within a person which in order to be met requires a particular behavior to occur. Two types of needs were differentiated: physical and non-physical.

Physical need. The term physical need referred to a biological lack in a person which is necessary to that person's survival and/or physiological functioning in order to maintain a state of health or equilibrium.

Non-physical need. The term non-physical need referred to a socio-cultural and psychological lack in a person which is necessary to the person's social, psychological, or emotional functioning in order to maintain a state of health or equilibrium.

Nursing need. Throughout the report of this investigation a nursing need was defined as arising from the current pattern of patient care in which the patient's ability (consisting of his power to act and his behavioral reaction to the need under consideration) for self-help was encouraged or discouraged. For example, the patients with a diagnosis of acute myocardial infarction had a physical need for rest; this need was interpreted as a nursing need when it became necessary to set limits regarding the patients' activity and maintain bedrest.

Nursing activity. A nursing activity was defined as that kind of thing which the nurse did to, for, or with the patient in order to meet a recognized and expressed nursing need.

Narrative recording. The narrative recording was defined as a written record of the situation, behavior, and environmental interaction that took place during each specific visit in which nursing care was given by the investigator.

Nurse patient interaction. The term nurse patient interaction was defined as the exchange of behavior (s) between the nurse and the patient as manifested in the narrative recording.

Nurse patient relationship. The term nurse patient relationship referred to the respective roles assumed by the nurse and the patient in relation to the behaviors incumbent upon the roles assumed as manifested in the narrative recording.

Behavior. Behavior was defined as the pattern of activity which an individual undertakes in the direction of satisfaction of a need.

Myocardial infarction. Myocardial infarction was described as "the clinical syndrome characterized by prolonged substernal oppression or pain, a fall in blood pressure, and other manifestations of shock, accompanied by characteristic progressive electro-cardiogram changes, fever, leucocytosis, and an increased erythrocyte sedimentation rate or transaminase (SGOT) level".⁸

V. LIMITATIONS OF THE STUDY

This study was an investigation of the anxiety reducing factors in the nurse patient relationship in the hospital in two specific cases of acute myocardial infarction.

Limitations regarding the method of collecting the data. The method of collecting the data limited this study in terms of the environmental factors inherent in the time, the place and the situation in which the data was collected. In the data collected not all the factors which occur in all nursing situations appeared. Only those nursing care activities centering around two specific patients with a diagnosis of acute myocardial infarction in fourteen different narrative recordings of nurse patient interaction were considered in the analysis of anxiety reducing nursing activities.

⁸Cecil and Loeb (ed.), op. cit., p. 1283.

Limitations concerning the use of the tool to identify nursing needs and nursing activities. The tool used in the analysis of the nurse patient interaction of the narrative recording in terms of nursing needs and nursing activities limited this study in that some nursing needs, as well as nursing activities, over-lap. The delineation between the classifications of various nursing needs and nursing activities is not all exclusive nor is it all inclusive in all instances. Many types of behaviors are expressive of more than one nursing need; conversely, many different types of nursing activities satisfy more than one nursing need. Thus the nurse patient interaction in the narrative recording was analyzed in terms of the major recognized and expressed nursing needs of the patient and the nursing activities which were perceived as carried out for the intended purpose of meeting the expressed nursing need.

Limitations regarding the selective perception of the investigator. In terms of the selective perception of the investigator this study was limited at three levels: (1) in the use of the tool, narrative recording, regarding pertinent information in the nurse patient interaction which was collected; (2) in the use of the tool for the analysis of the narrative recording regarding the behavior which gave evidence that the patient's anxiety was reduced; (3) in the use of the tool developed which was used to analyze nursing needs and nursing activities as revealed in the narrative recording.

In summary, this study was limited in terms of the individual differences of the patient sample, the method used in collecting the

data, the criteria established for the tool used in the analysis of the nurse patient interaction in the narrative recording in terms of nursing needs and nursing activities, and in terms of the selective perception of the investigator.

CHAPTER III

THE METHOD AND TOOLS USED IN THE ANALYSIS OF THE COLLECTED DATA

Because of the nature of anxiety and the resultant physiological preparation of the body for flight, many of the physiological symptoms which appear when a patient is anxious are also manifested clinically in acute myocardial infarction. For example, the anxious patient's heart rate increases as does the patient's with an acute myocardial infarction. Because of the similarity of the symptoms in an anxiety state and in acute myocardial infarction, in order to analyze the collected data it was necessary to set up some type of scheme whereby these two conditions occurring concurrently could be differentiated in the identification and analysis of the anxiety behavior in the narrative recordings. Two tools were used for the purpose of differentiation. The first tool, entitled Performable and Observable Acts or Operations Related to the Stages of Anxiety, was used in the analysis of the narrative recordings in terms of the anxiety behavior manifested. The second tool, entitled Scheme for the Analysis of Nursing Needs, Physiological Symptoms, and Nursing Activities Occurring During the Acute Stage (1-14 days) of Myocardial Infarction, was used in the analysis of the narrative recording in terms of nursing needs and incumbent nursing activities in order to thereby identify nursing activities which reduced each patient's anxiety in each stage of anxiety.

1. THE SCHEME FOR THE ANALYSIS OF ANXIETY BEHAVIOR

Description of the tool. Hays in her study developed a scheme which was used to teach a group of psychiatric patients a concept of anxiety.¹ In order to accomplish the purpose of this study, Hays' scheme which described the stage of anxiety, the operational behavior, and the variations in the form of operational behavior was used in order to identify and classify the stage of anxiety which was manifested by the patient in the narrative recording. (Appendix B)

Hays' scheme described four stages of anxiety: Mild, Moderate, Severe, and Panic. In this study a fifth stage, Relatively No Anxiety, was added. Each stage of anxiety was coded with a Roman Numeral and classified as follows:

- Stage I: Relatively No Anxiety
- Stage II: Mild Anxiety
- Stage III: Moderate Anxiety
- Stage IV: Severe Anxiety
- Stage V: Panic

The use of the scheme for the identification and classification of anxiety behavior manifested in the narrative recordings. In using the scheme for the identification and classification of anxiety behavior manifested in the narrative recordings, the context of the nurse patient interaction was analyzed in the following manner: (1) the anxiety behavior operating in the nurse patient interaction was identified; (2)

¹Dorothea Hays, "Teaching a Concept of Anxiety", Nursing Research, X (Spring, 1961), pp. 109-110.

the anxiety behavior operating in the nurse patient interaction was classified in one of the five stages of anxiety according to the criteria set up in the scheme.

If the patient's behavior as manifested in the narrative recording indicated that he had moved from a stage of Panic to Severe to Moderate to Mild to Relatively No Anxiety or from one stage to another on a descending basis, the intensity of his anxiety was said to be reduced.

II. THE SCHEME FOR THE ANALYSIS OF NURSING NEEDS AND INCUMBENT NURSING ACTIVITIES

This study was based upon the proposition: if the patient's nursing need was met, the intensity of the patient's anxiety would be reduced. Therefore, in order to meet the nursing needs and reduce the intensity of the patient's anxiety, certain kinds of nursing activities had to be carried out in the nurse patient interaction, for nursing activities are incumbent upon nursing needs.

In order to organize the nursing needs and nursing activities which were identified as occurring in the nurse patient interaction a second kind of tool was developed.

Description of the tool. The tool entitled Scheme for the Analysis of Nursing Needs, Physiological Symptoms, and Nursing Activities Occurring During the Acute Stage (1-14 days) of Myocardial Infarction (Appendix C) was developed for the following purposes: (1) to organize and serve as a method of classifying the nursing needs of the patient

which, according to the literature, commonly occur during the acute stage of myocardial infarction; (2) to organize and serve as a method of classifying those kinds of nursing activities which, according to the literature, were currently accepted as competent nursing practice in terms of meeting the nursing needs of a patient during the acute stage of myocardial infarction.²

For the sake of competent nursing judgments regarding the nursing needs and nursing activities in reference to patients with a diagnosis of acute myocardial infarction, the physiological symptoms which were expressive of nursing needs and the therapeutic principle upon which the nursing activity was based were identified in the scheme.³

In the scheme all the nursing needs were coded in Roman Numerals and were differentiated into two types: physical and non-physical. The

²Felix Biestek, The Casework Relationship (Chicago: Loyola University Press, 1957), p. 17; Amy Frances Brown, Medical Nursing, 3rd. ed. (Philadelphia: W.B. Saunders Company, 1957), pp. 244-274; Lenna Cooper, et. al., Nutrition in Health and Disease, 12th ed. (Philadelphia: J.B. Lippincott Company, 1956), pp. 355-368; Edgar Hull and Cecilia M. Perrodin, Medical Nursing, 6th ed. (Philadelphia: F.A. Davis Company, 1960), pp. 157-212; Elsie Krug and Hugh McGuigan, Pharmacology in Nursing, 7th ed. (St. Louis: The C.V. Mosby Company, 1955), pp. 372-452; Hildegard Peplau, Interpersonal Relations in Nursing, (New York: G.P. Putnam's Sons, 1952), pp. 124-157; Carl L. Rogers, "The Characteristics of a Helping Relationship", Personnel and Guidance Journal, (September, 1958), pp. 6-16; Kathleen Shafer, et. al., Medical-Surgical Nursing (St. Louis: The C.V. Mosby Company, 1958), pp. 253-306; H.S. Sullivan, The Interpersonal Theory of Psychiatry (New York: W.W. Norton and Company, Inc., 1953), pp. 49-171.

³Ibid.

physical nursing needs of the patient with a diagnosis of acute myocardial infarction were listed and coded as follows:

- I. Adequate Nutrition
- II. Fluid and Electrolyte Balance
- III. Elimination
- IV. Adequate Oxygenation of Body Tissues
- V. Adequate Rest
- VI. Safety

The non-physical nursing needs of the patient with a diagnosis of acute myocardial infarction were listed and coded as follows:

- VII. Recognition and Treatment as an Individual
- VIII. Recognition as a Person of Worth
- IX. Knowledge
- X. Expression of Feelings and Ideas
- XI. Empathetic Response to Feelings and Ideas
- XII. Participation in Decisions Affecting Him

All nursing activities were coded and categorized in Arabic Numerals, that is, one (1), two (2), three (3), four (4), etc., then classified according to the nursing need each particular nursing activity was felt to meet. For example, nursing activity in category One (1), to maintain adequate nutrition, was considered to meet nursing need I, Adequate Nutrition. The decimal system was used to further codify those nursing activities occurring in each category. For example, in nursing activity, category One (1), four specific kinds of nursing activities, according to the therapeutic principle underlying the nursing need I, Adequate Nutrition, of the patient with a diagnosis of acute myocardial infarction could be carried out to meet nursing need I:

- 1.1 to prevent distension
- 1.2 to prevent stimulation
- 1.3 to maintain normal body weight

1.4 to use special diets ordered

Each of the above nursing activities were then spelled out in the scheme in terms of behaviors which the nurse carried out and which could be identified as manifested in the narrative recording.

The use of the scheme for the identification and classification of nursing needs, and nursing activities manifested in the narrative recordings. The context of the nurse patient interaction in the narrative recordings was analyzed in order to identify and classify the nursing needs and nursing activities manifested. The kinds of nursing activities which the nurse carried out in anticipation of a nursing need were not considered in the analysis of the narrative recording; it was only when the patient expressed a nursing need in reference to his anxiety that the nursing need was identified and classified. In turn, the incumbent nursing activity as manifested in the narrative recording was identified and classified. In addition, because it was assumed that nursing needs occur on a continuum and as a complexity, that is, one type of behavior presented by the patient may be a manifestation of many nursing needs, it was the most prominent nursing need manifested in the nurse patient interaction in the narrative recording which was selectively perceived by the investigator as met by the nursing activity.

Therefore, in the analysis of the narrative recordings, if the patient's anxiety was reduced, those kinds of nursing activities carried out in each respective stage of anxiety were perceived as reducing the patient's anxiety in that particular stage.

III. THE PILOT STUDY

A pilot study was done for the following reasons: (1) to determine the feasibility of using Hays' scheme for the identification and classification of anxiety behavior, and, (2) to determine the feasibility of using the scheme for the identification of nursing needs and nursing activities occurring during the acute stage of myocardial infarction.

Both tools for analysis of the collected data were found to be appropriate in terms of the identification and classification of anxiety behavior and nursing needs, respectively; however, the pilot study resulted in a more definitive outline of nursing activities in some of the categories.

IV. STEPS IN THE ANALYSIS OF THE COLLECTED DATA

In summary, the steps in the analysis of the collected data were listed as follows: (1) to identify anxiety behavior manifested in the narrative recording according to the criteria set up in Hays' Scheme; (2) to classify the anxiety behavior manifested in the narrative recording as to the degree of intensity according to Hays' Scheme; (3) to identify the nursing needs expressed by the patient as manifested in the narrative recording; (4) to classify the expressed nursing needs of the patient which were indicative of anxiety according to the scheme set up which was derived from the medical and nursing literature, the behavioral and biological sciences; (5) to identify the nursing activities which were performed by the nurse in order to meet the ex-

pressed nursing need in the nurse patient relationship as manifested in the narrative recording; (6) to classify the nursing activity performed according to the scheme set up by the investigator which identified those kinds of nursing activities considered to be currently accepted as competent practice in reference to a patient with a diagnosis of acute myocardial infarction; (7) to list those kinds of nursing activities identified which occurred in each stage of anxiety for each patient; (8) to list those nursing activities identified which resulted in a reduction in the intensity of the patient's anxiety for each patient as manifested in the narrative recording and for the two patients as a whole; and (9) to compare similarities and differences in the kinds of nursing activities which resulted in a reduction in the intensity of the anxiety of each of the patients in the various stages of anxiety.

The materials presented in the following chapter were analyzed according to the method described above.

CHAPTER IV

PRESENTATION OF FINDINGS

Because of the length and number of the narrative recordings of the nurse patient interaction in this study, the findings presented included a summary of the narrative recordings for each visit in addition to a summary of the total findings for each patient in terms of: (1) respective stage of anxiety; (2) the nursing activities carried out to meet the expressed nursing need.

The final summary defined the similarities and differences between each patient in terms of stage of anxiety, and the nursing activities which were found to reduce the patient's anxiety.

I. PATIENT A: SUMMARY OF THE NARRATIVE RECORDINGS

First visit. When patient A was initially given nursing care in the first visit, the intensity of his anxiety was classified as Panic, Stage V. In this stage of anxiety four nursing activities were perceived as meeting the recognized and expressed nursing need and were of the following nature and frequency:

(1) To meet nursing need IV (Adequate Oxygenation of Body Tissues), nursing activity 4.4 (to administer and to maintain the oxygen concentration required) occurred one (1) time.

(2) To meet nursing need VII (Recognition and Treatment as an Individual), nursing activity 7.1 (to accept the patient's behavior, feelings, and ideas) occurred one (1) time.

(3) To meet nursing need IX (Knowledge), nursing activity 9.2 (to explain the therapeutic regime) occurred one (1) time.

(4) To meet nursing need X (Expression of Feelings and Ideas), nursing activity 10.2 (to encourage this patient to express his feelings and ideas occurred one (1) time.

As the nurse patient interaction in the narrative recording progressed, the patient was perceived as having moved from Stage V, Panic, to Stage IV, Severe Anxiety.

In Stage IV, Severe Anxiety, twenty-two nursing activities occurred which were perceived as meeting the recognized and expressed nursing need in the narrative recording:

(1) To meet nursing need V (Adequate Rest), nursing activities of two different kinds occurred: (a) nursing activity 5.1 (to provide a quiet environment and to reduce irritating external stimuli) was carried out two (2) times; (b) nursing activity 5.2 (to limit activities) was carried out three (3) times.

(2) To meet nursing need VII (Recognition and Treatment as an Individual), nursing activity 7.1 (to accept the patient's behavior, feelings, and ideas) occurred one (1) time.

(3) To meet nursing need IX (Knowledge), nursing activity 9.2 (to explain the therapeutic regime) occurred three (3) times.

(4) To meet nursing need X (Expression of Feelings and Ideas) two different kinds of nursing activities occurred: (a) nursing activity 10.1 (to listen to what the patient is saying) was carried out two (2) times; (b) nursing activity 10.2 (to encourage the patient to express his feelings and ideas) was carried out nine (9) times.

(5) To meet nursing need XI (Empathetic Response to Feelings and Ideas), nursing activity 11.1 (to convey empathetic understanding) occurred two (2) times.

Second visit. During the second visit patient A moved from a stage of Severe Anxiety to a Stage of Moderate Anxiety. In Stage IV Severe Anxiety, the following nursing activities were carried out to meet the expressed and recognized nursing needs:

(1) To meet nursing need I (Adequate Nutrition), nursing activity 1.1 (to prevent distension) occurred one (1) time.

(2) To meet nursing need X two types of nursing activities were carried out: (a) nursing activity 10.1 (to listen to what the patient is saying) occurred one (1) time; (b) nursing activity 10.2 (to encourage the patient to express his feelings and ideas) occurred two (2) times.

In Stage III Moderate Anxiety, the following nursing activities were carried out to meet the expressed and recognized nursing needs:

(1) To meet nursing need IV (Adequate Oxygenation of Body Tissues), two kinds of nursing activities were carried out: (a) nursing activity 4.1 (to maintain a patent airway) occurred one (1) time; (b) nursing activity 4.4 (to administer and to maintain the oxygen concentration required) occurred one (1) time.

(2) To meet nursing need V (Adequate Rest), nursing activity 5.1 (to provide a quiet environment and to reduce irritating external stimuli) occurred two (2) times.

(3) To meet nursing need VII (Recognition and Treatment as an Individual), nursing activity 7.1 (to accept patient's behavior, feelings, and ideas) occurred one (1) time.

(4) To meet nursing need VIII (Recognition as a Person of Worth), nursing activity 8.1 (to show consideration for individual needs and wishes) occurred two (2) times.

(5) To meet nursing need IX (Knowledge), nursing activity 9.2 (to explain the therapeutic regime) occurred four (4) times.

(6) To meet nursing need X (Expression of Feelings and Ideas), nursing activity 10.2 (to encourage expression of feelings and ideas) occurred one (1) time.

(7) To meet nursing need XI (Empathetic Response to Feelings and Ideas), nursing activity 11.1 (to convey empathetic understanding) occurred one (1) time.

Third, fourth, and fifth visits. In the third, fourth, and fifth narrative recordings of the respective visits, the intensity of the patient's anxiety was perceived as in Stage III, Moderate Anxiety. The

nursing activities which were carried out during the third, fourth, and fifth visits in the nurse-patient interaction were of the following nature and frequency:

(1) To meet nursing need III (Elimination), nursing activity 3.1 (to promote elimination of body wastes) occurred four (4) times.

(2) To meet nursing need IV (Adequate Oxygenation of Body Tissues), nursing activity 4.4 (to administer and to maintain oxygen concentration required) occurred three (3) times.

(3) To meet nursing need II (Fluid and Electrolyte Balance), nursing activity 2.1 (to provide for and to keep an accurate and adequate intake and output) occurred one (1) time.

(4) To meet nursing need V (Adequate Rest), nursing activities of three different types occurred: (a) nursing activity 5.1 (to provide a quiet environment and to reduce irritating external stimuli) occurred six (6) times; (b) nursing activity 5.2 (to limit activities) occurred four (4) times; (c) nursing activity 5.3 (to reduce irritating internal stimuli) occurred two (2) times.

(5) To meet nursing need VIII (Recognition as a Person of Worth), nursing activity 8.1 (to show consideration for individual needs and wishes) occurred two (2) times.

(6) To meet nursing need IX (Knowledge), nursing activity 9.2 (to explain the therapeutic regime) occurred one (1) time.

(7) To meet nursing need X (Expression of Feelings and Ideas), two types of nursing activities were carried out: (a) nursing activity 10.1 (to listen to what the patient is saying) occurred one (1) time; (b) nursing activity 10.2 (to encourage the patient to express feelings and ideas) occurred five (5) times.

(8) To meet nursing need XI (Empathetic Response to Feelings and Ideas), nursing activity 11.1 (to convey empathetic understanding) occurred two (2) times.

Sixth visit. During the sixth visit, the patient was perceived as having moved from a stage of Moderate to a stage of Mild Anxiety. During the stage of Moderate Anxiety the following nursing activities were carried out:

(1) To meet nursing need X (Expression of Feelings and Ideas), nursing activities carried out were of two kinds: (a) nursing activity 10.1 (to listen to what the patient is saying) occurred one (1) time; (b) nursing activity 10.2 (to encourage patient to express his feelings and ideas) occurred three (3) times.

(2) To meet nursing need XI (Empathetic Response to Feelings and Ideas), nursing activity 11.1 (to convey empathetic understanding) occurred one (1) time.

During the stage of Mild Anxiety which occurred in the nurse patient interaction in the narrative recording of the sixth visit, the nursing activities which were carried out in order to meet the recognized and expressed nursing needs of the patient were of the following nature and kind:

(1) To meet nursing need IV (Adequate Oxygenation of Body Tissues), nursing activity 4.1 (to maintain a patent airway) occurred one (1) time.

(2) To meet nursing need IX (Knowledge), two kinds of nursing activities were carried out: (a) nursing activity 9.2 (to explain the therapeutic regime) occurred five (5) times; (b) nursing activity 9.5 (to convey information essential to problem solving) occurred one (1) time.

(3) To meet nursing need X (Expression of Feelings and Ideas), two kinds of nursing activities occurred: (a) nursing activity 10.1 (to listen to what the patient is saying) occurred one (1) time; (b) nursing activity 10.2 (to encourage the patient to express feelings and ideas) occurred one (1) time.

(4) To meet nursing need XI (Empathetic Response to Feelings and Ideas), nursing activity 11.1 (to convey empathetic understanding) occurred (1) time.

Seventh visit. During the seventh visit, the patient was perceived as remaining in Stage II, Mild Anxiety. During the stage of Mild Anxiety the following nursing activities were carried out:

(1) To meet nursing need VIII (Recognition as a Person of Worth), nursing activity 8.1 (to show consideration for individual needs and wishes) occurred one (1) time.

(2) To meet nursing need IX (Knowledge), four kinds of nursing activities were carried out: (a) nursing activity 9.2 (to explain the therapeutic regime) occurred five (5) times; (b) nursing activity 9.4 (to validate or clarify the information the patient receives) occurred one (1) time; (c) nursing activity 9.5 (to convey information essential to problem solving) occurred one (1) time; (d) nursing activity 9.6 (to help patient identify his problem) occurred two (2) times.

(3) To meet nursing need X (Expression of Feelings and Ideas), nursing activities of two kinds were carried out: (a) nursing activity 10.1 (to listen to what the patient is saying) occurred two (2) times; (b) nursing activity 10.2 (to encourage the patient to express his feelings and ideas) occurred two (2) times.

(4) To meet nursing need XI (Empathetic Response to Feelings and Ideas), nursing activity 11.1 (to convey empathetic understanding) occurred three (3) times.

To summarize, Patient A progressed from the Stages of Panic to Severe to Moderate to Mild Anxiety. Thus, his anxiety was said to be reduced. Table I depicts a summary of frequency and nature of the nursing activities which occurred in the nurse patient interaction in the seven narrative recordings in each stage of anxiety. The stage of anxiety and the nursing activities occurring therein are listed as follows:

(1) In Stage V, Panic, four kinds of nursing activities were carried out: (a) nursing activity 4.4, to administer and to maintain oxygen concentration required, occurred one (1) time; (b) nursing activity 7.1, to accept patient's behavior, feelings, and ideas, occurred one (1) time; (c) nursing activity 9.2, to explain the therapeutic regime, occurred one (1) time; (d) nursing activity 10.2, to encourage patient to express feelings and ideas, occurred one (1) time.

(2) In Stage IV, Severe Anxiety, twenty-six nursing activities were carried out: (a) nursing activity 1.1, to prevent distension, occurred one (1) time; (b) nursing activity 5.1, to provide a quiet

environment and to reduce irritating external stimuli, occurred two (2) times; (c) nursing activity 5.3, to limit activities, occurred three (3) times; (d) nursing activity 7.1, to accept patient's behavior, feelings, and ideas, occurred one (1) time; (e) nursing activity 9.2, to explain the therapeutic regime, occurred three (3) times; (f) nursing activity 10.1, to listen to what the patient is saying, occurred three (3) times; (g) nursing activity 10.2, to encourage the patient to express his feelings and ideas occurred eleven (1) times; (h) nursing activity 11.1, to convey empathetic understanding occurred two (2) times.

(3) In Stage III, Moderate Anxiety, forty-nine nursing activities were carried out: (a) nursing activity 2.1, to provide for and keep an accurate intake and output, occurred one (1) time; (b) nursing activity 3.1, to promote elimination of body wastes, occurred four (4) times; (c) nursing activity 4.1, to maintain a patent airway, occurred four (4) times; (d) nursing activity 4.4, to administer and to maintain oxygen concentration required, occurred one (1) time; (e) nursing activity 5.1, to promote a quiet environment and to reduce irritating external stimuli, occurred eight (8) times; (f) nursing activity, 5.2, to limit activities, occurred four (4) times; (g) nursing activity, 5.3, to reduce irritating internal stimuli occurred two (2) times; (h) nursing activity 7.1, to accept patient's behavior, feelings and ideas, occurred one (1) time; (i) nursing activity 8.1, to show consideration for individual needs and wishes, occurred four (4) times; (j) nursing activity 9.2, to explain the therapeutic regime, occurred five (5) times; (k) nursing activity 10.1, to listen to what the patient is saying, occurred two (2) times; (l) nursing activity 10.2, to encourage the patient to express his feelings and ideas, occurred nine (9) times; (m) nursing activity 11.1, to convey empathetic understanding, occurred four (4) times.

(4) In Stage II, Mild Anxiety, twenty-seven nursing activities were carried out: (a) nursing activity 4.1, to maintain a patent airway, occurred one (1) time; (b) nursing activity 8.1, to show consideration for individual needs and wishes, occurred one (1) time; (c) nursing activity 9.2, to explain the therapeutic regime, occurred ten (1) times; (d) nursing activity 9.4, to clarify or validate the information the patient receives, occurred one (1) time; (e) nursing activity 9.5, to convey information essential to problem solving, occurred two (2) times; (f) nursing activity 9.6, to help the patient identify his problem, occurred two (2) times; (g) nursing activity 10.1, to listen to what the patient is saying, occurred three (3) times; (h) nursing activity, 10.2, to encourage patient to express his feelings and ideas, occurred three (3) times; (i) nursing activity 11.1, to convey empathetic understanding, occurred four (4) times.

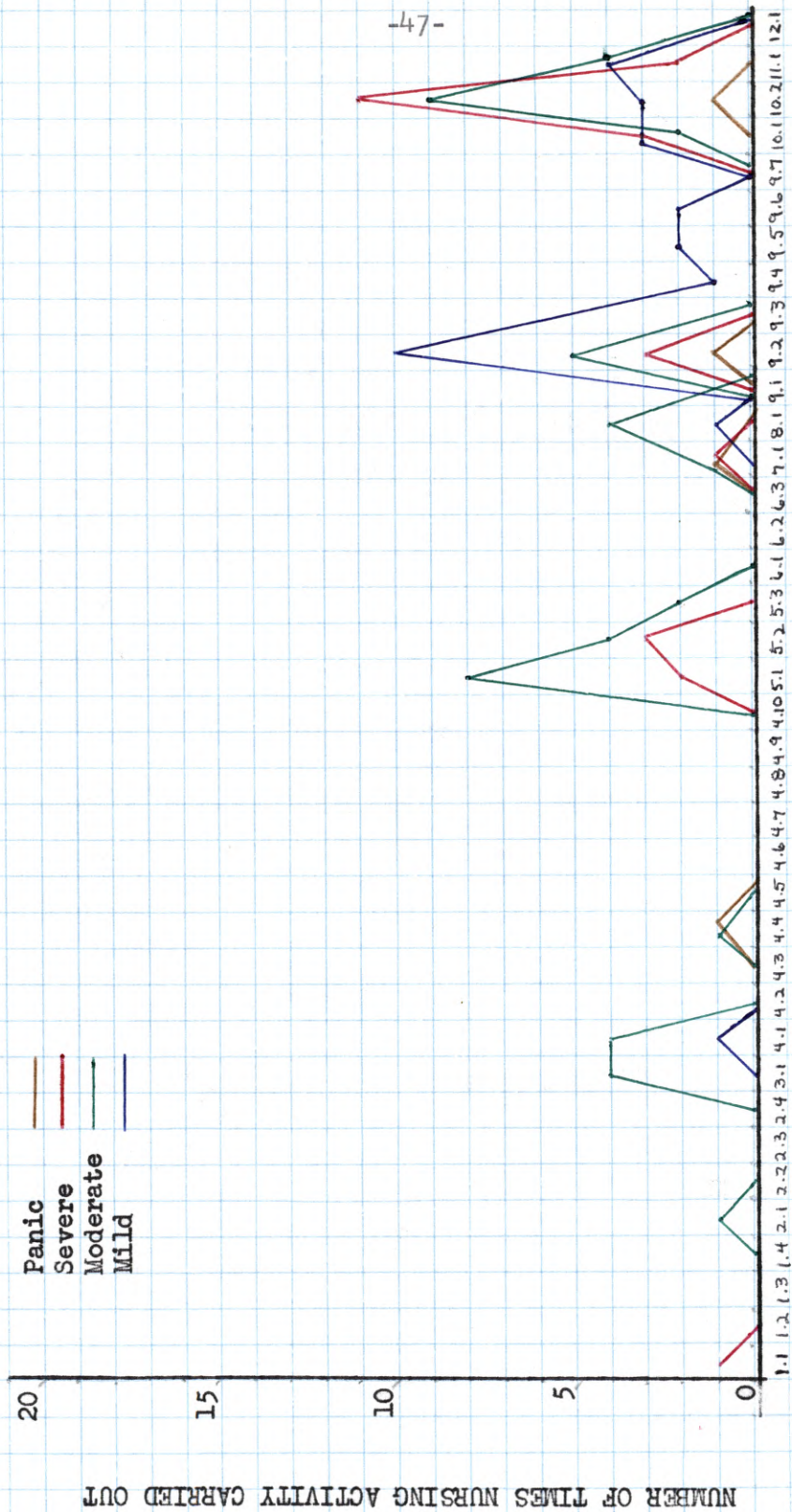
TABLE 1

SUMMARY OF THE FREQUENCY OF NURSING ACTIVITIES OCCURRING IN EACH STAGE OF ANXIETY FOR PATIENT A

* NURSING NEED	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	TOTAL NUMBER OF NURSING ACTIVITIES	APPROXIMATE NUMBER OF HOURS NURSING ACTIVITIES CARRIED OUT
STAGE OF ANXIETY														
V PANIC													4	1/2
IV SEVERE													26	2 1/4
III MODERATE													49	7 1/4
II MILD													27	2 3/4
I RELATIVELY NONE														
	1.1 to prevent distention	2.1 to provide for and keep an accurate intake	3.1 to promote elimination of body wastes	4.1 to maintain a patent airway	5.1 to limit activities	6.1 to maintain order of patient unit	7.1 to accept patient's behavior, feelings and ideas	8.1 to show consideration for individual needs and wishes	9.1 to orient patient to environment	10.1 to listen to what patient is saying	11.1 to convey empathetic understanding	12.1 to encourage patient to participate in decisions regarding his nursing care plan		
	1.2 to prevent stimulation	2.2 to record symptoms of increasing edema and output	3.2 to administer diuretics if ordered	4.2 to provide for adequate respiratory exchange	5.2 to limit activities	6.2 to use protective devices	7.2 to accept patient's behavior, feelings and ideas	8.2 to show consideration for individual needs and wishes	9.2 to explain therapeutic regime	10.2 to encourage patient to express his feelings and ideas				
	1.3 to maintain normal body weight	2.3 to weigh patient if ordered	3.3 to administer anti-coagulants	4.3 to maintain equipment in working order	5.3 to reduce irritating internal stimuli	6.3 to use medical asepsis	7.3 to accept patient's behavior, feelings and ideas	8.3 to show consideration for individual needs and wishes	9.3 to explain all procedures	10.3 to listen to what patient is saying				
	1.4 to use special diets ordered	2.4 to administer diuretics if ordered	3.4 to administer heart tonics and stimulants	4.4 to administer and maintain oxygen concentration required	5.4 to provide a quiet environment and to reduce irritating external stimuli	6.4 to maintain order of patient unit	7.4 to accept patient's behavior, feelings and ideas	8.4 to show consideration for individual needs and wishes	9.4 to clarify or validate information patient receives	10.4 to listen to what patient is saying				
	1.5 to prevent stimulation	2.5 to record symptoms of increasing edema and output	3.5 to administer diuretics if ordered	4.5 to observe patient in terms of respiratory and circulatory complications	5.5 to limit activities	6.5 to maintain order of patient unit	7.5 to accept patient's behavior, feelings and ideas	8.5 to show consideration for individual needs and wishes	9.5 to convey information essential to problem solving	10.5 to listen to what patient is saying				
	1.6 to prevent stimulation	2.6 to record symptoms of increasing edema and output	3.6 to administer diuretics if ordered	4.6 to administer medications at proper time, amount, method	5.6 to limit activities	6.6 to maintain order of patient unit	7.6 to accept patient's behavior, feelings and ideas	8.6 to show consideration for individual needs and wishes	9.6 to help patient identify problem	10.6 to listen to what patient is saying				
	1.7 to prevent stimulation	2.7 to record symptoms of increasing edema and output	3.7 to administer diuretics if ordered	4.7 to know and understand physiological action of each drug given	5.7 to limit activities	6.7 to maintain order of patient unit	7.7 to accept patient's behavior, feelings and ideas	8.7 to show consideration for individual needs and wishes	9.7 to help patient work through problem	10.7 to listen to what patient is saying				
	1.8 to prevent stimulation	2.8 to record symptoms of increasing edema and output	3.8 to administer diuretics if ordered	4.8 to report and record patient's reaction to medications given	5.8 to limit activities	6.8 to maintain order of patient unit	7.8 to accept patient's behavior, feelings and ideas	8.8 to show consideration for individual needs and wishes	9.8 to help patient identify problem	10.8 to listen to what patient is saying				
	1.9 to prevent stimulation	2.9 to record symptoms of increasing edema and output	3.9 to administer diuretics if ordered	4.9 to administer heart tonics and stimulants	5.9 to limit activities	6.9 to maintain order of patient unit	7.9 to accept patient's behavior, feelings and ideas	8.9 to show consideration for individual needs and wishes	9.9 to help patient identify problem	10.9 to listen to what patient is saying				
	1.10 to prevent stimulation	2.10 to record symptoms of increasing edema and output	3.10 to administer diuretics if ordered	4.10 to administer anti-coagulants	5.10 to limit activities	6.10 to maintain order of patient unit	7.10 to accept patient's behavior, feelings and ideas	8.10 to show consideration for individual needs and wishes	9.10 to help patient identify problem	10.10 to listen to what patient is saying				
	1.11 to prevent stimulation	2.11 to record symptoms of increasing edema and output	3.11 to administer diuretics if ordered	4.11 to administer heart tonics and stimulants	5.11 to limit activities	6.11 to maintain order of patient unit	7.11 to accept patient's behavior, feelings and ideas	8.11 to show consideration for individual needs and wishes	9.11 to help patient identify problem	10.11 to listen to what patient is saying				
	1.12 to prevent stimulation	2.12 to record symptoms of increasing edema and output	3.12 to administer diuretics if ordered	4.12 to administer heart tonics and stimulants	5.12 to limit activities	6.12 to maintain order of patient unit	7.12 to accept patient's behavior, feelings and ideas	8.12 to show consideration for individual needs and wishes	9.12 to help patient identify problem	10.12 to listen to what patient is saying				
	1.13 to prevent stimulation	2.13 to record symptoms of increasing edema and output	3.13 to administer diuretics if ordered	4.13 to administer heart tonics and stimulants	5.13 to limit activities	6.13 to maintain order of patient unit	7.13 to accept patient's behavior, feelings and ideas	8.13 to show consideration for individual needs and wishes	9.13 to help patient identify problem	10.13 to listen to what patient is saying				
	1.14 to prevent stimulation	2.14 to record symptoms of increasing edema and output	3.14 to administer diuretics if ordered	4.14 to administer heart tonics and stimulants	5.14 to limit activities	6.14 to maintain order of patient unit	7.14 to accept patient's behavior, feelings and ideas	8.14 to show consideration for individual needs and wishes	9.14 to help patient identify problem	10.14 to listen to what patient is saying				
	1.15 to prevent stimulation	2.15 to record symptoms of increasing edema and output	3.15 to administer diuretics if ordered	4.15 to administer heart tonics and stimulants	5.15 to limit activities	6.15 to maintain order of patient unit	7.15 to accept patient's behavior, feelings and ideas	8.15 to show consideration for individual needs and wishes	9.15 to help patient identify problem	10.15 to listen to what patient is saying				

* NURSING NEEDS
Code: I Adequate Nutrition
II Fluid and Electrolyte Balance
III Elimination
IV Adequate Oxygenation of Body Tissues
V Adequate Rest
VI Safety

Non-Physical
VII Recognition & Treatment As An Individual
VIII Recognition As A Person of Worth
IX Knowledge
X Expression of Feelings & Ideas
XI Empathetic Response to Feelings & Ideas
XII Participation In Decisions Effecting Him



NURSING ACTIVITY

FIGURE 1

FREQUENCY OF NURSING ACTIVITIES OCCURRING
IN EACH STAGE OF ANXIETY FOR PATIENT A

II. PATIENT B: SUMMARY OF THE NARRATIVE RECORDINGS

First visit. When Patient B was initially given nursing care in the first visit, the intensity of his anxiety was classified as Stage IV, Severe Anxiety. In this stage of anxiety seventeen nursing activities occurred which were perceived as meeting the recognized and expressed nursing need in the narrative recording and were of the following nature and frequency:

(1) To meet nursing need V, (Adequate Rest), nursing activities of two different kinds were carried out: (a) nursing activity 5.1 (to promote a quiet environment and to reduce irritating external stimuli) occurred one (1) time; (b) nursing activity 5.2 (to limit activities) occurred two (2) times.

(2) To meet nursing need VII (Recognition and Treatment as Person of Worth), nursing activity 7.1 (to accept the patient's behavior, feelings, and ideas) occurred one (1) time.

(3) To meet nursing need IX (Knowledge), nursing activities of three kinds were carried out: (a) nursing activity 9.1 (to orient patient to his environment) occurred one (1) time; (b) nursing activity 9.5 (to validate or clarify the information the patient receives) occurred one (1) time; (c) nursing activity 9.6 (to convey information essential to problem solving) occurred one (1) time.

(4) To meet nursing need II (Fluid and Electrolyte Balance), nursing activity 2.1 (to provide for and keep an accurate intake and output) occurred two (2) times.

(5) To meet nursing need X (Expression of Feelings and Ideas), two kinds of nursing activities were carried out: (a) nursing activity 10.1 (to listen to what the patient is saying) occurred two (2) times; (b) nursing activity 10.2 (to encourage the patient to express his feelings and ideas) occurred four (4) times.

(6) To meet nursing need XI (Empathetic Response to Feelings and Ideas), nursing activity 11.1 (to convey empathetic understanding) occurred two (2) times.

As the nurse patient interaction in the narrative recording progressed toward the end of the first visit, the patient was perceived as having moved from Stage IX, Severe Anxiety, to Stage III, Moderate Anxiety. In Stage III, Moderate Anxiety, five nursing activities occurred which were perceived as meeting the recognized and expressed nursing need in the narrative recording and were of the following frequency and nature:

(1) To meet nursing need II (Fluid and Electrolyte Balance), nursing activity 2.1 (to provide for and keep an adequate and accurate intake and output) occurred one (1) time.

(2) To meet nursing need V (Adequate Rest), nursing activities of two kinds were carried out: (a) nursing activity 5.1 (to promote a quiet environment and to reduce irritating external stimuli) occurred one (1) time; (b) nursing activity 5.2 (to limit activities) occurred two (2) times.

(3) To meet nursing need X (Expression of Feelings and Ideas), nursing activity 10.1 (to listen to what the patient is saying) occurred one (1) time.

Second visit. In the narrative recording of the nurse patient interaction in which Patient B was given nursing care for the second time, the intensity of his anxiety decreased from Stage IV, Severe Anxiety, to Stage III, Moderate Anxiety. In Stage IV, Severe Anxiety, five nursing activities occurred which were perceived as meeting the recognized and expressed nursing need in the narrative recording.

(1) To meet nursing need II (Fluid and Electrolyte Balance), nursing activity 2.1 (to provide for and keep an accurate intake and output) occurred one (1) time.

(2) To meet nursing need VII (Recognition and Treatment as an Individual), nursing activity 7.1 (to accept the patient's behavior, feelings, and ideas) occurred one (1) time.

(3) To meet nursing need IX (Knowledge), nursing activity 9.4 (to validate and clarify the information the patient receives) occurred one (1) time.

(4) To meet nursing need X (Expression of Feelings and Ideas), nursing activity 10.2 (to encourage the patient to express his feelings and ideas) occurred one (1) time.

(5) To meet nursing need XI (Empathetic Response to Feelings and Ideas), nursing activity 11.1 (to convey empathetic understanding) occurred one (1) time.

In the nurse patient interaction in the narrative recording in Stage III, Moderate Anxiety, twenty-one nursing activities were perceived as meeting the recognized and expressed nursing needs and were of the following frequency and nature:

(1) To meet nursing need II (Fluid and Electrolyte Balance), nursing activity 2.1 (to provide for and keep an accurate and adequate intake and output) occurred one (1) time.

(2) To meet nursing need III (Elimination), nursing activity 3.1 (to promote elimination of body wastes) occurred one (1) time.

(3) To meet nursing need V (Adequate Rest), nursing activity 5.1 (to provide a quiet environment and to reduce irritating external stimuli) occurred one (1) time.

(4) To meet nursing need IX (Knowledge) five kinds of nursing activities were carried out: (a) nursing activity 9.1 (to orient patient to his environment) occurred one (1) time; (b) nursing activity 9.2 (to explain therapeutic regime) occurred eight (8) times; (c) nursing activity 9.3 (to explain all procedures) occurred one (1) time; (d) nursing activity 9.4 (to validate or clarify the information the patient receives) occurred two (2) times; (e) nursing activity 9.5 (to convey information essential to problem solving) occurred one (1) time.

(5) To meet nursing need X (Expression of Feelings and Ideas), nursing activity 10.2 (to encourage patient to express feelings and Ideas) occurred one (1) time.

(6) To meet nursing need XI (Empathetic Response to Feelings and Ideas), nursing activity 11.1 (to convey empathetic understanding) occurred four (4) times.

Third and fourth visits. In the nurse patient interaction in the narrative recordings in which Patient B was given nursing care in the third and fourth visits, the intensity of Patient B's anxiety was perceived as Stage III, Moderate Anxiety. At the end of the fourth visit the intensity of Patient B's anxiety was perceived as reduced to Stage II, Mild Anxiety.

In Stage III, Moderate Anxiety, fifty-two nursing activities occurred in the narrative recordings of the nurse patient interaction during the third and fourth visits which were perceived as meeting the recognized and expressed nursing needs:

(1) To meet nursing need V (Adequate Rest), two kinds of nursing activities were carried out: (a) nursing activity 5.1 (to provide a quiet environment and to reduce irritating external stimuli) occurred two (2) times; (b) nursing activity 5.2 (to limit activities) occurred one (1) time.

(2) To meet nursing need IX (Knowledge) five kinds of nursing activities were carried out: (a) nursing activity 9.2 (to explain the therapeutic regime) occurred nine (9) times; (b) nursing activity 9.3 (to explain procedures) occurred one (1) time; (c) nursing activity 9.4 (to validate or clarify the information the patient receives) occurred one (1) time; (d) nursing activity 9.5 (to convey information essential to problem solving) occurred six (6) times; (e) nursing activity 9.7 (to help the patient work through his problems in order to find a workable solution) occurred two (2) times.

(3) To meet nursing need X (Expression of Feelings and Ideas), nursing activities of two kinds were carried out: (a) nursing activity 10.1 (to listen to what the patient is saying) occurred eight (8) times; (b) nursing activity 10.2 (to encourage to patient to express his feelings and ideas) occurred twelve (12) times.

(4) To meet nursing need XI (Empathetic Response to Feelings and Ideas), nursing activity 11.1 (to convey empathetic understanding) occurred ten (10) times.

Fifth, sixth, and seventh visits. In the narrative recording of the fifth visit, the intensity of Patient B's anxiety was perceived as Stage II, Mild Anxiety. The intensity of his anxiety continued to be perceived as Stage II, Mild Anxiety, throughout the sixth visit and to the end of the seventh visit.

In Stage II, Mild Anxiety, thirty-seven nursing activities occurred in the narrative recordings of the nurse patient interaction during the fifth, sixth, and seventh visits which were perceived as meeting the recognized and expressed nursing needs and were of the following frequency and nature:

(1) To meet nursing need I (Adequate Nutrition), nursing activity 1.1 (to prevent distension) occurred two (2) times.

(2) To meet nursing need III (Elimination), nursing activity 3.1 (to promote elimination of body wastes) occurred one (1) time.

(3) To meet nursing need V (Adequate Rest), nursing activity 5.1 (to provide a quiet environment and to reduce irritating external stimuli) occurred four (4) times.

(4) To meet nursing need IX (Knowledge), nursing activities of three kinds were carried out: (a) nursing activity 9.2 (to explain the therapeutic regime) occurred six (6) times; (b) nursing activity 9.4 (to validate or clarify the information the patient receives) occurred one (1) time; (c) nursing activity 9.5 (to convey information essential to problem solving) occurred nine (9) times.

(5) To meet nursing need X (Expression of Feelings and Ideas), nursing activities of two kinds were carried out: (a) nursing activity 10.1 (to listen to what the patient is saying) occurred three (3) times; (b) nursing activity 10.2 (to encourage the patient to express his feelings and ideas) occurred nine (9) times.

(6) To meet nursing need XI (Empathetic Response to Feelings and Ideas), nursing activity 11.1 (to convey empathetic understanding) occurred two (2) times.

To summarize, Patient B progressed from the Stages of Severe to Moderate to Mild Anxiety. Thus, his anxiety was said to be reduced. Table II depicts a summary of the frequency and nature of the nursing activities which occurred in the nurse patient interaction in each of the seven narrative recordings in each stage of anxiety. The stage of anxiety and the nursing activities occurring therein are listed as follows:

(1) In Stage IV, Severe Anxiety, twenty-two kinds of nursing activities were carried out: (a) nursing activity 2.1, to provide for and to keep an accurate and adequate intake and output, occurred three (3) times; (b) nursing activity 5.1, to provide a quiet environment and to reduce irritating external stimuli, occurred one (1) time; (c) nursing activity 5.2, to limit activities, occurred two (2) times; (d) nursing activity 7.1, to accept patient's behavior, feelings, and ideas, occurred two (2) times; (e) nursing activity 9.1, to orient patient to his environment occurred one (1) time; (f) nursing activity 9.4, to validate or clarify the information the patient receives, occurred one (1) time; (g) nursing activity 9.5, to convey information essential to problem solving occurred one (1) time; (h) nursing activity 9.6, to help patient identify his problem, occurred one (1) time; (i) nursing activity 10.1, to listen to what the patient is saying, occurred two (2) times; (j) nursing activity 10.2, to encourage patient to express his feelings and ideas, occurred five (5) times; (k) nursing activity 11.1, to convey empathetic understanding, occurred three (3) times.

(2) In Stage III, Moderate Anxiety, seventy-eight kinds of nursing activities were carried out: (a) nursing activity 2.1 (to provide for and to keep an accurate and adequate intake and output, occurred two (2) times; (b) nursing activity 3.1, to promote elimination of body wastes, occurred one (1) time; (c) nursing activity 5.1, to provide a quiet environment and to reduce irritating external stimuli, occurred four (4) times; (d) nursing activity 5.2, to limit activities, occurred three (3) times; (e) nursing activity 9.1, to orient patient to his environment, occurred one (1) time; (f) nursing activity 9.2, to explain the therapeutic regime, occurred seventeen (17) times; (g) nursing activity 9.3, to explain all procedures, occurred two (2) times; (h) nursing activity 9.4, to validate or clarify the information the patient receives, occurred three (3) times; (i) nursing activity 9.5, to convey information essential to problem solving, occurred seven (7) times; (j) nursing activity 9.7, to help patient work through his problem in order

to find a workable solution, occurred two (2) times; (k) nursing activity 10.1, to listen to what the patient is saying, occurred nine (9) times; (l) nursing activity 10.2, to encourage patient to express his feelings and ideas, occurred thirteen (13) times; (m) nursing activity 11.1, to convey empathetic understanding, occurred fourteen (14) times.

(3) In Stage II, Mild Anxiety, twenty-eight kinds of nursing activities were carried out: (a) nursing activity 1.1, to prevent distension, occurred two (2) times; (b) nursing activity 3.1, to promote elimination of body wastes, occurred one (1) time; (c) nursing activity 5.1, to provide a quiet environment and to reduce irritating external stimuli, occurred four (4) times; (d) nursing activity 9.2, to explain the therapeutic regime, occurred six (6) times; (e) nursing activity 9.4, to validate or clarify the information the patient receives, occurred one (1) time; (f) nursing activity 9.5, to convey information essential to problem solving, occurred nine (9) times; (g) nursing activity 10.1, to listen to what the patient is saying, occurred three (3) times; (h) nursing activity 11.1, to convey empathetic understanding, occurred two (2) times.

III. SIMILARITIES AND DIFFERENCES BETWEEN PATIENTS A AND B

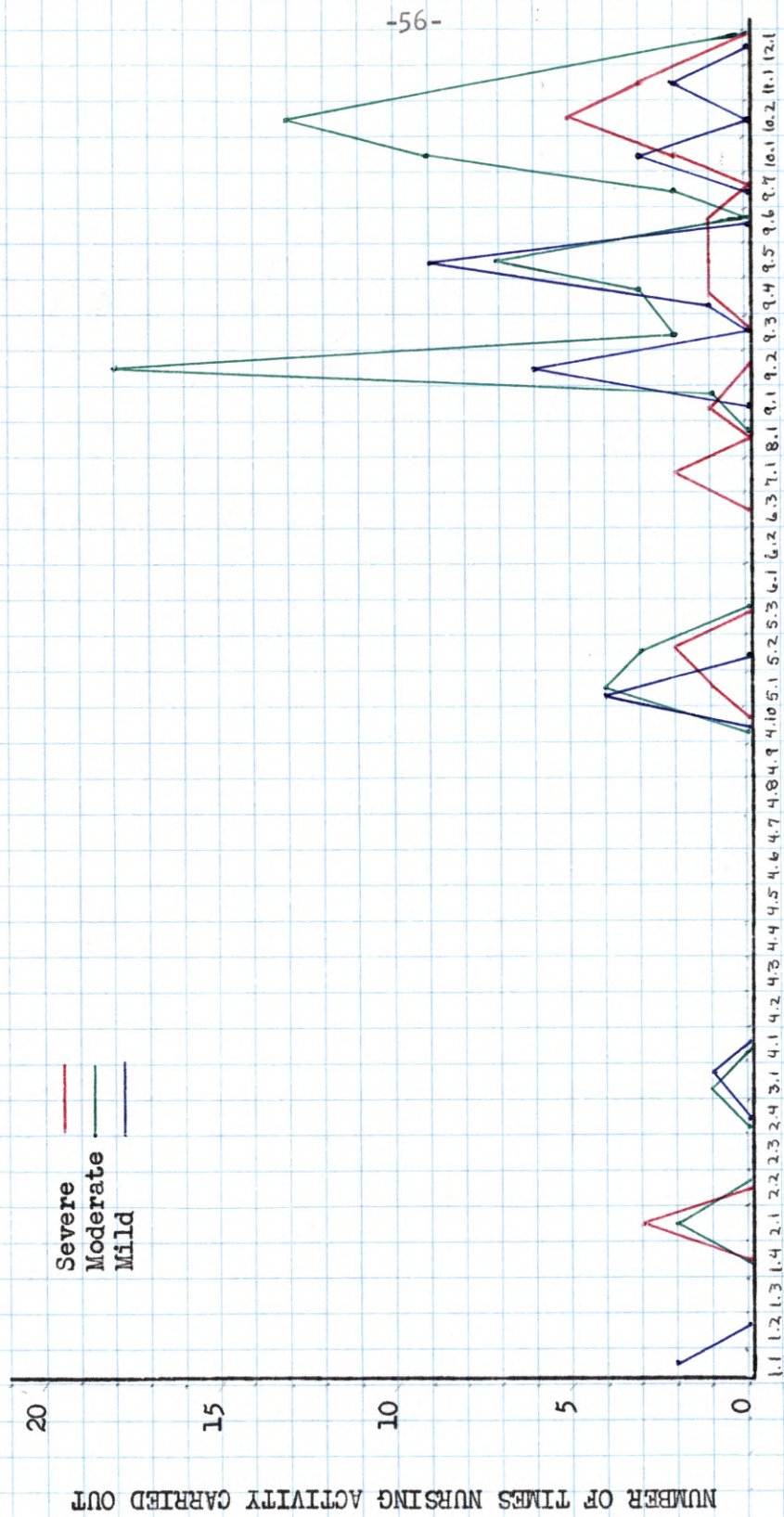
Certain kinds of nursing activities were manifested in the narrative recordings as carried out in the nurse patient interaction in the various stages of anxiety for both Patients A and B. Some of these nursing activities were of a similar nature, others differed. Table III depicts the frequency and nature of the nursing activities occurring in each stage of anxiety for Patients A and B in the acute stage of myocardial infarction. The following similarities and differences between Patients A and B were found:

(1) Nursing activities which were carried out to meet non-physical nursing needs occurred more frequently for both patients in the stages of Severe, Moderate, and Mild Anxiety than did those kinds of nursing activities carried out to meet physical nursing needs.

SUMMARY OF THE FREQUENCY OF NURSING ACTIVITIES OCCURRING IN EACH STAGE OF ANXIETY FOR PATIENT B

[illegible]

* NURSING NEEDS			
Code:	I	Adequate Nutrition	VII Recognition & Treatment As An Individual
	II	Fluid and Electrolyte Balance	VIII Recognition As A Person of Worth
	III	Elimination	IX Knowledge
	IV	Adequate Oxygenation of Body Tissues	X Expression of Feelings & Ideas
	V	Adequate Rest	XI Empathetic Response to Feelings & Ideas
	VI	Safety	XII Participation in Decisions Effecting Him
<u>Physical</u>			<u>Non-Physical</u>



NURSING ACTIVITY

FIGURE 2

FREQUENCY OF NURSING ACTIVITIES OCCURRING
IN EACH STAGE OF ANXIETY FOR PATIENT B

(2) The intensity of Patient A's anxiety was initially perceived as Stage V, Panic; whereas, the intensity of Patient B's anxiety was initially perceived as Stage IV, Severe Anxiety, but was not perceived as progressing toward Stage V, Panic, at any time.

(3) In Stage IV, Severe Anxiety, for both Patients A and B, the nursing activity occurring most frequently was 10.2, to encourage the patient to express his feelings and ideas.

(4) In Stage III, Moderate Anxiety, for Patient A, the nursing activities occurring most frequently were those incumbent upon the patient's expressed nursing need for rest, and the need to express his feelings and ideas. In this respect, nursing activity 5.1, to provide a quiet environment and to reduce irritating external stimuli, occurred eight (8) times, and nursing activity 10.2, to encourage the patient to express his feelings and ideas, occurred nine (9) times. Whereas, in Stage III, Moderate Anxiety, for Patient B, the nursing activities occurring most frequently were those incumbent upon the patient's expressed nursing need for knowledge, the need to express his feelings and ideas, and the need to get an empathetic response to his feelings, and ideas. In this respect, nursing activity 9.2, to explain the therapeutic regime, occurred seventeen (17) times; nursing activity 10.2, to encourage the patient to express his feelings and ideas occurred thirteen (13) times; and nursing activity 11.1, to convey empathetic understanding occurred fourteen (14) times.

(5) In Stage II, Mild Anxiety, for both Patients A and B, the nursing activities occurring most frequently were those incumbent upon the patient's need to know, the need to express feelings and ideas, and the need to get empathetic response to feelings and ideas. Nursing activity 9.2, to explain the therapeutic regime, occurred most frequently for Patient A; whereas, nursing activity 9.5, to convey information essential to problem solving, occurred most frequently for Patient B.

(6) Neither Patient A's nor Patient B's anxiety was reduced to Stage I, Relatively none at any time.

(7) In Stage IV, Severe Anxiety, and in Stage III, Moderate Anxiety, for both Patients A and B, more nursing activities were carried out to meet expressed physical nursing needs than were carried out in Stage II, Mild Anxiety.

(8) Patient A expressed the physical nursing need for adequate oxygenation of body tissues in the stages of Panic, Moderate, and Mild Anxiety. Patient B did not at any time express the physical nursing need for adequate oxygenation of body tissues.

(9) Both Patients A and B expressed nursing needs for adequate nutrition, fluid and electrolyte balance, and elimination but not consistently in all stages of anxiety.

(10) Neither Patient A nor B expressed a nursing need for safety or for participation in decisions effecting him; therefore, no nursing activities in this area were listed as carried out.

TABLE III
FREQUENCY OF NURSING ACTIVITIES OCCURRING IN EACH STAGE OF ANXIETY FOR PATIENTS A AND B IN THE ACUTE STAGE OF MYOCARDIAL INFARCTION

NURSING ACTIVITY	STAGE OF ANXIETY	TOTAL NUMBER NURSING ACTIVITIES												APPROXIMATE NUMBER OF HOURS NURSING ACTIVITIES CARRIED OUT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
		1.1	1.2	1.3	1.4	2.1	2.2	2.3	2.4	3.1	4.1	4.2	4.3	4.4	4.5	4.6	4.7	4.8	4.9	4.10	5.1	5.2	5.3	6.1	6.2	6.3	7.1	8.1	9.1	9.2	9.3	9.4	9.5	9.6	9.7	10.1	10.2	11.1	12.1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
NURSING ACTIVITY	STAGE OF ANXIETY	V. Panic: Patient A: Patient B: IV. Severe: Patient A: Patient B: III. Moderate: Patient A: Patient B: II. Mild: Patient A: Patient B: I. Relatively None: Patient A: Patient B:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

I. SUMMARY

Anxiety, which was defined as an affective or feeling state which results from a threat to the individual ego (self) expectations and which causes both physical and non-physical behaviors, is a universally felt phenomenon. Since both the nurse practitioner and the nurse educator are confronted by anxiety behavior in many of their daily contacts with patients, families of patients, and with students, it seems essential to study the concept of anxiety as it operates in the nurse patient relationship. The problem in this study was to identify the anxiety reducing nursing activities in the nurse patient relationship in the hospital in terms of behavioral reactions.

According to a selected criteria (see page 25), two patients were found eligible to enter the patient sample. Nursing care was given to each patient by the investigator for seven successive days (three mornings and four evenings) beginning within the first forty-eight hours after the onset of the attack.

The tool used in collecting the data was that of narrative recording which was defined as a written record of the situation, behavior, and environmental interaction that took place during each specific visit in which nursing care was given by the investigator. It was during the time that nursing care was given by the investigator that the nurse patient interaction was observed; notes on the ensuing nurse patient

interaction were taken and the narrative recordings were written by the investigator after each subsequent visit.

Because of the similarity of the symptoms in an anxiety state and in acute myocardial infarction, it was necessary to set up a scheme whereby these two conditions occurring concurrently could be differentiated in the identification and analysis of the anxiety behavior in the narrative recordings. Two tools were used for the purpose of differentiation. The first tool, entitled Performable and Observable Acts or Operations Related to the Stages of Anxiety, was used in the analysis of the narrative recording in terms of the anxiety behavior manifested. The second tool, entitled Scheme for the Analysis of Nursing Needs, Physiological Symptoms, and Nursing Activities Occurring During the Acute Stage (1-14 days) of Myocardial Infarction, was used in the analysis of the narrative recording in terms of nursing needs and incumbent nursing activities in order to thereby identify nursing activities which reduced each patient's anxiety in each stage of anxiety.

If the patient's behavior as manifested in the narrative recording indicated that he had moved from a stage of Panic to Severe to Moderate to Mild to Relatively No Anxiety or from one stage to another on a descending, continuing basis, the intensity of his anxiety was said to be reduced.

This study was based upon the proposition: if the patient's nursing need was met, the intensity of the patient's anxiety would be reduced. Therefore, in order to meet the nursing needs and reduce the

intensity of the patient's anxiety, certain kinds of nursing activities had to be carried out in the nurse patient interaction, for nursing activities are incumbent upon nursing needs. The context of the nurse patient interaction in the narrative recording was analyzed in order to identify and classify the nursing needs and nursing activities manifested according to the scheme. The kinds of nursing activities which the nurse carried out in anticipation of a nursing need were not considered in the analysis of the narrative recording; it was only when the patient expressed a nursing need in reference to his anxiety that the nursing need was identified and classified. In turn, the incumbent nursing activity as manifested in the narrative recording was identified and classified. Therefore, in the analysis of the narrative recordings; if the patient's anxiety was reduced, those kinds of nursing activities carried out in each respective stage of anxiety were perceived as reducing the patient's anxiety in that particular stage.

II. CONCLUSIONS

Data related to the problem. The problem in this study was to determine what nursing activities in the nurse patient interaction, as revealed in the narrative recording, resulted in a decrease or reduction in the anxiety behavior identified.

Anxiety behavior manifested in the narrative recording. Anxiety behavior characteristic of the various stages of anxiety was identified in the narrative recording according to Hays' scheme described above.

For Patient A, anxiety behavior characteristic of Stage V, Panic, Stage IV, Severe, Stage III, Moderate, and Stage II, Mild was identified as occurring on a descending continuum; thus Patient A's anxiety was reduced. For Patient B, anxiety behavior characteristic of Stage IV, Severe, Stage III, Moderate, and Stage II, Mild Anxiety was identified as occurring on a descending continuum; thus Patient A's anxiety was reduced.

Nursing activities resulting in a reduction of the anxiety behavior identified. The total findings regarding nursing activities which reduced both Patients' (A and B) anxiety from one stage of anxiety to the next on a descending basis were listed.

The intensity of Patient A's anxiety initially was that of Stage V, Panic. However, because of the lack of frequency of nursing activities carried out to meet the expressed nursing needs, the nursing activities tabulated were not considered valid in terms of reducing the patient's anxiety. Since many of the nursing activities as manifested in the narrative recording were in anticipation of the patient's physical nursing needs (e.g. for oxygen), these were not considered in this study.

Nursing activities which reduced the patient's anxiety from Stage IV, Severe to Stage III, Moderate were:

- (1) to prevent distension
- (2) to provide for and keep an accurate and adequate intake and output
- (3) to provide a quiet environment and to reduce irritating external stimuli
- (4) to limit activities
- (5) to accept the patient's behavior, feelings and ideas

- (6) to orient the patient to his environment
- (7) to explain the therapeutic regime
- (8) to clarify or validate the information the patient receives
- (9) to convey information essential to problem solving
- (10) to help the patient identify his problem
- (11) to listen to what the patient is saying
- (12) to encourage the patient to express his feelings and ideas
- (13) to convey empathetic understanding

Nursing activities which reduced the patient's anxiety from Stage

III, Moderate, to Stage II, Mild were:

- (1) to provide for and keep an accurate intake and output
- (2) to promote elimination of body wastes
- (3) to maintain a patent airway
- (4) to administer and to maintain the oxygen concentration required
- (5) to provide a quiet environment and to reduce irritating external stimuli
- (6) to limit activities
- (7) to reduce irritating internal stimuli
- (8) to accept patient's behavior, feelings, and ideas
- (9) to show consideration for individual needs and wishes
- (10) to orient patient to his environment
- (11) to explain the therapeutic regime
- (12) to explain all procedures
- (13) to clarify or validate the information the patient receives
- (14) to convey information essential to problem solving
- (15) to help the patient work through his problem to find a workable solution
- (16) to listen to what the patient is saying
- (17) to encourage the patient to express his feelings and ideas
- (18) to convey empathetic understanding

Nursing activities which occurred in Stage II, Mild Anxiety as the patient moved to Stage I, Relatively No Anxiety were:

- (1) to prevent distension
- (2) to promote elimination of body wastes
- (3) to maintain a patent airway
- (4) to provide a quiet environment and to reduce irritating external stimuli
- (5) to show consideration for individual needs and wishes
- (6) to explain the therapeutic regime
- (7) to clarify or validate the information the patient receives

- (8) to convey information essential to problem solving
- (9) to help patient identify his problem
- (10) to listen to what the patient is saying
- (11) to encourage the patient to express feelings and ideas
- (12) to convey empathetic understanding

Data related to hypothesis. The hypothesis upon which this study was based was: if the patient's nursing need was met, the intensity of the patient's anxiety would be reduced. Therefore, in order to meet the nursing needs and reduce the intensity of the patient's anxiety, certain kinds of nursing activities had to be carried out in the nurse patient interaction, for nursing activities are incumbent upon nursing needs. In the analysis of the nurse patient interaction in the narrative recordings the hypotheses was substantiated on the basis of the findings related to two patients with a diagnosis of acute myocardial infarction.

More non-physical than physical nursing needs were expressed by both Patients A and B in the Stages of Severe, Moderate, and Mild Anxiety as the intensity of their anxiety was reduced.

The nursing activity occurring most frequently* as the patients' anxiety was reduced from Stage IV, Severe, to Stage III, Moderate Anxiety, was to encourage the patient to express his feelings and ideas. The nursing activities occurring most frequently as the patient's anxiety was reduced from Stage III, Moderate, to Stage II, Mild anxiety, were:

*Most frequently means that this particular nursing activity occurred more than eight times for one patient in any one stage of anxiety. The figure eight was arbitrarily chosen in order to emphasize the relationship of the frequency of the nursing activities carried out.

(1) to explain the therapeutic regime; (2) to encourage the patient to express his feelings and ideas; and (3) to convey empathetic understanding. The nursing activities occurring most frequently in Stage II, Mild Anxiety, as the patient progressed to Stage I, Relatively No Anxiety were: (1) to explain the therapeutic regime; and (2) to convey information essential to problem solving.

In summary, the nursing activities carried out to meet the patients' needs to know and to express himself occurred more frequently as the patients' anxiety was reduced as evidenced in the narrative recordings.

III. IMPLICATIONS

If the findings regarding the anxiety reducing nursing activities in the nurse patient relationship in the hospital as related to patients with a diagnosis of acute myocardial infarction were found consistently, implications for the nurse and medical practitioner, the nurse administrator, and the nurse educator could be formulated.

In terms of the nursing care given by the nurse practitioner, since the nursing activities which were found to reduce the patient's anxiety occurred most frequently in the area of meeting expressed non-physical needs, the nurse practitioner must necessarily be competent in defining and meeting the non-physical need expressed in order to reduce the patient's anxiety to a level where he is able to deal with his anxiety constructively. This is not to say that the nursing activities

which meet the patient's physical nursing needs are unimportant; many of the physical nursing needs of the patient in this study were anticipated in the nursing care plan; therefore, nursing activities carried out to meet the patient's anticipated nursing needs in order to reduce anxiety were not considered in the nurse patient interaction in the narrative recordings.

Nursing activities centered around the patient's need to know in the area of explaining the therapeutic regime and in the area of problem solving occurred consistently in all stages of anxiety; therefore, the competent nurse practitioner would function also in the areas of patient teaching in order to reduce the patient's anxiety. Improved communication between the medical and nurse practitioner regarding what the physician wishes the patient to know and what he expects to teach the patient would tend to avoid confusion and provide more valuable learning experiences for the patient.

The nursing activities to encourage the patient to express his feelings and ideas and listening to what the patient is saying also occurred in all stages of anxiety. This implies that the competent nurse practitioner will provide the patient the opportunity to use her in the area of expression in order to reduce his anxiety.

This study has implications for the nurse administrator in the areas of In-service Education and in the defining and assigning of duties in the nursing care of patients with a diagnosis of acute myocardial infarction.

In teaching the nursing care of the patient with a diagnosis of acute myocardial infarction, the clinical nurse educator will necessarily need to teach the student those kinds of nursing activities which reduce the patient's anxiety if comprehensive nursing care is the goal to be achieved.

IV. RECOMMENDATIONS

Further study of the same nature is recommended; a greater number of patient's with a diagnosis of acute myocardial infarction in the patient sample would serve to substantiate or refute the findings of this study. In addition, studies to identify the anxiety reducing nursing activities in other stages of myocardial infarction and those which use patient's with diagnoses of a different nature are recommended.

The nursing activities which were carried out to meet the anticipated nursing need and which reduce the patient's anxiety were not dealt with in this study. This area deserves further study.

Since both professional and non-professional nursing personnel give nursing care to a single patient in a twenty-four hour hospital day, an investigation of the nursing activities carried out by the various levels of nursing personnel which reduce the patient's anxiety is recommended.

An investigation of the nursing activities or kinds of things the nurse does which increase the patient's anxiety in the professional nurse patient and non-professional nurse patient relationship in the hospital

would seem to contribute to a better understanding of the concept of anxiety as it operates in the hospital situation.

An investigation of the kinds of things the nurse does to reduce her own anxiety in the nurse patient relationship is recommended.

APPENDIX

APPENDIX A
ASSUMPTIONS RELATED TO THE HYPOTHESIS

ASSUMPTIONS RELATED TO THE HYPOTHESIS

For the purpose of clarification the following assumptions were made and used in the analysis of the collected data regarding the concept of needs as related to the concept of anxiety:

1. All behavior was purposeful and meaningful in terms of satisfaction of an individual's needs.
2. When two or more individuals interacted the resultant behavior, which was observable, was reciprocal; in this respect, behavior was then defined as need meeting need.
3. Each patient had a hierarchy of needs in terms of complexity; as a simple emergent need was met, a more complex need arose.
4. Both physical and non-physical needs were integrated within the personality of the individual patients; the nursing need was that which was recognized as expressed by the patient in the nurse patient interaction.
5. Individual needs are intensified in an anxiety-creating situation; hospitalization and the resultant change in environment was considered an anxiety provoking situation.
6. Illness and the individual's interpretation of illness in reference to self can cause an intensification of individual needs. Anxiety may be observed in cases where the self-needs of the individual are threatened in terms of expectations.

7. The disease condition myocardial infarction imposes additional needs of both a medical and nursing nature; the resultant behavior which was observable was an attempt on the part of the patient to satisfy these needs.
8. The things which the nurse did in order to satisfy her own needs and decrease her own anxiety as a reactive process in the nurse patient interaction may have increased the patient's anxiety.
9. The nurse's ability to perceive and to deal with her own anxiety was not dealt with in this study.

APPENDIX B
PERFORMABLE OR OBSERVABLE ACTS OR OPERATIONS
RELATED TO THE STAGES OF ANXIETY

PERFORMABLE OR OBSERVABLE ACTS OF OPERATIONS
RELATED TO THE STAGES OF ANXIETY

Hays, Dorothea, "Teaching a Concept of Anxiety", Nursing Research,
X (Spring, 1961), pp. 109-110.

FIGURE A: DYNAMICS AND OPERATIONS OF ANXIETY

I. DYNAMICS

- A. Expectations of self and others are incorporated into the self system. In a situation these are activated.
- B. In an interpersonal situation expectations are not met or there is fear that they are not going to be met.
- C. One can feel anxiety as a warning of a threat to the self-system, without seeing the connection between the expectations held and what is going on in the situation.

II. PERFORMABLE AND OBSERVABLE ACTS OR OPERATIONS RELATED TO THE STAGES OF ANXIETY

Stage of Anxiety	Operations	Variations in Form of Operation	Learning Tasks of Anxious Person
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Relatively No Anxiety -- Relatively Free of Anxiety Symptoms:

Mild Anxiety	Alertness	Noises seem louder Restlessness Irritability	Recognition of anxiety as a warning sign that something is not going as expected. This can be done by: (1) observing what goes on (2) describing what was observed (3) analyzing what was expected (4) analyzing how ex- pectations and what went on in the event differed (5) formulating what can be done about
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Stage of Anxiety	Operations	Variations in Form of Operation	Learning Tasks of Anxious Person
			the situation in terms of changing the expectations (6) validating perceptions with others
Moderate Anxiety	Reduced ability to perceive and to communicate	Concentration on problem; someone talking may not be heard	Recognition that in moderate and severe anxiety the focus is reduced and connections may not be seen between details and anxiety provides energy which can be reduced to mild anxiety and then used to find out what went wrong
	Increased tension	Part of room not noticed Muscular tension Pounding heart Perspiration Gastric discomfort	
Severe Anxiety	Only details are perceived	Connections between details are not seen	Moderate to severe anxiety reduced by: (1) working at a simple concrete task (2) talking to someone who can listen (3) playing a simple game (4) walking (5) crying
	Physical discomfort	Headache, nausea, dizziness, trembling	
	Emotional discomfort	Awe, dread, loathing, horror	
Panic	Individual detail perceived is elaborated and blown up	Inability to communicate or function	The person experiencing panic needs help in getting more comfortable. (In this stage learning cannot be expected to take place.)

Code for Analysis in this study:

Class of anxiety

- V. Panic
- IV. Severe Anxiety
- III. Moderate Anxiety
- II. Mild Anxiety
- I. Relatively No Anxiety: relatively free of anxiety symptoms

APPENDIX C

**SCHEME FOR IDENTIFICATION AND CLASSIFICATION
OF NURSING NEEDS, PHYSIOLOGICAL SYMPTOMS AND NURSING
ACTIVITIES OCCURRING DURING THE ACUTE STAGE (1-14 days) OF
MYOCARDIAL INFARCTION**

SCHEME FOR IDENTIFICATION AND CLASSIFICATION OF NURSING NEEDS, PHYSIOLOGICAL SYMPTOMS AND
NURSING ACTIVITIES OCCURRING DURING THE ACUTE STAGE (1-14 days) OF MYOCARDIAL
INFARCTION

Aim: of the cardiac regime: to maintain the balance between the heart's ability to function and the demands placed upon the damaged myocardium by the body tissues.

NURSING NEEDS	PHYSIOLOGICAL SYMPTOM	THERAPEUTIC PRINCIPLE	NURSING ACTIVITIES
A. Physical Needs:			
1. Adequate Nutrition	Ascites Indigestion Nausea Vomiting Abdominal distension characterized by: (1) frequent belching; (2) large amount of flatus	In order to promote healing and provide essential nutritive substances for growth and maintenance of body tissue, it is important to: 1. to prevent distension of the stomach which causes an increase in pressure on the heart and interferes with function; 2. to avoid the use of stimulants which cause an increase in heart rate;	1. TO MAINTAIN ADEQUATE NUTRITION 1.1 TO PREVENT DISTENSION: 1. give small frequent feedings 2. avoid serving gas-forming foods 1.2 TO PREVENT STIMULATION: 1. avoid giving nutritive stimulants (tea, coffee, cocoa) 1.3 TO MAINTAIN NORMAL BODY WEIGHT: 1. avoid the use of foods in excess of patient's caloric requirement 1.4 TO USE SPECIAL DIETS ORDERED 1. understand dietary

NURSING NEEDS	PHYSIOLOGICAL SYMPTOM	THERAPEUTIC PRINCIPLE	NURSING ACTIVITIES
		use of special diets: Low Sodium, Kempner Rice, and Kerrell Diet;	principles of each special diet 2. serve only those foods included in special diet 3. records patient's tol- eration of diet and amount taken
II. Fluid and electrolyte balance	Edema of de- pendent parts Ascites and pul- monary edema char- acterized by (1) frothy blood- tinged sputum (2) coughing. In- creased weight gain dispropor- tionate to dura- tion of time it occurs and caloric intake. Decreased urinary output disproportionate to fluid intake	The patient's need for an increase or decrease in fluids and electrolytes is determined by: (1) amount of myocardial damage and the result- ant influence on func- tion; (2) amount of edema pre- sent at the time of hospitalization (3) laboratory studies as to the relative amount of essential blood elec- trolytes (sodium, calcium, and potassium)	In order to help the physician regulate the patient's fluid and electrolytes in relation to the patient's needs, it is the function of the nurse to: 2.1 TO PROVIDE FOR AND TO KEEP AN ACCURATE AND ADEQUATE INTAKE AND OUTPUT IN TERMS OF: 1. Intake: oral and paten- teral fluids 2. Output: Skin: amount of perspiration (e.g. number of times linen changed) Gastro-intestinal tract: emesis and stool Urinary tract: urine

NURSING NEEDS	PHYSIOLOGICAL SYMPTOM	THERAPEUTIC PRINCIPLE	NURSING ACTIVITIES
			2.2 TO RECORD SYMPTOMS OF INCREASING EDEMA:
			1. swelling of dependent parts
			2. coughing, frothy blood-tinged sputum
			2.3 TO WEIGH THE PATIENT IF ORDERED:
			at the same time of day, with the same amount of clothing on the same scale
			2.4 TO ADMINISTER DIURETICS IF ORDERED:
			which serve to reduce the edema by removal of excess fluid from the interstitial tissues
III. Elimination	Constipation Diarrhea	An increase in the intra-abdominal pressure which occurs during elimination causes a rise in the systolic blood pressure which, in turn, causes an increased work on the circulatory system in terms of adaptation	3.1 TO PROMOTE ELIMINATION OF BODY WASTES AND YET CONSERVE THE FUNCTION OF THE MYOCARDIUM:
			1. understand patient's regular bowel habits
			2. discourage straining at stool
			3. provide dietary substances which increase the roughage in the diet and maintain the tone of the gastrointestinal tract

NURSING NEEDS	PHYSIOLOGICAL SYMPTOM	THERAPEUTIC PRINCIPLE	NURSING ACTIVITIES
			4. administer laxative, or enema, if ordered
IV. Adequate oxygenation of body tissues	Chest pain: substernal in origin, crushing or vice-like in nature, radiating to shoulders, arms, and neck. Pulsation and engorgement of veins in neck. Fall in blood pressure Pallor Increased pulse rate, irregular in rate and volume. Clammy skin with increased perspiration. Cyanosis of skin and mucous membranes. Dyspnea, while at rest or on exertion.	An increase in the supply of oxygen available to the circulatory system will result in an increase in the amount of oxygen available to the body tissues and the damaged myocardium.	In order that the patient benefit from oxygen therapy, it is the function of the nurse: 4.1 TO MAINTAIN A PATENT AIRWAY BY: 1. oral hygiene 2. suctioning 3. administration of broncho-dilators and expectorants, if ordered. 4.2 TO PROVIDE FOR ADEQUATE RESPIRATORY EXCHANGE BY: positioning with head and chest free; High Fowler's position in the position of choice. 4.3 TO MAINTAIN EQUIPMENT IN WORKING ORDER 4.4 TO MAINTAIN OXYGEN CONCENTRATION REQUIRED BY THE SPECIFIC METHOD BY WHICH IT IS ADMINISTERED: this includes tent, catheter, cannula, or mask

NURSING NEEDS	PHYSIOLOGICAL SYMPTOM	THERAPEUTIC PRINCIPLE	NURSING ACTIVITIES
			4.5 TO OBSERVE PATIENT IN TERMS OF CIRCULATORY OR RESPIRATORY COMPLICATIONS BY:
			1. taking and recording vital signs
			2. observing fluctuation in vital signs
			3. observing reaction to illness
	Drugs specific to the functioning of the heart and the circulatory system promote circulation and maintain myocardial activity		In order that the patient benefit from the drug therapy, it is the nurse's function:
			4.6 TO ADMINISTER MEDICATIONS: at the proper time, in the proper method specific for each drug
			4.7 TO KNOW AND UNDERSTAND THE PHYSIOLOGICAL ACTION OF EACH DRUG ADMINISTERED: this includes dosage, method of administration, and untoward reactions
			4.8 TO REPORT AND RECORD PATIENT'S REACTION TO MEDICATIONS GIVEN
			4.9 TO ADMINISTER HEART TONICS AND STIMULANTS
			4.10 TO ADMINISTER ANTI-COAGULANTS

NURSING NEEDS	PHYSIOLOGICAL SYMPTOM	THERAPEUTIC PRINCIPLE	NURSING ACTIVITIES
V. Adequate rest	Fatigue Weakness Malaise Other symptoms listed	Rest results in a decrease in tissue metabolic needs or requirements which results, in turn, in a decrease in the need of the various tissues and organs for oxygen and other essential metabolites and for the elimination of cellular wastes. A decrease in tissue needs in terms of essential metabolites and removal of wastes results in a decrease in the work requirement of the myocardium and promotes healing of the necrotic areas. In addition, a decrease in myocardial activity provides for the establishment of collateral circulation.	In order to provide for adequate physical and mental rest, it is the nurse's function: 5.1 TO PROVIDE A QUIET ENVIRONMENT AND TO REDUCE IRRITATING EXTERNAL STIMULI: this includes (1) skin care; (2) proper regulation of room temperature and ventilation; (3) reduction of irritating noises; (4) regulation of visitors; (5) turning; (6) positioning 5.2 TO LIMIT ACTIVITIES: limiting the patient's activities help him to conserve his energy by: (1) maintaining bedrest; (2) feeding the patient; (3) giving personal hygiene 5.3 TO REDUCE IRRITATING INTERNAL STIMULI: this includes (1) administering sedatives, as ordered, to reduce restlessness and to promote sleep; (2) administering analgesic for pain in order to reduce symptoms of the pain syndrome which

NURSING NEEDS	PHYSIOLOGICAL SYMPTOM	THERAPEUTIC PRINCIPLE	NURSING ACTIVITIES
		The therapeutic ratio between the amount of rest required and the amount of activity allowed is determined by the amount of pathology within the myocardium and is graded accordingly.	increases the work load of the heart.
VI. Safety	Confusion Disorientation	Providing an environment in which the patient feels safe in terms of self and others promotes rest and instills confidence.	Nursing functions involved in providing a safe environment include: 6.1 TO MAINTAIN THE ORDER OF THE PATIENT UNIT 6.2 TO USE PROTECTIVE DEVICES: such as side-rails, no smoking when the patient is in oxygen, assisting and staying with the patient when he is up. 6.3 TO USE MEDICAL ASEPISIS: avoid cross-contamination.
B. Non-physical Needs			
VII. To be recognized and treated as an individual.		Mental rest hinges on the patient's feeling that he is accepted	7.1 TO ACCEPT PATIENT'S BEHAVIOR, FEELINGS, AND IDEAS.

NURSING NEEDS	PHYSIOLOGICAL SYMPTOM	THERAPEUTIC PRINCIPLE	NURSING ACTIVITIES
VIII. To be recognized as a person of worth.			8.1 TO SHOW CONSIDERATION FOR INDIVIDUAL NEEDS AND WISHES: if this is within the area of permissible patient activity.
			9.1 TO ORIENT PATIENT TO ENVIRONMENT 9.2 TO EXPLAIN THE THERAPEUTIC REGIME: includes teaching of information essential to patient's recovery and rehabilitation. The patient needs information regarding (1) diet; (2) drugs; (3) activity allowed; (4) personal hygiene; (5) his condition.
IX. To know		The patient's desire to know about what nursing personnel are doing or going to do to, for, or with him when met promotes mental rest.	9.3 TO EXPLAIN ALL PROCEDURES 9.4 TO VALIDATE AND CLARIFY THE INFORMATION THE PATIENT RECEIVES
			9.5 TO CONVEY INFORMATION ESSENTIAL TO PROBLEM SOLVING
			9.6 TO HELP PATIENT IDENTIFY HIS PROBLEM
			9.7 TO HELP PATIENT WORK THROUGH HIS PROBLEM IN ORDER TO FIND A WORKABLE SOLUTION

NURSING NEEDS	PHYSIOLOGICAL SYMPTOM	THERAPEUTIC PRINCIPLE	NURSING ACTIVITIES
X. To express feelings and ideas.		Communication which is mutually understood by the communicants enhances the nurse-patient relationship and provides rest for the patient.	10.1 TO LISTEN TO WHAT THE PATIENT IS SAYING 10.2 TO ENCOURAGE PATIENT TO EXPRESS HIS FEELINGS AND IDEAS
XI. To get empathetic response to feelings and ideas.			11.1 TO CONVEY EMPATHETIC UNDERSTANDING
XII. To participate in decisions affecting him.			12.1 TO ENCOURAGE THE PATIENT'S PARTICIPATION IN DECISIONS REGARDING HIS NURSING CARE PLAN

APPENDIX D
THE NARRATIVE RECORDINGS

PATIENT A: PROLOGUE

Admission data. Mr. A., patient of Dr. X. was admitted to the hospital by wheelchair at 5:30 a.m. on the thirtieth of September. His diagnosis was acute myocardial infarction.

Mr. A. is a white, single male seventy-two years of age. The admission data stated that Mr. A. was a retired rancher who at the time of his attack was working as a bar-tender part-time. Mr. A. has a high school education. He has two sisters and one brother living in the town in which he was hospitalized. This was the first admission to the hospital with this particular diagnosis.

Mr. A.'s medical history stated that he had had angina pectoris for six years before the onset of his attack. According to Dr. X. Mr. A. developed marked shortness of breath the evening before his admission. Two hours before his admission he was seen by Dr. X. and his dyspnea had increased progressively; hospitalization was necessary.

The physical examination at the time of his admission revealed that Mr. A. was "extremely apprehensive" and dyspneic; flaring nostrils were marked as were palpitations of the carotid arteries on both sides of his neck. Mr. A.'s pulse was regular, but rapid, at 100/ minute; his blood pressure was 130/100 mm of Hg and temperature was 98 degrees (F); he was perspiring profusely.

Progress after admission. By the following morning Mr. A. had developed severe acute pulmonary edema. He continued to have shortness of breath, chest pain which radiated down his right arm and a "bloated" feeling in his abdomen. The following orders were written by Dr. X.: (1) complete bedrest; (2) oxygen tent; (3) Morphine sulfate, gr. 1/6, every four hours prn for pain; (4) Thorazine 50 mg. three times daily and at bedtime; (5) Hydrodiuril KA 50 mg. stat.; (6) Digoxin .5 mg stat. Mr. A. developed a temperature of 101.6 degrees (F) twenty-four hours after admission. His pulse and respirations vacillated between 80-120 and 18-30 per minute respectively.

Laboratory studies. Mr. A.'s EKG revealed a massive acute myocardial infarction. His Beta lipoprotein was within the normal range (1.5-2.7 units) at 2 units. The serum cholesterol was elevated above normal (82-113 mg. %) at 187 mg. %. Mr. A.'s serum transaminase (SGOT) was elevated over the normal (40 units) at 97 units and 157 units on two different occasions. The complete blood count revealed a marked elevation of leucocytes, 21,700/ c. mm. and segmented cells at 94/ c. mm. His hematocrit was within normal range at 47%; his urinalysis was essentially normal.

PATIENT A - PRESENTATION AND ANALYSIS OF NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY, AND STAGE OF ANXIETY

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
1st Visit: Morning - 1st day after admission. When I entered the patient's room, I found him sitting in Fowler's position and leaning on his right elbow. He was out of the oxygen tent as oxygen was now to be given as needed. The nursing supervisor and also Mr. A.'s physician had oriented Mr. A. regarding my coming to give him nursing care. During the introductions Mr. A. seemed extremely apprehensive; his nostrils flared, his eyes darted wildly about the room. He pulled continuously at his gown and seemed not to follow the conversation. His voice was pitched high and he spoke rapidly and in jerky monosyllables. It was necessary to repeat frequently what was said although Mr. A. was not in oxygen and our voices were louder than normal in tone. Mr. A.'s vital signs were stable; he had no peri-oral or peri-ocular cyanosis; his			STAGE V - PANIC In lieu of Mr. A.'s physiological symptoms of anxiety and his inability to perceive realistically and his elaboration of individual details in intensity of his anxiety was perceived as panic.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
nail beds and mucous membranes were pink. Mr. A. looked tired; his eyebrows were drawn tightly together, his brow all furrowed and beads of perspiration stood out on his forehead. Nurse: "I'm Miss B., Mr. A. and would like to take care of you for a few days." Patient: "Yes, I know. The doctor told me." (Hesitantly as if he didn't quite understand or felt that I had come because he was not improving.) Nurse: "What did Dr. X. say?" Patient: "He said you wanted to take care of me because you were studying patients with heart attacks." Nurse: "Yes, that's right, I am. I'm doing research in nursing care of patients with your diagnosis and would like to take care of you if it is alright with you."	Recognition VII & Treatment as an individual	To Accept Patient's Behavior, Feelings, & Ideas. 7.1	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Yes, it's fine with me." (began to fidget and pull at his gown moving & twisting his hands continuously).			
Nurse: "Were you having chest pain now, Mr. A. (respirations had increased, color was same but nostrils began to flare).			
Patient: "No, I'm not. But I want to get back in the tent again soon. What are you going to do?"	Adequate Oxygenation of body tissues. IX		
Nurse: "I was going to give you your bath. However, if you feel too tired now I will wait and come back later after you've had the benefit of the oxygen in the tent. Do you feel short of breath?"		To Explain Therapeutic Regime 9.2	
Patient: "No, I don't. You can give me my bath now. I've been waiting since early this morning for someone to come and take care of me, I woke up at 5:00 a.m. Then I want to go back in the tent. The doctor said I could have	Expression of Feelings & Ideas. X		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
it whenever I wanted it." Nurse: "It's difficult to wait." Patient: "Yes, what time is it?" Nurse: "It's 8:00 a.m. It would be better, I think, to put the tent on now, Mr. A. It will help you rest better and I can still give you a bath while you're in the tent."		10.2 To encourage patient to express feelings & ideas.	
Patient: "It's so much trouble though." (He sighed; his forehead became smooth, his gaze became more steady and his speaking less rapid.) Nurse: "You feel that it is trouble." Patient: "Yes, I do. This is my first time in the hospital." (Paused, again furrowed his brow and began to change his position from side to side.) Nurse: "This is where people who are sick come & so we	Expression of feelings and ideas. IX	4.4 To administer and maintain O₂ conc. required. 10.2 To encourage patient to express feelings and ideas. 9.2 To explain therapeutic	Stage IV - Severe Anxiety Mr. A's ability to perceive connections between details & demanding behavior was of the intensity of severe anxiety at this point.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
don't feel they are trouble we're here to take care of them."		regime.	
Patient: "Well, this is my first time in the hospital!"	Empathetic response to feelings & ideas. XI		
Nurse: "It is difficult to know what to expect when you've never been in the hospital."		To convey empathetic understanding. 11.1	
Patient: "Yes, it is. You know, I've had heart trouble for six years but have never been in the hospital or so sick. I've been all over: to Great Falls, Billings and Rochester to the clinics for my heart. You know I worked last week and I work usually only part time; they needed someone to work so I worked full time."	Expression of feelings and ideas. X	To listen to what patient is saying. 10.1	
Nurse: "What is your work?"		To encourage patient to express feelings and ideas. 10.2	
Patient: "Well, I'm ashamed to admit it but I'm a bartender; I've been a bartender for twenty years or more."	To express feelings & ideas. X		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "That's a long time at one job; you must like people."		10.2 To encourage patient to express feelings and ideas.	
Patient: "Yes, I like to talk to people. Anyway the day before my heart attack I went to bed around 3:00a.m. and got up at 8:00 a.m., then I went downtown on some errands; ate some soup and sandwiches for lunch & did some work around the house. Then for dinner I had a big meal: meat, potatoes, salad, dessert at my brother's house. I felt a little bloated from that soup before I went to bed. I woke up and I was sick. I vomited a little but not too much. I couldn't get my breath and had such a fullness in here (rubbed epigastrium). So the doctor came and then I came to the hospital. I've never been in the hospital before. They put me in a room down the hall and then they moved me and the next room was terrible. I was over by the window before. It was so	To express feelings and ideas. X	10.1 To listen to what patient is saying.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
hot in the next room and I was sopping wet with sweat. Then they moved me in here & put me in this tent & I have been here ever since. (As Mr. A. talked, his speech, which was rapid at first, became slower & his tone of voice became less high pitched. He continued to roll his head from side to side & to gaze dartedly about the room. His hands moved continuously, he poked at the tent canopy, scratched his forehead, pulled at the neck of his gown, & at length folded & rested his hands on his chest.) Nurse: "Sounds like a pretty frightening experience." Patient: "No, I wasn't afraid, just upset. (Pause) I'm ready for my bath now, nurse." Nurse: "Alright, I will help you bursh your teeth first." Patient: "Gee, it feels good	Rest. V	To encourage patient to express feelings and ideas. To limit activities.	10.2 5.2

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
to have your teeth brushed (he grabbed toothbrush from my hand & brushed vigorously for a few minutes.) Nurse: "Mr. A., the doctor wants you to rest as much as possible. I'm going to wash your face first, then your arms, chest, & legs. Then I'll wash your back & rub it with lotion & make the bed. You try to rest & let me do the work."			
Patient: "You know, my brother's wife died a few months ago with cancer here in the hospital. She suffered a lot so it's better that she died . . ." Nurse: "It is difficult to see someone you love suffer or anyone for that matter."	To express feelings and ideas. X	To encourage patient to express feelings and ideas. 9.2	
Patient: "Yes, but we all have to go sometime & it's easier to die than suffer. That's the way I want to go--right away. You know my little finger is numb;	To express feelings and ideas. X		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
its been that way since I had this attack. It feels funny all the way down the inside of my arm." Nurse: "This is sometimes an effect of a heart attack. Did it ever feel this way before?"		To encourage patient to express feelings and ideas. 10.2	
Patient: "No, . . . Well, yes, I guess so whenever I got a little short of breath when I tried to do too much work but, you know, I've been working all my life." Nurse: "I expect that it is difficult for you to rest, then, since you have worked for so long."	Empathetic XI response to feelings & ideas.	To convey empathetic understanding. 11.1	
Patient: "Yes, I like to keep busy. I get nervous when I'm not busy at home or in the yard. . . just sort of putter around." Nurse: "Why did you retire?"	To express feelings & ideas. X		
Patient: "Oh that was just a fun job; I worked on a ranch for a long time; took	To express feelings & ideas. X	To encourage patient to express feelings and ideas. 10.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
care of my mother & father & the ranch. Then when they were gone, I took that job for fun. But, I just couldn't take the long hours on my feet when I worked full time; I got tired easily. I just worked part time.			
Nurse: "Were you restricted in your activities when you started having heart trouble?"		To encourage patient to express feelings and ideas. 10.2	
Patient: "Well, six years ago they just said to take it easy, not to eat too much, & to stay busy; so I did. But, I guess I worked too hard; did eat alot, too-- beans & stuff like that I guess that's what did it-- caused my heart attack."	Expression of feelings and ideas. X		
Nurse: "What do you mean?" Patient: "The over-work caused my heart attack. You know my feet have been cold since I've been here so I keep my socks on. I had a clean pair yesterday	Rest. V	To encourage patient to express feelings and ideas. 10.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
but I don't have one today, ought to." (Apologetically) Nurse: "That's a good idea & alright for you to keep your socks on if it helps to keep your feet warm. Would you like another blanket for your feet?" Patient: "No, it's plenty with these." As I washed Mr. A.'s back he discussed the treatments he had had for the back of his neck as his muscles got tight & sore. Patient: "Now, if you're going to make my bed, I'll get up & sit in the chair; it will be easier for you." Nurse: "No, Mr. A. it is better for you if you stay in bed. When you get up & move around your heart, which is a muscle, has to work harder to pump blood around, & the reason you have to rest is to give your heart a chance to	Rest. Knowledge. V IX	To provide a quiet environment & reduce irritating external stimuli. 5.1 To limit activities. To explain therapeutic regime. 5.2 9.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
heal. It is not difficult for me to make the bed when you are in it." Patient: "(Became restless & irritated, spoke rapidly) "Oh, alright; if you say so, but I still say it's easier to get up." Nurse: "I know it is difficult for you to let other people take care of you & do things for you." Patient: "Yes, it is. I've been taking care of myself for seventy-one years & plan to keep on doing it. Well, let's get it over with." (The linen was damp with perspiration, Mr. A. had perspired profusely & been extremely restless during the night.) Patient: "Okay, now I want to turn myself because it is easier for me to do it than to let you help me. Let me do it myself now."	X To express feelings & ideas.	10.2 To encourage patient to express feelings & ideas. 5.1 To provide a quiet environment & reduce irritating external stimuli.	
	Rest. Rest. Recognition & treatment as a person of worth		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "I know it is upsetting to you, Mr. A. but you are to do as little as possible right now. As your heart heals, you will be able to do more." Patient: "Okay, I don't feel too well anyway. . ." "I feel sick (Mr. A. had become dyspneic and there was a greenish line around his mouth); hand me that basin over there. (Mr. A. gagged several times, but did not vomit) I'm okay now—that turning just hits me, I guess. Maybe it is a good idea if I let someone help me." (Wiped forehead with back of hand). Nurse: "It would be better for you." Patient: "Well, I do feel better now. Maybe I can rest awhile. Are you coming back?" Nurse: "Yes, I'll be back tomorrow night at 8:00		To limit activities. 5.2 To accept patient's behavior, feelings & ideas. 7.1	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
p.m. I'll be here before you go to sleep to help you wash your face & hands & get settled for the night." Patient: "Okay, nurse. Be sure to come back." (He closed his eyes & rested his head against the pillow--the oxygen was running at 8 liters/minute.)			

PATIENT A - PRESENTATION AND ANALYSIS OF NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY, AND STAGE OF ANXIETY

SECOND VISIT: INTERIM EVENTS

Mr. A. had continued feeling of heaviness in his chest and some shortness of breath during the night and next morning. His blood pressure and pulse remained stable during the night and were 138/98 mm. Hg. and 88/ minute respectively. His temperature returned to normal; his oxygen was turned off and to be given prn only. He was given a Ducolax suppository for distension; he was allowed up to the bathroom for bowel movements and seemed to tolerate the activity with no untoward reactions. This morning he had a large, soft, formed stool.

The Narrative Recording Nurse -Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	State of Anxiety
2nd Visit: Evening - 2nd day after admission. When I entered Mr. A.'s room, I found him propped up in semi-Fowler's position with two pillows propped under his head and shoulders. He had pulled the plastic oxygen tent canopy down around himself (oxygen was not turned on). Mr. A.'s skin color was of a pinkish hue. He seemed expectant in that as I entered the room he sat up away from the pillows, held his head erect, and looked in my direction. Nurse: "Hi, Mr. A., how do you feel?"			STAGE IV - SEVERE ANXIETY Mr. A. seemed able to perceive individual details; his demanding behavior continued.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Good evening, nurse. I feel better tonight. I just had some juice (pointed to nearby empty glass of what looked like orange juice on the bedside stand) but couldn't finish it because I get to feeling so full (rubbed his epigastrium) and bloated when I eat. I haven't had much today--just some jello, soup, & two glasses of juice. But I really don't feel hungry; I haven't done much to work up an appetite. Besides all I've been getting is liquids three times a day." (Did not push fluids.)	I Adequate Nutrition. X To express feelings & ideas.	To listen to what patient is saying. 10.1 To prevent distension. 1.1	
Nurse: "Liquids are sometimes not too appetizing."		To encourage patient to express feelings and ideas. 10.2	
Patient: "No, but I don't mind because I'm really not too hungry. Yesterday after you left & in the afternoon I started feeling so full--so the doctor ordered some medicine. I get to go to the bathroom now, too. (Began pulling at his gown) Anyway the medicine sure worked good."	X Expression of feelings & ideas.		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "You felt constipated?" Patient: "Yes, nurse. I felt so constipated my tongue stuck out (smiled and chuckled to himself)." Nurse: "Yes, I expect you did feel full; although I've never heard it expressed quite that way before." Nurse: "I notice you keep rubbing your stomach; do you still feel full?" Patient: "Yes, a little but not as bad as yesterday. I needed to have a bowel movement, as you say. But I haven't been eating much since I've been here. But I did have a big meal the day I came in and didn't move my bowels until yesterday. I feel full just when I eat though. I guess I can't eat too much at one time." Nurse: "I'm glad you feel more comfortable in your stomach. It is better for your heart if you don't eat too much at one time. The	Knowledge. IX	To encourage patient to express feelings & ideas. 10.2 To explain therapeutic regime. 9.2	That Mr. A.'s tension seemed to be decreased. However, he continued to have a decreased ability to perceive connections between details. MODERATE ANXIETY STAGE III

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
reason is the stomach, when it's so full, crowds the heart & makes it more difficult for the heart to function. Then, too, if you have eaten a big meal the heart has to work harder to pump blood to the stomach so your food can be digested. It's better to eat small amounts frequently." Patient: "That's what I figured, nurse. Besides I'm really not hungry." Nurse: "You had the tent pulled down around you when I came in. Did you want to go back into the tent?" Patient: "Yes, I want to get back in the tent for the night. I was out about seven this morning until around four this afternoon; then I came out again at six. So, I would like to have it on before I go to sleep & during the night. (Spoke rapidly; his eyes darted about the room, he patted the tent canopy)."	Need for adequate oxygenation of body tissues.		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "I'll turn the oxygen on right now as it takes a while for the tent to fill. By the time you wash up for the night it will be ready. Are you ready to get ready for bed?"		4.4 To administer & maintain oxygen concentration required.	
Patient: "Yes, yes, I'm ready. I already cleaned my teeth. So, I can wash my face. Don't use any soap, nurse. I don't want any; yesterday, I got so itchy in the night; I think it's from the soap. So, I'm not using any today."	VIII Recognition as a person of worth.		
Nurse: "You felt itchy?"			
Patient: "Yes, on my back. It got so sticky or prickly. So, I'm going to try not using any soap."			
Nurse: "Okay, that's fine with me, Mr. A. Has soap ever made you feel itchy before?"		8.1 To show consideration for individual needs and wishes.	
Patient: "No, never had any trouble."			
Nurse: "Would you like to put your hands in the warm water, Mr. A.?"			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Yes, that's a good idea. You know my feet are cold; have been cold all day." Nurse: "I'll get you an extra blanket. Do you feel cold anywhere else?" Patient: "No, just my feet." Nurse: "I noticed your gown is a little damp, Mr. A. How about a fresh one?" Patient: "Aren't you going to rub my back?" Nurse: "Yes, that comes next." Mr. A. began coughing. His cough was loose and non-productive. His face reddened, he gasped. I held the emesis basin for him. Patient: "Give me that thing; I need it because I feel like something is going to come up." (Nurse assisted patient, held emesis basin). "Well, I guess I don't need that thing anymore." (pointed to emesis basin as he settled	Rest. V	To promote quiet environment & reduce irritating external stimuli. 5.1 To maintain a patent airway. 4.1	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
back down against the pillows).			
Nurse: "You felt sick to your stomach?"			
Patient: "Yes, for a little while I just can't drink all that liquid. My neck gets so sore lying in bed."	Rest. V		
Nurse: "It's tiring to lay in bed. I'll rub your neck."		To promote a quiet environment & reduce irritating external stimuli. 5.1	
Patient: "Yes, I've always been pretty active."			
Nurse: "I'm going to straighten the sheets under you, Mr. A."			
Patient: "No, you don't have to; I didn't notice they were wrinkled. (The draw sheet was damp & wrinkled & the rubber sheet half exposed so that Mr. A. had been lying skin to rubber.)	Recognition VII		
Nurse: "Well, see, this sheet is all pushed to one side. It will make you more comfortable if I change it--it's a little damp, too."		To accept patient's behavior, feelings and ideas. 7.1	
Patient: "No, I haven't been			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
warm today or sweated any. (stated emphatically) Nurse: "Sometimes we don't notice when we perspire; a clean sheet will help you rest better. (Began to change sheet.)"			
Patient: "This is the part I hate changing the bed. I wish I could get up."	Expression of feelings and ideas. X		
Nurse: "I know it's hard on you for you to have to stay in bed." Patient: "Yes, it's hard on me; it's an awful lot of work. Are you ready for me to turn back now?"		To encourage patient to express feelings and ideas.	10.2
Nurse: "In just a few minutes. ...Okay, now turn slowly. ...Mr. A. do you understand why it is important for you to rest in bed?"			
Patient: "Yes, for my heart." Nurse: "That's right. When you get up and walk around a lot your heart has to beat harder to pump the blood around to supply oxygen to the muscles you are using in your activity."	Knowledge. IX	To explain therapeutic regime.	9.2

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Can you remember how your heart beats faster when you ran up a flight of stairs? (Nodded his head in affirmation.) Well, when you exercise the heart has to beat faster & harder to get enough blood around to the muscles. Now, your heart is damaged and needs to heal. So the doctor wants to take that extra work off the heart, so it can heal."	IX Knowledge. Empathetic response to feelings & ideas.	To convey empathetic understanding. 11.1	
Patient: "I've always done things for myself; so I can't get use to letting someone do things for me." (Put Mr. A. in tent.)			
Nurse: "I know that it must be difficult for you to let someone else help you, Mr. A. but, it is very important that you do & that you rest. As your heart heals then you will be able to do more & more for yourself. But not right now."		To explain therapeutic regime. 9.2	
Patient: "I know ... for my heart. (sighed)(Mr. A. looked tired, his facial muscles sagged, he stared at the wall in front of him; there were dark circles under his eyes.)			

The Narrative Recording Nurse- Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "I hate to be sick." Nurse: "Yes, it is discouraging to be sick." Patient: "Now, I need that pillow a little more under my shoulders; now pull that one up that's under my head. There that's good." Nurse: "I'll be back tomorrow morning Mr. A." Patient: "What time? I had to wait until nearly noon today for my bath; but I'm not complaining; I do okay." Nurse: "It's hard to wait though. I'll be here at 8:00 a.m., okay?" Patient: "Okay. Goodnight, nurse." Nurse: "Goodnight, Mr. A." Patient: "Say, nurse, my feet are warm now." Nurse: "I'm glad they feel warm now, Mr. A."	To express feelings & ideas. X Recognition as a person of worth. VIII	To encourage patient to express feelings & ideas. 9.2 To show consideration for individual needs and wishes. 8.1	

PATIENT A - PRESENTATION AND ANALYSIS OF NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY, AND STAGE OF ANXIETY

THIRD VISIT: INTERIM EVENTS

According to the nurse's notes and the charge nurse on the ward, Mr. A. was in oxygen until 5:00 a.m. this morning. He slept all night with some restlessness. His vital signs remained relatively constant; his blood pressure stabilized at 128 mm. Hg., his pulse was 84-88/ minute; his respirations were between 18-24 / minute during the night.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
3rd Visit: Morning - 3rd day after admission. When I entered Mr. A.'s room I found him sitting in a forward position away from the bed, which was elevated to a semi-Fowler's position. The oxygen tent canopy had been pushed behind the bed; Mr. A. was gazing out the window. He did not see me approach the bed. His color was pink, his respirations seemed regular. Nurse: "Good morning, Mr. A." Patient: "Good morning, nurse. How are you today. (He leaned forward and grabbed calves of his legs & began rocking back & forth moving his hands up & down his leg.)			MODERATE ANXIETY - STAGE III. Mr. A.'s continued inability to perceive connections between details was classified as moderate anxiety.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "Good day, Mr. A. How have things been going for you?" Patient: (Mr. A. stared down at the sheets, he looked sad; he stopped the rocking motion, shook his head slowly back & forth & sighed weakly) "I don't know." (Continued to turn his head from side to side). Nurse: "Not so good, huh? What seems to be the trouble, Mr.A.?" Patient: "Well, it's this stomach of mine (began to rub chest & stomach) I couldn't eat any breakfast this morning because I felt so full again. (Leaned forward again.) It's not so bad today as yesterday but God, it's terrible; and that belch, belch, belch, I do." Nurse: "It's discouraging to feel so rough, but good to bring the gas up." Patient: "Yes, it is. Didn't sleep at all last night. I've been out of the tent since about 6:30 this morning, I think. I'm tired out already."	Expression of X feelings and ideas. XI Empathetic response to feelings & ideas. Elimination. III Adequate rest. V	10.2 To encourage patient to express feelings and ideas. 11.1 To convey empathetic understanding.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: (Mr. A.'s abdomen was distended on palpation but seemed soft. He had had mineral oil & milk of magnesia as a laxative the night before.) "Do you feel like moving your bowels?"		3.1 To promote elimination of body wastes.	
Patient "No, it's just gas; I've been passing it. Well, what are you going to do today."	Knowledge. IX		
Nurse: "I planned to start your bath; however, if you don't feel like it right now, I will wait so you can rest."		9.2 To explain therapeutic regime.	
Patient "No, don't wait. I'll have my bath now, I want to brush my teeth & shave, too. My electric razor is in there (gestured toward bedside stand). (Mr. A. leaned back against the bed with his neck extended, eyes cast up wards at ceiling & took a deep breath & slowly let it out.)		5.1 To promote a quiet environment & to reduce irritating external stimuli.	
Nurse: "Do you want me to shave you before or after your bath?"			
Patient: "Wash, first."			
Nurse: "Okay." (A nurse's aide came in to move the bed next to Mr. A.'s. He watched this activity			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
for awhile as I prepared to give him his bath.)			
Patient: "My razor's in there." (Again pointed to the bedside stand.)	VIII Recognition as a person of worth.		
Nurse: "You want to shave first, then?"		To show con- sideration for individual needs & wishes.	8.1
Patient: "Yes, you can do it for me." (As I shaved Mr. A., he rested with his eyes shut.) "That makes me feel better; now for the shaving lotion (applied shaving lotion). Okay, I'm ready for my bath now. No soap."			
Nurse: "Okay." (I began to bath Mr. A. He flexed & extended his little finger & inspected it as he flexed.)			
Patient: "My little finger feels better."			
Nurse: "Feels better?"			
Patient: "Yes, it isn't so numb. It gets better everyday."			
(I finished Mr. A.'s bath & began to rub his back.)			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "That's the best part-- the back rub, I mean. My back's sore right down here". (Mr. A. began to rub his sacrum.) Nurse: "I imagine it is sore from lying in bed." (began to rub Mr. A.'s lumbo sacral area.) Patient: "Yes, it is, but I don't find it so hard to stay in bed as I expected it would be. I had a friend who was bed-ridden for two years. He had to stay there because he was paralyzed When I used to go see him I felt so sorry for him. But it isn't so bad." Nurse: "Not as difficult as you expected it to be." Patient: "No, just tiresome & boring. I'm going to get up to try to have a bowel movement. While I'm up you can make my bed. I hate to stay in bed while they're making it; it's such hard work; last night I was wet with sweat by the time they finished. (Mr. A. stroked his throat & scratched his head, he	Adequate rest. V Expression of feelings and ideas. X Elimination. Expression of feelings & ideas. Adequate rest, V	To provide a quiet environment & to reduce irritating external stimuli. 5.1 To encourage patient to express feelings and ideas. 10.2 To listen to what patient is saying. 10.1	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
loosened the gown around his neck.) Well, here goes. (He sat forward & began to swing his legs over the side of the bed.)			
Nurse: (helped Mr. A. sit up.) "I'll help you. Why don't you dangle for a minute or two first?"		To limit activities. 5.2	
Patient: (Sat on edge of bed & dangled his legs--his color remained good.)			
Nurse: "How do you feel?"			
Patient: "Okay. I'm ready to stand up now. You stand over there." (pointed to other side) (I switched sides.)			
Nurse: (Helped Mr. A. to the bath room, & made bed quickly.) "How are you going, Mr. A.?"		To provide 3.1 for elimination of body wastes.	
Patient: "Okay. Are you finished making the bed? I have a lot of gas but no bowel movement. (Mr. A.'s respirations were 28 per minute; he looked pale & tired. I helped him back to bed).	Adequate IV oxygenation of body tissues.		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "I'm going to turn your oxygen on, Mr. A.; after your activity I think you need a little more oxygen--you're breathing pretty hard." Patient: "Yes, I know. (began to cough; it was tight & non-productive)." Nurse: "Did you cough quite a lot during the night, Mr. A.?" Patient: "No, just occasionally, but it makes me feel so sick because I cough so hard. I wonder why they don't give me something for my cough. It started last night." Nurse: "I can see that it is uncomfortable for you to cough. Does your doctor know this?" Patient: "No, he hasn't been here since my cough started. (I fixed the canopy of oxygen tent around Mr. A.) I don't cough too often, though. Now, don't put that blanket on too tight (nodded head toward blanket which I was using to seal off the tent in front of him); it binds me down too much."		To administer 4.4 & to maintain O₂ concentra- tion required. To promote a 5.1 quiet environ- ment & to eliminate irritating external stimuli.	4.4

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "You feel bound down?" Patient: "Yes, I don't have much room to move around in here. But, I guess I don't feel like moving much anyway...I feel better now, nurse." Nurse: "Do you think you can rest for awhile now?" Patient: "Yes, I can but it's nearly lunch time so what's the point." Nurse: "It's just ten o'clock. So you have plenty of time to take a nap if you feel like it." Patient: "Well, I could use the sleep, I suppose. (Mr. A. pulled covers up to his chin & scooted himself down in bed, sighed heavily)." Nurse: "How about a drink of water before I leave?" Patient: "No thanks, nurse. I'm not thirsty & it makes me uncomfortable in my stomach when I drink water."			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "Alright Mr. A. I'll be back tomorrow night." Patient: "Bye, nurse." I reported that Mr. A. was coughing. When I returned to check on Mr. A. he was sleeping soundly. His color was pinker; his respirations were regular at 20 per minute.			

PATIENT A - PRESENTATION AND ANALYSIS OF NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY, AND STAGE OF ANXIETY

FOURTH VISIT: INTERIM EVENTS

Dr. X. ordered Robitussin, a non-narcotic, anti-tussive expectorant, drams 1 prn for Mr. A's cough. During the night Mr. A had been short of breath and had had several episodes of chest and abdominal pain. He received Morphine sulfate, gr. 1/6 during the night on two different occasions. Last evening a rectal tube was inserted in order to relieve Mr. A's abdominal distension which had increased progressively during the day; he was reported to have passed a large amount of flatus. His temperature rose to 101.2 degrees (F) during the night. This evening it was 98 degrees (F).

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
4th Visit: Evening - 4th day after admission. When I entered Mr. A's room, he was sitting in semi-Fowler's position, he had slide down in bed. His head was resting back against the pillows; his shoulders sagged downward. His mouth was partially open and was circled by a greenish colored line; his eyes were shut and were encircled with dark circles; his brows were drawn together; he was breathing rapidly & seemed to be gulping air. Two visitors were sitting at the foot of Mr. A's bed looking at his "get-well" cards. The first was a tall elderly man of medium build; he looked much like Mr. A. The	Adequate oxygenation of body tissues. IV Adequate rest. V		MODERATE ANXIETY - STAGE III Mr. A's tension and inability to perceive connections between details was classified as moderate anxiety.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
gentleman sat quietly with his arms folded across his chest, balancing his hat on his knees. The second visitor was a middle-aged stockily-built lady who sat flapping through the cards in her lap hurriedly, showing one or the other to the gentleman sitting next to her. Both visitors were sitting with their coats on; they looked worried and tense. They glanced dartedly from the patient to myself & back again. I nodded to the visitors & smiled. I approached Mr. A's bed; opening his eyes seemed like an effort for him.			
Nurse: "Mr. A."			
Patient: "Yes"(his head sagged wearily on the pillows but his hands began to move in non-purposeful activity; pulled at sheets, pulled at neck of gown, scratched face.)			
Nurse: "I'm turning the oxygen back on; it will help you breathe easier." (Put oxygen tent on.)		To administer 4.4 & to maintain O2 conc. required.	
Patient: "Okay, nurse." (He look-			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
ed frightened & began to look wildly about the room.) Nurse: "I brought you your cough syrup; the other nurse told me you had asked for it." Patient: "Okay, I'll take it now. I just take a few sips at a time, then a few more later." As I was attending to Mr. A the lady jumped up from her chair & began rummaging through the draw in Mr. A's bedside stand putting the contents back in order. Patient: "Leave that stuff alone; it's okay the way it is." The lady sat down and began fumbling with her buttons, her purse & shuffled her feet often. Mr. A. seemed to breathe easier in the oxygen tent; the peri-oral grayishness disappeared; he seemed more alert & tense. I approached Mr. A's visitors; the lady jumped up & placed her purse on the chair which she had formerly occupied; her eyes searched my face & darted back & forth between myself & Mr. A.			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "Hello, I'm Miss B." Visitor: "And I'm Mrs. W. & this is my brother Mr. A. we're brother & sister to Mr. A. (she stammered in a whisper her voice cracked frequently)." Nurse: "I'm happy to know you...." Mrs. W.: "Yes, & we've only been her a little while; but do you think the doctor will come soon; we've been waiting to see him to talk to him about Mr. A." Nurse: "The doctor usually comes at night Mrs. W.; he is a little late tonight...." Mrs. W.: "Well, we were a little late in getting here; so didn't know if he'd come yet...but my brother would like to talk to him." Nurse: "I'm sure that Dr. X. would be happy to talk to you both; but sometimes he is detained & doesn't make it to the hospital until late. If you wish, I can take your phone number & tell him that you wish to talk			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
to him; then he can call you." Mr. A.: "No, that won't be necessary I can call him tomorrow." Mrs. W.: "Is there anything I can do to help; I do want to help you know. I just got an apartment in town; my daughter's in Texas and I usually stay with her for the winter. But this winter I guess I'll stay in Bozeman. My son lives here. (Mrs. W. continued to move her hands frequently; to stand on one foot, then the other. Mr. A. pushed continuously at the tent canopy; crossed & uncrossed his legs. His breathing was easier but he seemed more tense.) Nurs. W.: "I do want to help & I don't work & I'm so worried about Mr. A. He's not doing to good is he?" Nurse: "Yes, I can see you're worried about Mr. A., Mrs. W. Why don't you come out to the nurses' station with me & give me your phone number, then we can call you if Mr. A. wants or needs anything. Mr. A is very		To provide a 5.1 quiet environ- ment & to reduce irritating exter- nal stimuli.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
tired tonight."			
Mrs. W.: "We'd better be going now because it's bedtime. Yes, nurse, that's a good idea." (to Mr. A. "you be good; we're leaving now.")			
Nurse: "Mr. A. I'm going out for a few minutes to the nurses' station to get your sister's phone number, so we can call her if you need anything. I'll be back in a few minutes."			
Patient: (nodded his head up & down, kept his eyes shut tight)			
Mrs. W. looked sadly at Mr. A. & then sighed. As we walked down the hall Mrs. W. asked many questions about heart attacks, what caused them, what had happened to Mr. A. & all the work he did at home. I answered her questions & listened. I took both phone numbers & returned to Mr. A's room. He was dozing; his face was flushed pink; he opened his eyes & sighed.			
Nurse: "You look tired tonight, Mr. A."			
Patient: "Yes, I am. I have to go to the bathroom; will you help	Elimination.	III	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
me up. (His respirations were even & regular at a rate of 22 per minute; his pulse was regular at 88 beats per minute.)			
Nurse: "Mr. A. it would be better for you if you could use the bed-pan; walking would make you feel badly again."		3.1 To provide for elimination of body wastes. 5.2 To limit activities	
Patient: "Okay, nurse. Oh that sister, she always wants to help, help, help. She fidgets around so much that she makes me nervous."	X Expression of feelings & ideas.		
Nurse: "Why do you suppose she does this?"		10.2 To encourage patient to express feelings and ideas.	
Patient: "Oh, because she's worried about me, I guess." (Mr. A. had a small bowel movement.)			
Patient: "I'm so tired."	V Adequate rest.		
Nurse: "Yes, I know you're tired. I'll wash your face & hands for you & then maybe you can sleep." (As I washed his face & hands Mr. A. rested his head against the pillow; occasionally he would groan & sigh "oh".		5.1 To provide a quiet environment & to reduce irritating external stimuli.	
Nurse: "Are you hurting, Mr. A.?"			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "No, I'm not. I just feel terrible." Nurse: "Where do you feel terrible, Mr. A.?" Patient: "Right here (pointed to epigastrium) between the two rib bones." Nurse: "I'm going to give you an injection for your pain, Mr. A. It will help you rest better tonight! I left the room to get the injection and returned." Patient: "Arm or hip? Can I have a drink of water first?" Nurse: "Yes, you may." (gave Mr. A. a drink of water.) Nurse: "Your arm." (I gave Mr. A. the injection of morphine sulfate, gr 1/6 & stayed with him for fifteen minutes. The "hypo" began to take effect & Mr. A. dozed & then would ask for water. The medication nurse gave him some m. & o. which made him nauseated. He coughed up a small mucous plug, then rested back against the	Expression of feelings and ideas. X Adequate rest. V	To encourage patient to express feelings & ideas. 10.2 To reduce irritating internal stimuli. 5.3 To provide for & keep an accurate intake & output. 2.1	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
pillow. His blood pressure was 150/100 mm Hg.; his pulse was regular & 80 beats per minute; his respirations were 20 per minute.) Nurse: "I'm leaving now Mr. A., but will be back to give you a bath tomorrow morning." Patient: "Okay. I'll be glad for that."			

PATIENT A - PRESENTATION AND ANALYSIS OF NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY, AND STAGE OF ANXIETY

FIFTH VISIT: INTERIM EVENTS

According to the nurses notes and the charge nurse, Mr. A slept intermittently during the night and coughed occasionally. He was given Robitussin drams 1 twice during the night for his cough. He remained in the oxygen tent during the night and was taken out at 8:00 a.m. This morning his pulse was 80. minute and regular; his respirations were 20/ minute; his blood pressure was 128/80 mm.Hg.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
5th Visit: Morning - 5th day after admission. When I entered Mr. A's room he was sitting in semi-Fowler's position and out of the oxygen tent. His color was pink; his respirations were even & regular. He was lying with his head back against the pillows & hands folded on his abdomen. His eyes were shut; his face looked tired & drawn. Nurse: "Good morning, Mr. A." Patient: "Oh, Hi, Miss B." (He tried to smile). Nurse: "How are things going for you, Mr. A.?" Patient: "Oh, okay (sighed); but I			Mr. A. continued to seem MODERATELY ANXIOUS. STAGE III.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
feel so weak and tired. I just can't seem to do anything without getting short of breath." (Swallowed hard and laid his head back against the pillows; he rolled his eyes upward as he sighed.) Nurse: "I can see that you are tired today. I'm going to take your blood pressure now." Patient: "Could I shave today, nurse?" Nurse: "Yes, you may. If you don't feel like doing it though, I will shave you." Patient: "No, I'll do it. Will you fix the razor for me. Here, let me hold that part while you plug in the cord. You know, I just don't think I can do it; I'm just too worn out. Will you do it?" Nurse: "Yes, I would like to. You lie back now, Mr. A. and rest." Patient: "Okay.... I hope the doctor comes today; he didn't come last night. I want to see him to find out how I'm doing. He was in yesterday morning but he rushes in & out so fast I forget to tell him things."	Adequate rest. V Empathetic response to feelings and ideas. XI	To convey empathetic understanding. 11.1 To reduce irritating external stimuli. 5.1 To limit activities. 5.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "You want to talk to him?" Patient: "Yes, but it's nothing; I just wanted to see him." Nurse: "You're worried about your illness." Patient: "No, I'm not. I just want to see the doctor." Dr. X. came into see Mr. A. He examined his chest & commented "seems to have cleared up" in reference to Mr. A.'s pulmonary edema. Doctor: "How do you feel?" Patient: "Tired." Doctor: "Having pain?" Patient: "No, no pain--just a little weak and tired." Doctor: "Well, your chest sounds clear. How's your cough?" Patient: "Not so bad, Doc. I don't seem to be coughing so frequently but I can't seem to eat much."		To encourage patient to express feelings and ideas.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Doctor: "I'm not worried about your diet; just so you eat something."			
Patient: "All those liquids make me have gas; I just can't take them, Doc."			
Doctor: "Okay." (Doctor ordered a convalescent ulcer diet.) "How's your tent working for you?"			
Patient: "I've been out of it since morning; I'll get back in it tonight."			
Doctor: "Well, you use it if you think you need it. I'll have it left in the room & the nurse can turn it on for you when you feel you need it."			
Patient: "Okay, Doc."			
Doctor: "Anything else."			
Patient: "No."			
Doctor: "Okay, I'll see you tomorrow." (to me) "His chest has cleared; he seems to be doing okay. I'll change his diet."			
Nurse: "Thank you, doctor."			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Well, I'm glad he came. I'm ready for my bath now. I got some new socks they're in the drawer, I want to put them on. (Gave Mr. A's bath.) "That little finger is getting better every-day, not so numb feeling & stiff!" Nurse: "I'm going to put lotion on your feet and elbows, Mr. A. your skin is a little dry. (Mr. A. inspected his elbows.) Patient: "Say, that's a good idea; this one here's a little red." Nurse: "Yes, it's chapped from raising yourself up on your elbows; the skin rubs against the sheets and that makes it red." Patient: "I want to go to the bathroom, nurse, and try to have a bowel movement." Nurse: "Alright, I'll help you up." Patient: "Phew. (sighed) Boy, I gotta take it easy. Let me sit here a minute (dangled for 2-3 minutes)." Nurse: "How do you feel?"	Recognition VIII as a person of worth.	To show consideration for individual needs & wishes. 8.1	
	Elimination. III	To promote elimination of body wastes. 3.1 To limit activities. 5.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "No different than when I'm lying down. Alright, I'm ready to walk now. You stand on this side." (Mr. A. walked with help to the bathroom. His respiration rate, & pulse remained steady and regular; his color was good.) Patient: (I helped Mr. A. back to bed. He began to sigh "oh, oh, oh" and was having increased difficulty breathing.) Nurse: "Your chest hurting you, Mr. A.?" Patient: "Must be pleurisy because the pain is up around my shoulder (rubbed left shoulder). It goes right down here (rubbed lateral costal area) and under my shoulder blade. But, it's not steady, like before--just occasionally. Oh, oh, oh." (sighed) Nurse: "I'm going to put the tent back on Mr. A." Patient: "No, I don't need the tent; you heard the doctor, he said not to use it." (He shut his eyes tightly and grimaced.)	Adequate IV oxygenation of body tissues.	To administer 4.4 & to maintain O₂ conc. required.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "He said to use it if you need it, Mr. A. It will help your pain." Patient: "Well, I don't hurt now. It's gone. I'm going to rest. If I want the tent, I'll ask." (empathetically, began to become more restless; his face became flushed.) (Mr. A.'s blood pressure was 158/88; his pulse was regular at 88/min.) Nurse: "Alright, Mr. A. you rest and I'll see you tomorrow night. But I'm putting the tent on." Patient: "Okay." (When I returned to check a few minutes later Mr. A. was sleeping restlessly. I administered his nembutal, gr 1½.	Adequate rest. V	To reduce irritating internal stimuli. 5.3	

PATIENT A - PRESENTATION AND ANALYSIS OF NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY, AND STAGE OF ANXIETY

SIXTH VISIT: INTERIM EVENTS

Mr. A.'s temperature rose to 101.6 degrees in the afternoon; his cough was productive of yellow purulent secretion. He rested at intervals during the night. His blood pressure continued to stabilize at 130/90 mm Hg; however, his pulse and respiration were 112 and 28 / minute respectively. Mystelclin, 250 mg. three times daily and at bedtime was ordered this morning.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
6th Visit: Evening - 6th day after admission. When I entered Mr. A.'s room, he was again out of the oxygen tent. He seemed to be sleeping in semi-Fowler's position. His head was tilted to one side; his respirations were regular at 22/min., he was mouth breathing. He had the covers pulled tightly up to his chin. I approached his bed and spoke his name. Nurse: "Mr. A." Patient: (Batted his eye-lids; gazed around.) "Keep ... oh, good evening nurse." Nurse: "How do you feel?"			STAGE III: MODERATE ANXIETY

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Oh, better, much better. I'm coughing something up now; it isn't so hard on me. I even ate today; it tasted good. My chest hurts a little if I breathe too deep, but I'm feeling good." Nurse: "I'm happy to hear you feel better. I want to take your blood pressure." Patient: "Okay." (pulled up sleeve on gown.) Mr. A's blood pressure was 128/90 mm. Hg. His pulse was 90/min. and regular in volume and rate. Mr. A's color was pink; he looked tired but seemed more relaxed. He yawned several times and sighed. Patient: "Yep. I think I'm going to make it." Nurse: "You're going to make it." Patient: "Yes, I wasn't very good last night, was I. I got worse & I knew it; I didn't think I was going to make it." Nurse: "What do you mean?"	Expression of feelings and ideas. X	To encourage patient to express feelings & ideas. 10.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "I was going to die. I mean, I just didn't think I was pulling out of this right. You know, my sister's husband died of the something and she has a rheumatic heart. I always hoped that I'd never have to go to the hospital. So I tried to keep good care of myself. But...I was worried." Nurse: "I think anyone would be concerned." Patient: "Yep. But if you've got to go you've got to go. That's all there is to it. But, I planned on living awhile longer, that's all." Nurse: "No one really plans to die." Patient: "No, but I always hoped I'd die at home. My brother & I live together & keep house--two bachelors. Course he was married before. My brother brought me to the hospital the other night. You met him." Nurse: "Yes, I did." Patient: "Well, I didn't have any pain, I just couldn't catch my	Expression of feelings and ideas. X Empathetic response to feelings & ideas. XI	To listen to what patient is saying. 10.1 To encourage patient to express feel- ings & ideas. 10.2 To convey empathetic understanding. 11.1 To encourage patient to ex- press feelings and ideas. 10.2	At this point the intensity of Mr.A's

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
breath. You know, my brother knew what to do because his wife had heart trouble before she died and so he called the doctor." Nurse: "He did the right thing." Patient: "Tell me, what do you know about heart attacks." Nurse: "What do I know?" Patient: "What is there to know besides that it's a heart attack?" Nurse: "Your heart is a muscle which..." Patient: "Yes, I know that but what happens when there's a heart attack." Nurse: "One of the blood vessels that supplies the heart muscle for some reason or another becomes occluded or stopped-up. And the blood supply which has food & oxygen & which is necessary for the heart to maintain itself becomes shut off. Just like any tissue that doesn't get an adequate supply of blood to it, the tissue is damaged and the heart	Knowledge. IX		anxiety was perceived as mild for he seemed better able to perceive & communicate. STAGE II: MILD ANXIETY.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
cannot work as well. So, in order to give the heart tissue a chance to heal and for new blood vessels to grow, you have to stay in bed. Your activities are restricted because this is the best way to cut down on the demands on the heart to pump blood around. It continues to pump blood, but, when you are quiet in bed, it doesn't have to beat so hard or so fast. Remember how you felt the other day after you went to the bathroom. Well, you increased your activities and your heart had to beat harder and faster. When you laid down, this feeling went away."			
Patient: "Well, I didn't know that. The tissue is damaged & the heart has to heal up; it's like if you cut your finger, you can't bend it all the time or it won't heal."	Knowledge. IX		
Nurse: "Yes, you give it time to heal. But, unlike your finger, the heart is bigger and since it has to continue to pump blood at all times, it takes longer to heal & for new blood vessels to grow; progress is very slow com-		To explain therapeutic regime. 9.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
pared to how fast your finger heals." Patient: "Well, I was worried be- cause I didn't seem to be doing so well. What do you think?" Nurse: "Well, you tire easily but otherwise you seem to be getting along alright. The doctor feels that you are doing alright; it takes time, Mr. A." Patient: (Listened thoughtfully) "Yes, I know it does. Well, I was wondering about it." Nurse: "I'm glad you asked, I know you were wondering." Patient: "My brother's wife had a heart attack before she died. He took her to the hospital. The doctor told him that her heart tissue was so torn up that it's a wonder she lived. But she got better & lived ten more years. Do you suppose that there's a clot in there & that's what stopped up the blood vessel. I'm getting an anti-clotting drug; is that what that's given for?"	Knowledge. IX Expression of feelings & ideas. X Knowledge. IX	To convey 9.5 information essential to problem-solving. To encourage 10.2 patient to express feel- ings and ideas.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "It's hard to determine exactly what causes a stoppage in the blood vessel supplying the heart muscle, Mr. A., sometimes it is a constriction or closing off of the blood vessel when it goes into a contraction that stops up the blood vessel; sometimes it is something in the blood that's too big to get through the vessel. However, new blood vessels do grow and are growing right now. It takes time.		To explain therapeutic regime.	9.2
Patient: "What about that anti-clot medicine I get. What does that have to do with the clots?"	Knowledge. IX		
Nurse: "This is called an anti-coagulant because it prevents further formation of clots in your blood system when your circulation is slowed down."		To explain therapeutic regime.	9.2
Patient: "Yes, I know it takes time, but I'm not very patient." (Had begun to help Mr. A. with his evening care.)			
Patient: "I feel like going to sleep now... You know, the doctor told me to take it easy. I've	Knowledge. IX		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
been painting alot lately around the house, and smelling those fumes. Do you suppose that could have caused this attack?" Nurse: "Have you been pretty active all your life?" Patient: "Yes, but the doctor told me to take it easy. Of course, I wasn't use to being on my feet & I worked every day the whole week before as a bar-tender." Nurse: "Well, a heart attack is caused by a number of things. Over-work makes the heart have to work harder to supply the body with blood but this in itself will not cause a heart attack, other things enter in." Patient: "Well, I was worried because I didn't rest." Nurse: "Yes, I know you were worried. You will have to continue to rest for awhile now, too. Then gradually, as your heart heals, you will be able to do more things for yourself." Patient: "Well, I guess I'd better	X Expression of feelings and ideas. Empathetic response to feelings and ideas. XI	10.1 To listen to what patient is saying. 9.2 To explain therapeutic regime. 11.1 To convey empathetic understanding.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
rest. I'm sleepy now. (Mr. A. sat with his arms folded across his chest; he seemed to be concentrating on the opposite wall.) "Well, thank you for talking to me. I'm going to go to sleep now. I hope I don't cough tonight. But, I haven't coughed too much today." Nurse: "How does your throat and chest feel?" Patient: "Tired from coughing. Do you suppose I could have some of that cough medication for my itchy throat." Nurse: "Yes, I'll get you some." (When I returned with the cough syrup, Mr. A. was dozing. His face was flushed pink; his respirations were regular and slow at 18 per minute. He opened his eyes, half-way smiled, and sighed.)			
	Adequate oxygenation of body tissues. IV	To maintain a patent airway. 4.1	

PATIENT A - PRESENTATION AND ANALYSIS OF NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY, AND STAGE OF ANXIETY

SEVENTH VISIT: INTERIM EVENTS

Mr. A.'s temperature fell to an elevation of 99 degrees (F) during the night; by this evening it was normal at 98.6 degrees (F). His pulse and blood pressure remained the same. He coughed seldom during the night. He was up in the chair today.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
7th Visit: Evening - 7th day after admission. When I entered Mr. A's room, he was sitting forward in bed and leaning on the over bed table reading the evening newspaper. He looked up as I approached his bed and started to fold the newspaper up. Nurse: "You may finish your reading if you like." Patient: "No, I already read it twice. I'm finished." Nurse: "I see that you sat up in the chair today. How did it feel?" Patient: "Oh, it was okay. I didn't think I would get so tired, though. I slept all afternoon. So, do you want to start on me.	Expression of X feelings & ideas.	To listen to what patient is saying. 10.1	STAGE II: MILD ANXIETY. The intensity of Mr. A.'s anxiety was perceived as mild in that although he was restless, he seemed relaxed and was able to communicate verbally.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
I'm tired tonight and want to go to sleep early." Nurse: "Yes, if you want to go to sleep early." Patient: "Will you shave me tonight. I didn't get it done today and this face bothers me (began to rub chin and cheeks.)" Nurse: "Yes, I'd be glad to shave you." (Began to make preparations to shave Mr. A.) Patient: "Now let me hold the razor and you plug it in. It's easier for you to shave me than it is for me to do it." Nurse: "Yes, it is." Patient: "My brother and sister came tonight to see me. That sister worries herself to death over me. It's a wonder she doesn't have a nervous breakdown. She makes me so nervous." Nurse: "She makes you nervous." Patient: "Yes, I know she's worried but she fidgets around so. I'm	Recognition VIII as a person of worth.	To show consideration for individual needs, & wishes. 8.1 To encourage patient to express feelings and ideas. 10.2	
	Expression X of feelings & ideas. Empathetic IX response to		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
used to doing things for myself." Nurse: "It makes it hard when you are used to doing things for yourself to let anyone else do things for you."	feelings & ideas.	To convey 11.1 empathetic understanding.	
Patient: 'Yep, I've been a bachelor all my life and don't plan on changing it now.'	Expression X of feelings and ideas.	To encourage 10.2 patient to express feel- ings and ideas.	
Nurse: 'Don't plan on changing what Mr. A.'		To listen to 10.1 what patient is saying.	
Patient: 'Oh, I mean I'll probably have to rest more and I've decided not to work as a bar-tender anymore, but I mean get married. I planned to once, but I had to work on the ranch and take care of my mother and father. When they were gone I was too old, forty-two. I went with this woman for twenty years. She was trying to raise her children & doing a good job of it. So we never married. I wanted to after we'd gone together eight or ten years but she said 'no'. So when she was ready to marry ten years later, it was too late. So she married someone else. It's a lonely life, though.'			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "What do you mean?" Patient: "Living alone is lonesome. That's why I started tending bar after I sold the ranch. I like being around people. I don't ever drink but I like to be with people. Then my brother's wife died and he came to live with me. We get along good, though. I bought him a car so he could get around and I go my way and he goes his. We each do what we like to do and don't bother each other." Nurse: "I expect that it is lonesome for you." Patient: "Yep, it is. I like to talk to people. All my friends are gone now, don't know who I can talk to now--since I've decided not to work." Nurse: "How about your brother? Could you talk to him?" Patient: "Who, Fred? I don't know I'm older than he is & sort of brought him up. I don't know about talking to him about things. He wouldn't be interested."	Expression X of feelings and ideas. Empathetic XI response to feelings and ideas. Knowledge. IX	To encourage 10.2 patient to ex- press feelings and ideas. To convey 11.1 empathetic understanding. To convey 9.5 information essential to problem solving.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "He seemed very concerned about you when he was here." Patient: "Well, maybe so. Do you think he'd listen to me." Nurse: "I think he would. He's very interested in you, Mr. A. Maybe he gets lonesome, too." Patient: "Well, I could try." Nurse: "It helps to have someone you know who cares to talk to. Your problems don't seem so hard to handle." Patient: "Yes, that's true. You know, I've always had plenty of money and I've worked hard for it but never really had someone to talk to. I should have married but, I didn't."(Silence.) "Say nurse, what are those big yellow pills I get? What are they for?" Nurse: "That's an antibiotic & you are taking it for your cough. You have had an infection in your chest."	IX	To help 9.6 patient work thru his problem in order to find a workable solution. To validate 9.4 information patient receives. To help 9.6 patient work thru his problem to find a work- able solution. To explain 9.2 therapeutic regime.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "That's what I thought. They sure worked good; I hardly cough at all. What's that little tiny yellow pill I take in the morning? Is it for my heart?" Nurse: "Yes, that's called digi-toxin. What it does is to help the heart conserve its energy by increasing the force of the contraction of the heart. Then the heart doesn't have to beat or contract so many times to pump the same amount of blood around the body."	IX Knowledge.	9.2 To explain therapeutic regime.	
Patient: "Oh, so that helps the heart. Will I have to take it the rest of my life?" Nurse: "I don't know, Mr. A. Some patients do; it depends on your progress and how well your heart functions."	IX Knowledge.	9.2 To explain therapeutic regime.	
Patient: "Well, I wouldn't mind if I did have to. I'm going to take care of my heart now. Do you think I'll be able to be up and around when I go home." Nurse: "I don't think the doctor will let you go home until you	IX Knowledge.	9.2 To explain therapeutic regime.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
are able to take care of yourself. You will have to restrict your activities, though. You probably won't be able to do as much as you did before."		regime.	
Patient: "I know that but how will I know when I'm doing too much?"	Knowledge. IX		
Nurse: "When you feel tired or if you get short of breath when you are doing something, you ought to lie down and rest. Then, too, it's important to remember to never hurry or over-exert yourself. You should see the doctor often & he will tell you how much activity you can do. If you feel badly or get a cold, be sure to check with your doctor; it's important that you get immediate treatment so that you will prevent anything from happening to your heart."		To explain 9.2 therapeutic regime.	
Patient: "Yes, I'll check with him often; I don't want this to happen again. I know I have to slow down."			
Nurse: "Do you have any hobbies, Mr. A."			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Yes, I collect stamps. I like to do that but have never had much time to put them where they belong in the book I have." Nurse: "Maybe you will have more time now." Patient: "Yes, that's a good idea. Well, I'm going to sleep now." Nurse: "Alright Mr. A. I'm glad you're better tonight." Patient: "Thanks, nurse." When I returned to Mr. A.'s room with fresh water, he was sleeping soundly. His face seemed relaxed; his respirations were even and slow.			

PATIENT B: PROLOGUE

Admission data. Mr. B. was admitted to the hospital in the evening on November 6, 1961. He was admitted on stretcher. His diagnosis was acute myocardial infarction.

Mr. B. is from He has two children. His son is twenty-two years old and a senior at University of Arizona; his daughter is fifteen years old and in high school. Mr. B.'s wife died six months ago of hepato-renal syndrome. Mr. B. was hunting when he became ill. He was with an M.D. friend of his when he became ill who gave him Demerol, 100mg for pain at the onset of his attack and who brought him to the hospital.

Mr. B.'s medical history revealed that his chief complaint was that of aching constant pain in his right chest which radiated to his left shoulder and down his left arm to his wrist and shortness of breath. Upon admission Mr. B. was given Mepergan, amp. 1 for pain; oxygen was administered by tent for pain and respiratory distress. An EKG was done and a diagnosis of acute myocardial infarction was confirmed. His admission vital signs were: blood pressure 158/112 mm Hg, pulse 56/minute, respirations 30/minute, and temperature was 97.6 degrees (F).

Mr. B. is self-employed; he is part owner of a farm machinery manufacturing company. He is a college graduate in business. Mr. B. is 46 years old. Previously, he has been hospitalized for surgical procedures (appendectomy and hemorrhoidectomy) but never for cardiac disease.

When Mr. B. was admitted, Dr. Y. wrote the following orders: (1) Clear liquid diet; (2) complete bedrest; (3) EKG stat; (4) Transaminase stat and repeat in AM; (5) check vital signs every three hours; (6) Mepergan, Amp. 1, every three hours prn pain; (7) Nembutal gr. 1½ at bedtime; (8) Erythrocyte sedimentation rate in AM.; (9) oxygen tent to-night if chest pain. Later Dr. Y. ordered Prozine, cap. 1, today and daily beginning tomorrow and Heparin 100 mg. three times daily I.M. today and then 100 mg every day beginning tomorrow.

Progress after admission. Four hours after his admission, Mr. B. was given Mepergan amp 1 for chest pain. His blood pressure was 160/100 mm Hg; his temperature was 98 degrees (F), his pulse was 78/minute and his respirations were 16/minute. Three hours later Mr. B. was nauseated, his blood pressure rose to 200/140 mm Hg; again he had chest pain and was given Mepergan amp. 1. An hour later Mr. B's blood pressure was 148/72, his pulse was 88 and regular; his respirations were 22/minute and regular. Three hours later Mr. B again had chest pain with an "aching" below the

scapular area which increased on inhalation. He was given Mepergan amp. 1. At this time his blood pressure was 132/90 mm Hg; his chest pain subsided. He received oxygen by tent which was taken off late the following morning; then replaced immediately.

Laboratory studies. Mr. B.'s Serum transaminase number one, taken at the time of admission, was 43 units (normal is considered to be around forty units); the second serum transaminase was elevated to 142 units the next morning. His erythrocyte sedimentation rate was within the normal range (0-9 mm/hr) at 4 mm/hr. His hematocrit was within the normal range at 49%. His leucocyte count was elevated at 19,850 c. mm. His urinalysis was essentially normal.

PATIENT B - PRESENTATION AND ANALYSIS OF THE NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY AND STAGE OF ANXIETY

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
1st Visit: Evening - 1st day after admission day. From the charge nurse I learned that Mr. B. had been put back in the oxygen tent at 6:30 p.m. He had been groggy, yet tense, all evening. When I entered Mr. B's room, he was lying on his side with his back to the door. His knees were drawn up and his folded hands were sandwiched between them. The head of the bed was elevated to a 60 degree angle; Mr. B. had slipped down in the bed considerably. He seemed to be sleeping. The charge nurse aroused Mr. B. to introduce me; Mr. B. seemed to gaze wildly around the room as if trying to orient himself. Mr. B. was of medium build; his thin black hair was rumpled down over his receding hairline. Mr. B. spoke in a thick-tongued deep voice; his speech was slurred; he hesitated every few words. He rubbed his eyes and shook his head as			STAGE IV - SEVERE ANXIETY. In lieu of the fact that Mr. B. was heavily sedated at the time of the first encounter, and the fact that his vital signs had not changed appreciably on the evening shift, his restlessness, tension and talkativeness and reduced perception (ability to) was perceived as and interpreted as <u>severe anxiety</u>.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
if to clear his vision. His eyes were encased in dark circles; he looked pale. His brows were furrowed and his jaw seemed clenched tight. Mr. B. attempted with seeming effort to shift his position in bed. Nurse: "Here, let me help you, Mr. B." Patient: "No, that's okay. I'm all right." (His eyes were down-cast; he stared at his hands which were clenched tightly in his lap; the knuckles were white and skin taunt over them.) Nurse: (Made Mr. B. comfortable.) "I'm Miss B., Mr. B." Patient: "Yes, I forget that the doctor told me someone was coming to see me." (Continued to stare at his hands.) Nurse: "Yes, I talked to Dr. Y. & would like to take care of you for a few days. If it is all right with you, I will be coming to give you nursing care--it will be either in the morning or the evening. Did the Dr. explain	Adequate rest. V	To limit the patient's activity. 5.2 To orient the patient to his environment. 9.1	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
why I wanted to give you nursing care?" Patient: (Rubbed his eyes again & shook his head) "Yes, he did, but I'm so groggy I didn't exactly understand. Now what is it you are doing." Nurse: "I'm doing research work as a part of my schooling at Montana State College. In order to do the research I am taking care of patients." Patient: "Well, if you think you'll learn anything, it's fine with me. May I have a drink of water?" (Began pushing at the oxygen tent canopy.) Nurse: "You certainly may." (Held glass for Mr. B. who drank 250 cc water in great gulps.) Tonight Mr. B., I'm going to first take your blood pressure & then would like to help you wash your face & hands & straighten your bed for you before you go to sleep. It will help you feel more comfortable." Patient: "Okay" (stared at the	To know. IX	To validate the information the patient receives. 9.4 To provide for & keep an adequate & accurate intake & output record. 2.1	
	To be VII		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
opposite wall) --			
Nurse: (Began to give evening care) "You seem worried Mr. B."	recognized & treated as an individual.	To accept 7.1 the patient's feelings, ideas & behavior.	
Patient: "Oh, I was thinking about yesterday."	X To express feelings & ideas.		
Nurse: "Thinking about yesterday."		To encourage 10.2 the patient to express his feelings & ideas.	
Patient: (As Mr. B. responded his speech seemed thick & halting). "I walked out of the motel -- you see, I came up here for a hunting trip & was staying at the motel, I was going home today. Anyway, I walked over to the truck, it was about 20 yards, I guess. All of a sudden, I became dizzy & felt an aching in my chest & left arm & behind my shoulder" (reached a- round his left shoulder & pointed to the left scapular area.) "I thought I was going to pass out, but I didn't. My friend who was with me hunting & who is, incidentally, a doctor helped me into the motel & gave me a shot. Then they brought me here."	X To express feelings & ideas.	To listen 10.1 to what patient is saying.	
Nurse: "How did you feel about coming to the hospital?"		To encourage 10.2 patient to express his feelings & ideas.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "I didn't care, I guess. I didn't know what was wrong." Nurse: "What did you think was wrong?"			
Patient: "I didn't know.... At first I thought maybe my lungs were frostbit, but I really didn't know. You know, I had a friend who was with me hunting several years ago. He had a heart attack & died right on the spot in my arms." (Mr. B. spoke slowly; he was sitting in a semi-Fowler's position with his arms folded across his chest; he gazed straight ahead; he looked scared) --Pause--I listened & waited for Mr. B. to continue. (He said nothing; seemed to be thinking.) Nurse: (Took Mr. B's blood pressure; it was 140/90 mg Hg; his pulse was 88 and irregular in rhythm.)		To listen to what the patient is saying. 10.1	
Patient: "Yes, he died right there." Nurse: "It must have been a frightening experience." Patient: "Yes, I was scared." (He closed his eyes & sighed as he rested his head back against the	To get empathetic response to feelings & ideas. XI	To convey empathetic understanding. 11.1	To express feelings & ideas. X

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
pillows."			
Nurse: "Were you afraid you were going to die yesterday, Mr. B.?"		To encourage patient to express his feelings & ideas. 10.2	
Patient: "No, I wasn't because I didn't know what was wrong. I thought it was my lungs because my pain was in the left side!" (Began to rub his left shoulder.)	To know. IX		
Nurse: "Does your shoulder hurt now, Mr. B."			
Patient: "No, it doesn't. The doctor said I had had a heart attack --a myocardial something or other."			
Nurse: "A myocardial infarction."		To convey information essential to problem solving. 9.5	
Patient: "No, it was a thrombosis or something like that.... (paused & seemed to fall asleep intermittently as I washed his face & hands & straightened the bed. I did not encourage the patient to talk further as he seemed very tired)... "I don't live here, you know."	Adequate rest. V	To promote a quiet environment & to reduce irritating external stimuli. 5.1	
	To express feelings & ideas. X	To limit activities. 5.2	
Nurse: "Yes, I know, you are from Nebraska; is your family there?"		To encourage patient to 10.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Yes, I have two children --my wife died six months ago. I have a son who goes to the University of _____ & a daughter, age 15, who is at home. My family are pretty worried, I guess." Nurse: "I expect that they are since you are so far away from home & they cannot be here with you." Patient: "Yes, I guess so. The doctor is going to call them tonight." Nurse: "It will help to relieve their worry to talk with Dr. Y." Patient: "Yes, it will. My daughter is 15 years old & needs me at home." Nurse: "Does your daughter have someone to stay with her?" Patient: "Yes, my mother & father are there. May I have a drink of water." (Mr. B's bed had been damp with perspiration when I changed it--he was not perishing now.) Nurse: "Yes.... Here you are..."	XI To get empathetic response to feelings & ideas. Fluid & electrolyte balance.	express feelings and ideas. To convey empathetic understanding. To provide	11.1 2.1

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
(Mr. B. took 250 cc)"Are you having pain in your chest now?" Patient: "No, I feel fine. I haven't had any pain since yesterday." Nurse: "Would you like to brush your teeth, it would make your mouth feel better?"		and keep an accurate & adequate intake & output record.	
Patient: "Yes, I would, I haven't brushed them all day." (Mr. B. sighed & made an effort to smile. Then closed his eyes & seemed to relax.) Nurse: (Helped Mr. B. brush his teeth.) "It must be difficult to feel so sick when you are so far away from home."	Adequate rest. V	To limit activities. 5.2	STAGE III MODERATE ANXIETY. In lieu of the fact that Mr. B's physical tension & seeming emotional discomfort was relieved, he seemed to move from Stage IV SERVE to Stage III MODERATE ANXIETY.
Patient: "Yes, it's lonesome. (Nodded his head slowly up & down) "You know, I own half a manufacturing plant; we make farm machinery (seemed to brighten a little as he discussed his business). It doesn't seem like too tough a job, but I'm on my feet most of the day, I sure don't sit at a desk all day." Nurse: "Sounds like you are a busy,	To express feelings & ideas. X	To listen to what patient is saying. 10.1	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
active man." (Mr. B. seemed very tired, his respirations had increased to thirty six minute, still he seemed more relaxed.) "How are you feeling now Mr. B.?"	V Adequate rest.		
Patient: "Better, I'm tired, though, I do have to go to men's room."	II Fluid & electrolyte balance.		
Nurse: "You are not allowed to get up, Mr. B. but here is the urinal for you to use. Have you used one before?"		5.2 To limit activities.	
Patient: "Yes." (Helped Mr. B. with the urinal & I left the room to get fresh water.) When I returned Mr. B. had voided 500 cc clear urine. He seemed to be sleeping.		2.1 To provide for & keep an accurate intake & output record.	
Nurse: "I'll be back to give you nursing care tomorrow night, Mr. B."			
Patient: Did not respond. He was sleeping, his respirations were slowed to 24 per minute; his face & hands were relaxed more than when I had first come. I did not awaken Mr. B., rather I asked the charge nurse to tell Mr. B. I would be back the next evening if he awakened.	V Adequate rest.	5.1 To provide a quiet environment & reduce irritating external stimuli.	

PATIENT B - PRESENTATION AND ANALYSIS OF THE NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY AND STAGE OF ANXIETY

SECOND VISIT: INTERIM EVENTS

This morning Dr. Y. ordered that Mr. B's pulse was to be taken apically; in addition he ordered a Lee White Venous Clotting Time for today and tomorrow. In terms of medication, he ordered Dicumeral 300 mg. stat; Ducolax tabs 11 at bedtime prn. A Prothrombin time was ordered for tomorrow. He discontinued the Heparin.

During the night, Mr. B's temperature rose to 101.6 degrees (F), his pulse rate increased to 112/ minute and was irregular; his respirations were 28/ minute. He had no chest pain during the night nor the next morning; he perspired profusely. By morning his temperature was 100.4 degrees (F); his blood pressure was 104/78 mm Hg; his pulse was 110/minute and irregular. He remained in the oxygen tent. Dr. Y. told him this morning that he had definitely had a heart attack and was to do as little as possible for himself.

Because Mr. B. had become very fatigued while feeding himself; the nursing personnel began feeding him; he refused to eat.

Laboratory reports. Mr. B's Prothrombin Time of yesterday was normal at 14.5 seconds (normal 10-20 seconds); his Lee White Coagulation Time was elevated today at 33 minutes (an effect of the anti-coagulant).

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
2nd Visit: Evening - 2nd day after admission day. When I entered the room, Mr. B. was sleeping. His color had improved (his face was not so grey as before) but his facial features displayed tension in that his brow			STAGE IV - SEVERE ANXIETY. In lieu of the fact that Mr. B. seemed to be severely tense when sleeping & disoriented when first awake, the intensity of his

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
was furrowed & eyebrows were drawn close together in a frown as he slept. His lips were pressed firmly together to form a thin white line. As I called Mr. B's name for the third time, he woke with a start, sat upright in bed & began pushing against the oxygen tent canopy. I helped him lie back against the pillows; he seemingly rested his head on the pillows, however, his posture was one of stiffness. He laid with his head elevated in semi-Fowler's position. Nurse: "How do you feel this evening, Mr. B?" Patient: (Mr. B. rubbed his eyes & blinked.) "Oh, I feel okay." (seemed not too awake). Nurse: "You were sleeping pretty hard, I'm sorry I frightened you." Patient: "No, you didn't frighten me, I was dreaming." Nurse: "You were dreaming?" Patient: "Yes, it was nothing... (Mr. B. looked disturbed.)"	Recognition VII & treatment as an individual.	To accept patient's behavior, feelings and ideas. 7.1 To encourage patient to express feelings & ideas. 10.2	anxiety; was perceived & interpreted as in stage V, SEVERE ANXIETY.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "Have you had chest pain today, Mr. B.?" Patient: "No, I feel tired though. (Settled down in the bed and punched at his pillow, looked at me expectantly.)"	Empathetic XI response to feelings & ideas.		
Nurse: "Yes, I know you feel tired; feeling tired is expected when you have a heart attack; but it is disturbing." (Pause. Mr. B. looked at his hands & flexed his fingers.) "I want to take your blood pressure, Mr. B." (Mr. B's blood pressure was 118/84 mg Hg. I took his apical pulse; it was 136; regular in rate; full & bounding. Mr. B's eyes searched my face, he seemed more alert; he looked worried.)	To convey empathetic understanding. 11.1		
Patient: "The doctor said tonight that it was a little fast." Nurse: "Yes, it is fast, Mr. B. but it is no longer irregular. Does the rapid pulse worry you, Mr. B."	Knowledge. IX	To validate the informa- tion the patient receives. 9.4	
Patient: "No, I just wanted to know. (He closed his eyes & seemed to be dozing, I made			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
preparations to give evening care) "Could I have a drink of water?" Nurse: "Surely." (I held the glass; Mr. B. took the full 250 cc of water in the glass.) Mr. B. brushed his teeth; I washed his face, hands, & back. During these procedures the following conversation took place. Nurse: "Mr. B. what do you under- stand about your heart & how it works?" Patient: "Well, the doctor explain- ed it all to me. But I don't remember (spoke slowly, seemed to weigh & hesitate with each word.) too...much....about....what he said." Nurse: "What do you remember about what he said?" Patient: "I don't remember I was to groggy to catch everything he said." Nurse: "It is difficult to under- stand things when you are groggy."	II Fluid & electrolyte balance. IX Knowledge. XI Empathetic response to feelings & ideas.	2.1 To provide for & keep an accurate intake & output record. 9.1 To orient to environment. 11.1 To convey empathetic understanding.	At this point the intensity of Mr. B's anxiety was perceived & interpreted as STAGE III - MODERATE ANXIETY, in that he seem better able to perceive although his over-all muscular tension continued to be manifested. He seem- ed to concentrate heavily on his own condition.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Yes, it is. Well, what about my heart?" Nurse: "Well, your heart is a muscle & functions as a pump; it pumps the blood around your body. (Mr. B. looked & listened as I talked) The blood carries oxygen & nutrients or food to all the body cells so that they can build, repair, & maintain themselves. Now, when the heart muscle is damaged, as in your case, it doesn't work as efficiently in terms of pumping blood; as it did before and it needs to rest in order to repair itself. The doctor told you you had to lie as quietly as possible & rest. The reason that the doctor told you to rest, is this: when you are active, the body cells' need for oxygen & the other substances in the blood are increased; therefore, to meet this increased need, the heart has to pump more blood around the body. Do you understand? (Mr. B. nodded affirmatively.) Now, when you rest, the demands of the body for oxygen are decreased & the heart does not have to work so hard, in terms of pumping blood & has a chance to heal. It's like	Knowledge. IX	To explain therapeutic regime. 9.2 To convey information essential to problem solving. 9.5 To validate information the patient receives. 9.4	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
if you cut your finger, if you keep bending it all the time, the tissues do not heal as soon as if you let it rest... understand? (Mr. B. nodded his head slowly up and down.) Patient: "Yes, so if you rest, the heart doesn't have so much pumping to do & the damaged part can heal more quickly. I see ..." Nurse: "Yes, & resting is the hardest part of getting well, it's difficult to stay, quietly in bed, especially when you've been active all your life as you have." Patient: "Yes, it is." (thoughtful) "Well, then, what makes my heart beat so fast then? The doctor said it was beating fast." Nurse: "Well, you heart muscle is damaged & as a unit does not pump as much blood as it should each time it contracts, so in order to compensate, the heart muscle contracts a greater number of times--the heart contraction & number of times the heart contracts is what is counted when we take your pulse."	Empathetic XI response to feelings & ideas.	To convey 11.1 empathetic understanding.	
		To explain 9.2 therapeutic regime. To explain 9.3 all procedures.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Okay, but now what caused that pain, I felt. It was on my right side & in the back usually it's on the left." Nurse: "Yes, cardiac pain does occur on the left but it also occurs on the right side. The pain that you feel when your heart is damaged is called referred pain-- which means that is shows up in areas of the body other than where it actually originates. So, when the heart muscle is hurting, so to speak, you may feel pain in your right or left arm & shoulder, in your neck or back. It depends on the nerve connections." Patient: "You know you'd think it would be here." (Placed hand over left anterior chest.) Nurse: "Yes, you would, because that's the area directly over the heart. It can occur there but does not always happen that way." (Pause) Patient: "Now, what exactly happened to my heart?"	Knowledge. IX	To validate the information the patient receives. 9.4	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "You have what is called a myocardial infarction."		To explain therapeutic regime.	9.2
Patient: "Does that mean the heart is broken?"	Knowledge. IX		
Nurse: "No, myocardial infarction means that the heart muscle, the myocardium is damaged. Now the damage is caused by an obstruction in the blood supply to the heart muscle itself. You see, the heart, itself, has a blood supply & blood vessels just like other body structures for instance, the muscles in your arm. When one of the small blood vessels becomes occluded, the tissue or muscle gets no blood in that area & the tissue, as a result, is damaged. It's like if you put a rubber band around your finger & obstructed the blood supply. Pretty soon, if you left the rubber band on long enough, the tissue cells would die because their supply of blood was cut off. So, when the heart muscle is damaged in the area where the blood supply is cut off, it does not work as efficiently. Okay?"		To explain therapeutic regime.	9.2
Patient: "Well, then what happens?"	Knowledge. IX		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "The heart muscle has an inherent ability to repair itself; the blood vessels grow back, a scar tissue is formed and with rest, the heart regains its efficiency."		9.2 To explain therapeutic regime.	
Patient: "Why does it hurt then?"	Knowledge. IX		
Nurse: "The pain you felt was the heart hurting; the tissues are, so to speak, crying out for the oxygen carried in the blood supply which has been cut off. The pain serves as a warning to let you know that something is wrong."		9.2 To explain therapeutic regime.	
Patient: "I see."			
Nurse: "Do you understand now why it is so important that you rest; to give the heart a chance to rest?"			
Patient: "You know, it isn't the resting that bothers me so much. The thing that bothers me is my tail-bone & rear. I've had so many shots, I don't know how many, & it's so sore that I can hardly touch it. I think they've been using horse needles."	Adequate rest. V Knowledge. XI		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "Yes, I can imagine that it is most uncomfortable, the medication you have been getting does cause soreness where it is injected. Patient: "and boy, my back and tailbone hurt." Nurse: "This is from the pressure of lying on your back. I'll put a pillow under your back & help you turn on your side so you will get some pressure off your back." Patient: "and you know, my stomach is sore." (rubbed his abdomen) Nurse: (Palpated Mr. B's abdomen; it was slightly distended but not sore to palpation.) "Does it hurt all the time?" Patient: "No, just when I move; my muscles are sore, I guess." Nurse: "Yes, they probably are. When did you have your last bowel movement?" Patient: "Well, I haven't had one since I've been in; I had a good one on Sunday, though. (This was Tuesday evening.) But I do need		To explain therapeutic regime. 9.2 To provide a quiet environment & to reduce irritating external stimuli. 5.1 To encourage patient to express his feelings & ideas. 10.2	
	Expression of feelings & ideas. X		
	Elimination. III		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
to have a bowel movement." Nurse: "The doctor has ordered a laxative for you; I'll check with the medication nurse. She was to give it to you tonight. You haven't had much to eat--just liquids -- since you were admitted." Patient: "No, I haven't. I have a soup & juice breakfast, lunch & dinner." (Made a face to show his distaste.) Nurse: "Not very appetizing is it. But the liquid diet is concerned with the rest angle, too. If the stomach doesn't have to work so hard to digest the food you eat the stomach cells don't need as great a blood supply & the heart doesn't have to work so hard. In addition, if the stomach is filled with food it puts pressure on the heart & interferes with its functioning." Patient: "Well, I'm not too hungry anyway." (The medication nurse came in, at this point. I asked if she were giving Mr. B. his laxative. She answered in the affirmative.)	Knowledge. IX Empathetic XI response to feelings & ideas.	To promote elimination of body wastes. 3.1 To convey empathetic understanding. 11.1 To expalin therapeutic regime. 9.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Mr. B. took his laxative. I positioned him on his right side with a pillow supporting his back. The oxygen was running at eight liters per minute. Mr. B. attempted to use the urinal, but fell asleep trying. As I returned with fresh water:	Empathetic XI response to feelings & ideas.	To convey 11.1 empathetic understanding.	
Patient: "I tried to use the urinal but I was so relaxed & tired, I fell asleep."			
Nurse: "That's alright. Do you feel as if you have to void?"			
Patient: "No, not really, I just thought it was a good idea to try."			
Nurse: "yes, it was."	Fluid & II electrolyte balance.	To provide 2.1 for & keep an accurate intake & output record.	
Patient: "May I have a drink of water?"			
Nurse: Yes, of course. (Helped Mr. B. with the water glass.)			
Nurse: "I'll be back tomorrow morning, Mr. B."			
Patient: "Okay, Miss B., thank you."	Nurse: "You're welcome, Mr. B. I'll see you in the morning."		

PATIENT B.- PRESENTATION AND ANALYSIS OF THE NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY AND STAGE OF ANXIETY

THIRD VISIT: INTERIM EVENTS

According to the nurses notes and the report of the charge nurse, Mr. B. woke once during the night. His blood pressure remained essentially the same and stabilized at 112/78 mm Hg; his apical pulse was 108/minute. He had no chest pain during the night and was taken out of the oxygen tent for the first time at 7:30 a.m.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
3rd Visit: Morning - 3rd day after admission day. When I entered Mr. B's room he was sitting in semi-Fowler's position with his head resting against his pillow. His eyes were shut, his hands were tightly folded across his chest; his color was good; his respirations were slow & steady at twenty per minute. As I approached his bed, Mr. B. opened his eyes & turned his head in my direction. Nurse: "Good morning, Mr. B. How do you feel?" Patient: "Pretty good this morning, Miss B. In fact, I feel much better than yesterday, but of course, not as good as ten days ago. (Extended his arm for me to take his blood pressure. Seemed	Expression of feelings and ideas. X		STAGE III - MODERATE ANXIETY. The intensity of Mr. B's anxiety was classified as Stage III MODERATE ANXIETY, as he continued to display symptoms of muscular tensions, his continued concentration on his condition & what caused it & his talkativeness when he was fatigued.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
discouraged.) Nurse: "I'm happy to hear you're feeling better today." (Mr. B's blood pressure was 118/70 mm Hg.; his apical pulse was regular in rate at 110 per minute, full and bounding.) "How did you sleep? You look discouraged."		To encourage patient to express his feelings and ideas. 10.2	
Patient: "I slept all night long except when they woke me every hour & one-half to take my blood pressure (voice was edged with sarcasm)."	Empathetic response to feelings & ideas. IX		
Nurse: "Yes, it is upsetting to be awakened frequently during the night, but the doctor wants to know how you are doing & taking your blood pressure is a good way to check your progress."		To convey empathetic understanding. 11.1 To explain therapeutic regime. 9.2	
I then oriented Mr. B. to the number of times & when I was coming. The head nurse came in to ask the patient how he felt.			
I began to make preparations to give Mr. B. his bath. He brushed his teeth. Dr. Y. came in to examine Mr. B. I listened.			
Doctor: "How do you feel?"			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Better doctor. (Dr. Y. thumbed through & read Mr. B's chart.) Doctor: "Maybe you've been wondering why you're been perspiring so much & felt warm. This is a result of the heart damage. The heart tissue dies & sloughs off & is absorbed; then scar tissue eventually forms in the damaged area. But the dead tissue, when it is absorbed makes you toxic, that is, feverish & flushed feeling; but it is only a temporary thing." (Mr. B. moved restlessly in bed. Then Dr. Y. listened to Mr. B's chest & palpated his abdomen.) Doctor: "Do you feel full?" Patient: "A little." Doctor: "You had your last bowel movement when?" Patient: "...on Monday, the day I came in." Doctor: "Well I've ordered something for your bowels." (To nurse) "He may use the bedside commode." (To patient) "Do you			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
feel hungry?" Patient: "All I've been getting for three days is liquids; yes, I do feel hungry." Doctor: "We'll give you a little more to eat today & see how you feel. I talked to your family last night. They are going to call me about every three days to find out how you are doing. They are interested in your welfare & want to know how you are doing. I talked to your son as he didn't know exactly what had happened & explained how you were. Your mother & father are with your daughter now; so she has someone to watch out for her." Patient: (sighed) "That's a relief. It's a good thing I didn't decide to go home & have this happen on the way." Doctor: "Were you thinking of going home?" Patient: "Yes, I was." Doctor: "Well, you wouldn't have gotten very far; you would have gotten sick (wrote orders) I'm			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
ordering an EKG to be done today or tomorrow. Then we'll know how much tissue damage has been done to your heart." Patient: (Stammered) "How big is the s-s-spot, doctor?" Doctor: "We don't know, yet. The first EKG, the test where they put the wires on you, showed only that you had had a heart attack; this one should tell us the extent of the damage & so I'll let you know. We've been doing lab. studies everyday. You've been getting stuck for them; we want to keep your blood thinned down. This is to prevent further clotting of the blood in the coronary arteries, or other areas of the body (Checked Mr. B's extremities for edema). Doctor: "Do you smoke?" (Patient nodded in affirmation) "Well, you haven't smoked for several days now. Since the edge is off, it would be best if you never smoked again. You're doing fine. Just keep up the rest. I'll tell your family you're much better when they call."			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Dr. Y. left the room & wrote the following orders: Ducolax Suppository stat; Soft diet. Stress cap. T tid; EKG today or tomorrow; Bed-side commode. Mr. B was silent for several minutes; he stared at the opposite wall.			
Patient: "Thoughtfully) 'You know I asked the doctor if I could fly home when I get out of the hospital. He said I couldn't. So I guess I'll have to check the train schedule. The thing I'm worried about is my clothes. Dr. W., my hunting friend, took everything home with him; all I have to wear is my old jacket, shirt, & some trousers."	Empathetic response to feelings and ideas. XI Knowledge. IX	To convey empathetic understanding. 11.1 To help patient work through his problem to find a workable solution. 9.7	
Nurse: "I expect that you are concerned about this. Could you ask your family to send your clothes?"			
Patient: "They may drive down here from home the beginning of next week."			
Nurse: "Perhaps, if you told Dr. Y. he could ask them to bring your clothes."			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Say, that's a good idea. Boy, I'd like to shave this beard off. (rubbed cheeks & chin with hands) Do you suppose I could shave. There's some shaving lotion razor, & soap in that bag over there." Nurse: "Would you mind if I shaved you; the doctor wants you to continue to do as little as possible." Patient: "No, not at all, the stuff is over there." (pointed to bedside stand). Nurse: "Okay, now you tell me the procedure you use & I can do it that way." (I shaved Mr. B. & proceeded to the bath.) Patient: "I didn't realize how sore your back gets when you lie in bed. My back is so sore it hurts to move--right down here." (Indicated lumbo-sacral area). Nurse: "I'll rub your back for you. Sometimes when you lie in one position for a long time, you tense your muscles & they get sore. It will help to have a pillow for support again & I will	Adequate rest. V Adequate rest. V	To limit activities. 5.2 To provide a quiet environment & reduce irritating external stimuli. 5.1	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
help you to get comfortable on your side." Patient: "Tell me, was mine a regular coronary?" Nurse: "What do you mean by regular?" Patient: "Like other people's coronaries." Nurse: "Yes, it was." Patient: "That's funny because my pain wasn't on the right (correct) side for a coronary--it was on the right side. I always thought the pain--and I wasn't really a pain but an ache--was on the left side." Nurse: "Remember what we talked about last night? The pain can vary depending on the nerve supply & the location of the damage. It could occur in your neck, your back, or on both sides of your chest or in both arms. It's usually different with different people." Patient: "Well, I didn't really	Knowledge. IX	To validate information patient receives. 9.4 To explain therapeutic regime. 9.2	
IX	Knowledge. IX		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
have any pain in my neck or arm; it was funny, but my wrists ached & wouldn't work--like they were frozen. The doctor kept asking me the other night if I had pain in my neck & I didn't; I wasn't short of breath either." Nurse: "The symptoms vary depending upon the location & extent of the damage to the myocardium or heart muscle. The best test for diagnosis is thought to be the EKG--that's the test they did when you first came in where they put the metal plates on your chest, wrists, & ankles. Now the EKG measures the electrical activity that is generated by the heart each time it contracts & records this on a graph. When the doctor reads the graph he can tell by the markings on it how the heart muscle is functioning. Your EKG showed that you definitely have a heart attack." (Mr. B. was silent & thoughtful.) Patient: "What causes heart attacks anyway. I'm surprised I had one because I've kept myself in such good shape all my life I've been active & tried to keep my weight down."		To explain therapeutic regime. 9.2	
	Expression of feelings and ideas. X		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "You wonder how it could happen to you?" Patient: "Yes, I do. I was particularly careful on this trip not to over exert. What causes it?" Nurse: "They don't know exactly what causes a heart attack. They do know that the damage to the heart muscle is due to an obstruction in the coronary artery. Many things cause an obstruction of the coronary artery: a stricture of the artery walls, a blood clot; or a deposit of one of the minerals of the body in the lining of the artery. Now you are thinking that over-exertion caused your heart attack (Mr. B. nodded.) well, this is listed as a precipitating factor (in other words, it adds to your chances if you are a cardiac patient before or if you are going to have a heart attack) but it is not the only one; tension & emotional upsets sometimes precipitate a heart attack. It is difficult to pinpoint one particular causative factor. The point is now to learn to live with your heart(Mr. B.	Knowledge. IX	To encourage patient to express feelings & ideas. 10.2 To explain therapeutic regime. 9.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
became more restless; he looked at his hand & flexed his fingers.) Patient: "You know I've really had more than my share of problems since my wife died. My daughter needs guidance. I've had to be both a father & a mother to her. (Looked out the window.) Nurse: "That sounds like a hard job." Patient: "Yes, it is... (paused). How much activity will I be allowed when I get out of the hospital." Nurse: "You sound worried about this." Patient: "I am I have lots to do." Nurse: "It depends; you see, activity in the case of a heart attack is graded according to the amount of initial damage & how well your heart muscle heals. The EKG shows the amount of the damage; then with subsequent EKG's the doctor will consider your progress & will let you exercise accordingly. It's like now. When you first came into the hospital you could	Expression X of feelings and ideas. Knowledge. IX	To encourage 10.2 patient to express feel- ings & ideas. To explain 9.2 therapeutic regime.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
not do anything for yourself--you weren't allowed to, but, today, because you have improved, you can get up to use the bedside commode. As time goes on, & as you progress & your heart muscle heals, you will be able to do more things for yourself. It takes a long time (usually four to six weeks) before you will be allowed to return to your former activities & these may have to be modified." (pause) Patient: "Well, if I have to I have to, I guess. You know, I've been worried sick since my wife died six months ago; it happened unexpectedly." Nurse: "Your wife died suddenly?" Patient: "No not suddenly. I just didn't expect it I guess. She had a drinking problem. I took her to Rochester & she was straightened out for awhile; then she started drinking again & it was ten times worse. I don't know why she did it. She had everything she wanted; a nice home, two fine children. It didn't effect my son because he was away at school; but M.L. (daughter) she had no respect			
	Expression of feelings & ideas.	To encourage patient to express feel- ings & ideas.	10.2
	Expression of feelings & ideas.	To listen to what patient is saying.	10.1

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
for her mother. When her mother was okay, they were real close, I guess she didn't have enough to do." Nurse: "I can see why you were worried & it is hard to understand why someone you love drinks." Patient: "You know, she had everything. She was a lovely, lovely woman, too. Her father was a doctor & all the doctors in our town were personal friends of ours. She wouldn't listen to any of them. I know she was sick; we went to Rochester & she straightened out for a year & one-half--didn't touch a drop. Then she started all over again. I worried about her alot. We have sort of a bar & sunporch at home; she never drank the liquor in the liquor cabinet, but would go buy her own; hide it & drink by herself." Nurse: "Yes, she was sick. It is hard to understand why someone needs to drink & difficult to predict what's going to happen with them next. Do you feel that your wife really accepted the fact that she couldn't drink."	Empathetic XI response to feelings & ideas.	To encourage 10.2 patient to express feel- ings & ideas. To convey 11.1 empathetic understanding.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "No, she didn't I guess. Anyway she started again & it killed her like the doctor's told her it would. I really worried about her & the kids; maybe that's what caused my heart attack, but I suppose it would have happened anyway." Nurse: "I can see why you were worried about your wife & children; it was a big problem to cope with. But you couldn't predict that you would have a heart attack; now you can do something to prevent another one & to help yourself get well." Patient: "Yes, I have to rest, slow down, & try not to worry so much." Mr. B. was given his laxative & tolerated getting up to use the bedside commode. Although he became dizzy when first sitting up (this was anticipated & explained to him) his vital signs remained constant. Mr. B. expelled a large amount of flatus & stool; he was cautioned not to strain. Patient: (Back in bed) "I'm tired	Expression X of feelings & ideas. Knowledge. IX	To listen to 10.1 what patient is saying. To explain 9.2 therapeutic regime.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
out. I think I'd better take a nap now." Nurse: "That's a good idea." I'll be back tomorrow morning; you try to rest." Mr. B. settled down in the bed & fell asleep almost immediately for when I returned a few minutes later with fresh water, he was sleeping & looked relaxed.	Adequate rest. V	To reduce 5.1 irritating external stimuli & to provide a quiet environ- ment.	

PATIENT B - PRESENTATION AND ANALYSIS OF THE NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY AND STAGE OF ANXIETY

FOURTH VISIT: INTERIM EVENTS

Mr. B. became distended and had gas pains during the evening shift. He was given a fleets enema and finally good results were obtained. His temperature continued to be elevated at 100 degrees (F); his blood pressure was 106/70 mm Hg; his apical pulse slowed to 80/minute and was regular.

His Prothrombin Time was 52% (normal is 100%) and Lee White Coagulation time $33\frac{1}{2}$ seconds. He received Dicumeral 150 mg twice today. The doctor ordered Donnato1 tab 1 a.c. tid., (a parasymphatholytic drug to relieve indigestion and to be given 20 minutes before meals).

During the night Mr. B. was restless and perspired freely. By morning his temperature was 99.2 degrees (F); his apical pulse was 90; and his blood pressure was 108/80 mm Hg.

-193-

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
4th Visit: Morning - 4th day after admission day. When I entered Mr. B's room he was sitting propped in a semi-Fowler's position; he looked tense with his hands folded white--knuckled over his chest; his brows were furrowed & lips were held tight together; deep-dark circles could be observed around his eyes. As I approached his bed, Mr. B. looked up; his eyes searched my face he made an attempt to smile.			STAGE III - MODERATE ANXIETY. Mr. B. continued to be tense & restless; his talkativeness & many questions about his condition was perceived as in the stage of MODERATE ANXIETY.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Good morning, Miss B." Nurse: "Good morning, Mr. B. how are things going for you this morning?" Patient: "Oh, fine, fine. I feel great. (He looked around the room, grabbed for the newspaper on his over-bed table, wiggled his feet, decided not to read the newspaper and then punched his pillow into a roll & placed his hands under his head.) Then Mr. B. began to talk about the letters he had received from home and from his son. He talked rapidly & sort of gaily; he gestured frequently with his hands; he was extremely restless & irritated by the noises from the corridor & outside. I shaved Mr. & began to make preparations to give him a bath. Patient: "The doctor talked to my family last night. They're coming here sometime today. I don't know where they were when he talked to them." (Mr. B. sighed & smiled to himself as he shook his head sideways.)	Expression X of feelings & ideas. Expression X of feelings & ideas.	To listen to 10.1 what patient is saying. To encourage 10.2 patient to express feel- ings & ideas.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "How do you feel about your family coming?"		To encourage 10.2 patient to express feelings and ideas.	
Patient: "Oh, I'll be glad to see them. M.L. will miss so much school, though. But, she's a good student & should be able to make up her work."	Expression of feelings and ideas. X		
Nurse: "She has probably been worried about how you'll been getting along."		To encourage 10.2 patient to express feelings and ideas.	
Patient: "Yes, I think she has... she probably couldn't concentrate on her school anyway, if she's worried... Is it alright if I move my hips a little. I'm so sore from all the shots."	Empathetic response to feelings and ideas. XI		
Nurse: "I know you are sore, Mr. B. I will help you; move slowly & let me do the work." (Mr. B. tightened his jaw muscles & narrowed his eyes as I helped him shift his weight.)		To convey 11.1 empathetic understanding.	
Patient: "My muscles are so sore that it hurts to move. I wonder why?" (He looked at me expectantly.)	Knowledge. IX		
Nurse: "Sometimes muscles get sore when you haven't been using them		To explain 9.2 therapeutic	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
for a long time; then again muscle soreness is caused by tensing your muscles up over a long period of time; you don't really realize you've been doing this until you relax & feel tired & sore. What kind of exercise were you doing that you hadn't done before for a time when you were hunting?" Patient: (Thoughtfully) "I rode horseback for a week while we were up in the hills hunting." Nurse: "Do you ride horseback often?" Patient: "No, last week was the first time in ten years. I bet that that could make my stomach & shoulders sore; then, too, I was packing my rifle on my shoulder (rubbed left shoulder)... Its a funny thing, I really didn't have any sharp pain with this heart attack; it was sort of a dull ache; my wrists hurt, too; they felt like they were frozen. (Inspected wrists & flexed them, flexed fingers & inspected hands). Nurse: "The pain in a heart attack doesn't necessarily have to be sharp; sometimes it is an aching;		regime. To convey 9.5 information essential to problem solving.	
To help 9.7 patient work through his prob- lem to find a workable solution.			
Knowledge. IX			
To explain 9.2 therapeutic regime.			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
but it is usually constant, like a muscle cramp you get in the calf of your leg sometimes."			
Patient: "Well, it was a constant dull aching... I wasn't short of breath, though. The doctor said I was really pale. I remember that friend of mine when he had a heart attack. He'd gone out to pick up two ducks he'd shot. When he didn't come back, I went to look for him. I found him lying on the ground with a duck in each hand; he was clutching those ducks so hard that I couldn't pry his fingers loose from around their necks. He was bluish; what caused that."	Expression of feelings and ideas. X	To listen to what patient is saying. 10.1	
Nurse: "The impaired function of the heart; when the heart doesn't pump adequately then the tissues don't get enough blood & oxygen; they turn blue."	Knowledge. IX	To explain therapeutic regime. 9.2	
Patient: (Looked at his fingernails again.) "Well, my hands & everything were the same color as now; I wasn't short of breath. My friend died in my arms."	Expression of feelings and ideas. X		
Nurse: "It wasn't a pleasant experience was it."		To encourage patient to 10.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "No, it wasn't. But, you know, I wasn't as scared as I thought I'd be." Nurse: "What do you mean?" Patient: "I mean, my friend's death wasn't as frightening as I imagined it would be to watch someone die." Nurse: "Things are different sometimes then we imagine them to be." (Silence). Patient: "Say, what do you mean, by feeling tired. You know I've never really felt tired in my life. I don't know what it's like. Do you mean like I want to go to sleep?" Nurse: "No, I mean worn-out & feeling like you'd like to rest--the way you felt yesterday after you got up to use the commode." Patient: "Oh, I see. Well, that's the first time I've felt that way since I've been admitted, but then I haven't done anything. What about this tension; what do you do? Stay out of tension-causing situations?"	Empathetic XI response to feelings and ideas. Knowledge. IX Knowledge. IX	express feelings and ideas. To convey empathetic understanding. 11.1 To convey information essential to problem solving. 9.5	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "Sometimes it's not possible to avoid tension causing situations as tension seems to be a part of living. But, recognition that a situation will make you tense & upset will help you deal with it the next time. You can't really predict all the day's events before they occur, but you can plan to avoid those situations where you know you are going to get upset for awhile, that is, if you are working, by delegating someone else to take care of the problem that comes up. Then, trying to keep reasonably calm when you recognize that you are upset & identifying what is making you upset will help. Talking to someone you can trust & feel comfortable with about how you feel helps too; this helps you to keep from bottling things up inside."	Empathetic response to feelings and ideas. XI Knowledge. IX	To convey information essential to problem solving. 9.5	
Patient: "Well, its hard to understand why this happened. I've always tried to keep myself in good shape; I've always exercised a lot. When I was at the clinic they did a check-up & the doctor said I was in excellent physical condition. Now, if I was run down I could understand it."			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "I know it's hard to understand & discouraging to you. A lot can happen in a year that can't be predicted; now, though, you can plan to live so you don't have another heart attack. Your good physical condition prior to your attack is an asset for it will help you get well & cope with your heart attack."		To convey 11.1 empathetic understanding.	
Patient: "How long will it take, I want to know...tell me the truth. How long will I have to stay here?"	Knowledge. IX	To convey in- 9.5 formation essential to problem solving.	
Nurse: "That depends on your progress. Dr. Y. told you that you would have to rest for three weeks after you go home. In the hospital, the average stay is four to six weeks. Your activity will be increased little by little as you get better. Just how long you'll have to stay in bed while you're here, I don't know, Mr. B. I do know, though, Mr. B. that when you go home you will have to restrict your activities pretty much in terms of planning with the doctor what you will & will not be allowed to do in a day. The doctor will guide		To convey 9.5 information essential to problem solving.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
you; how much activity he will allow will depend on how you feel and the EKG." Patient: "Well, I'm used to going full-speed ahead all day long." Nurse: "Yes, I know you are, but you will have to restrict yourself in terms of how much you will do in a day & the type of activity. Some things you do, do not require as much energy as others. For example, it doesn't take as much energy to read the newspaper as it does to mow the lawn. You will have to be careful about how much you try to accomplish in one day the rest of your life; but this doesn't mean that you will be confined to a bed the rest of your life." Patient: "I see, well, it really bothers me." Nurse: "I know it does; it's difficult to change ways of doing things when we are used to doing them a certain way." Patient: "Boy, but my arms are sore where they've been sticking me every day. How come they have to	Empathetic XI response to feelings & ideas. Knowledge. IX	To convey 11.1 empathetic understanding.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
stick me everyday?" Nurse: "You mean, take blood from your arm everyday?" Patient: "Yes, I can remember the doctor explaining it to me but don't remember what he said. In fact, I don't remember much about the first few days here. I was so doped up & groggy. What's it for?" Nurse: "Your blood is taken everyday by the lab. so they can run tests on it to see how fast it is clotting. You are receiving an anti-coagulant everyday & the doctor wants your coagulation time checked so that he can maintain it at a certain level. This is important to preventing the formation of any clots in your heart & blood vessels. The doctor uses this as a guide so he will know how much anti-coagulant you need." Patient: "I see...(silence). So worry causes heart attacks?" Nurse: "It's true that worry puts an additional strain on the heart but in itself, worry does not cause heart attacks. Other things	Knowledge. IX	To explain procedure. 9.3 To convey information essential to problem solving. 9.5	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
such as the condition of the coronary arteries & how the heart muscle is supplied with blood, cause the damage to the heart muscle. Worry & tension put an added strain on the heart in terms of making it work harder to pump the blood around the body, but don't in themselves cause heart attacks."			
Patient: "You know I had a long talk with the doctor today & told him all about my problems. I don't know if I told you about my wife but she was an alcoholic before she died."	Expression of feelings and ideas.	X	
Nurse: "Yes, you did tell me that she was an alcoholic & that you were worried about her."		To encourage patient to express feel- ings & ideas.	10.2
Patient: "You know, I really did worry about her. I did everything I could for her, but nothing seemed to help. She wouldn't listen to anyone; she had everything to live for: a nice home, two wonderful children. When I took her to Mayo's, they told her that if she didn't shape up, they would give her a year & one-half to live. Well, she was pretty good for a while. They told her not to think	Expression of feelings and ideas.	X	To listen to 10.1 what the patient is saying.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
of herself so much but about others. She was alright for about eight months & then started drinking again."			
Nurse: "She tried for eight months ..."		To encourage 10.2 patient to ex- press feelings and ideas.	
Patient: "Yes, she did. We had a little sun-porch at home with a nice bar but she didn't ever drink any of that liquor; instead she'd go buy her own & hide it. She knew I knew how much liquor there was. She tried to be so sneaky, & yet, it was so obvious I did everything I could for her-- took her to doctors--I don't know what happened to cause her drinking. It got so that every night I'd come home from work & she'd be drunk...& she was so wonderful when she wasn't drinking. She lost weight after she went to Mayo's & really tried hard, but...I don't know."	Expression X of feelings & ideas.	To listen to 10.1 what patient is saying.	
	Empathetic XI response to feelings & ideas.		
Nurse: "It is difficult to understand why somepeople are alcoholics & some are not. I'm sure that you did do everything you could do. It's hard to see someone you love try so hard & seem to		To convey 11.1 empathetic understanding.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
fail. You feel so helpless."			
Patient: "Yes, you do. I know, she tried hard not to drink, but she was a mess sometimes."	X Expression of feelings & ideas.		
Nurse: "It's hard to understand & you don't expect them to act this way; it sometimes makes you mad."		10.2 To encourage patient to express feelings & ideas.	
Patient: "Yes, I was angry most of the time, I think, & then I felt badly because I was angry. I know she was sick, but I guess I expected her to act like a wife & mother. So I've had problems."	XI Empathetic response to feelings & ideas.		
Nurse: "Yes, you have had a big problem to deal with. It helps to talk to someone though, when your problems seem to overwhelm you; they become clearer & more bearable when shared."		11.1 To convey empathetic understanding.	
Patient: "Yes, it does. Well, I've just got to take it easy now. I really pushed myself after my wife died; smoked all the time-- nearly three packages of cigarettes a day; of course, then I cut down. I worked from 6:30 a.m. to 12 midnight. It's funny; I don't miss smoking lying here in the hospital, but I don't. I've	X Expression of feelings & ideas.		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
quit, several times before but always started again. Well, I guess that as long as I'm chief at work I can let the rest of the indians do the work--let somebody else run the show." Nurse: "It will be hard for you to see things that need to be done at work & not to be able to do them yourself. But, it is very important that you limit yourself in terms of how much you try to accomplish in one day." Patient: "Yes, I know. The doctor said that I could do nothing for three weeks after I go home. It seems like a long time, but, I have to do it." Mr. B. was silent after this, he seemed to be thinking as he laid in bed staring at the wall. I left after giving him orange juice to drink. When I returned to his room he was sleeping quietly.	Empathetic response to feelings & ideas. XI	To convey empathetic understanding. 11.1	At this point, Mr. B's ability to think things through & his decrease in restlessness was perceived as STAGE II, MILD ANXIETY.
Mr. B. was silent after this, he seemed to be thinking as he laid in bed staring at the wall. I left after giving him orange juice to drink. When I returned to his room he was sleeping quietly.	Expression of feelings & ideas. X	To listen to what patient is saying. 10.1	At this point, Mr. B's ability to think things through & his decrease in restlessness was perceived as STAGE II, MILD ANXIETY.

PATIENT B - PRESENTATION AND ANALYSIS OF THE NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY AND STAGE OF ANXIETY

FIFTH VISIT: INTERIM EVENTS

During the day Mr. B's apical pulse ran 88, 96, and 100 on three different occasions; his temperature was 100 degrees (F); his blood pressure was 112/78 and 120/80 mm Hg. His family arrived in the afternoon. He continued to be restless and to feel tired. He was given Dicumeral, 50 mg. once. His sedative Nembutal was discontinued and Ethobral, gr. 1½ was given for sleep at bedtime. Mr. B's Prothrombin Time was 30.5% this morning. His visitors were limited to twenty minutes.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
5th Visit: Evening - 5th day after admission day. When I entered Mr. B's room he was lying in semi-Fowler's position with his arms lying limp at his sides & his feet crossed. He was talking to two visitors whom I learned were his mother & father. We discussed their trip on the train, Mr. B's daughter was visiting a friend, they were staying at a local hotel. Patient: "I'm sure glad they're here. They just came up a few minutes ago." Nurse: "I'll let you visit a while longer; I'll be back in ten minutes."			STAGE II - MILD ANXIETY. Mr. B.'s restlessness & alertness in terms of perception was classified as in STAGE II - MILD ANXIETY.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Patient: "Okay." Ten minutes later I returned. Mr. B. was sitting up reading the newspaper. Nurse: "How do you feel tonight?" Patient: Oh, good, good. Best so far. I'm sure glad to see my family." Nurse: "I can see that you are. It is good to have someone you know who cares about you around when you are sick." Patient: "It surely is. (Smiled to himself.) Nurse: "Will they stay & go home with you now?" Patient: "Yes, they're staying until I go home. I suppose that we'll all go back on the train. I am not so tired tonight, I think; I was very tired last night. I guess I got too excited about my family coming. But, I feel good tonight. (Mr. B. discussed his father & mother: "They've spoiled M.L., though, given her anything she wants,	Expression of feelings & ideas. X	To encourage patient to express feelings & ideas. 10.2	
	Expression of feelings and ideas. X	To listen to what patient is saying. 10.1	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
but I guess she needs it.")			
Nurse: "It helps to have a little extra-attention & help when you loose someone you love."			
Patient: "Yes, I guess it does." (Say did you listen to the football game. We discussed football game.)			
Patient: "Say, about that anti-coagulant I'm taking. Will I have to have lab tests & take that when I go home?"	Knowledge. IX		
Nurse: "I don't know whether you will or not, Mr. B. It will depend again on your progress & if the doctor feels that you need it. You will need close medical supervision when you go home, though."		To explain 9.2 therapeutic regime.	
Patient: "Oh. Well, I've decided definitely to quit smoking; what do cigarettes do to my heart anyway?"	Knowledge. IX		
Nurse: "Cigarettes have a drug in them called nicotine; this causes constriction of the blood vessels which in turn makes more work for		To convey 9.5 information essential to problem solving.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
the heart in terms of having to pump the same volume of blood through a smaller space." Patient: "I see. Well, I've quit for good anyway. What about drinking? What does alcohol do to the heart; I've heard you're not supposed to drink if you have a heart attack. Sometimes it's given as a medicine, isn't it?" Nurse: "Yes, it is given to help patients relax sometimes & also to stimulate the appetite when patients don't eat enough. But, then only in small amounts, say an ounce or two a day. In large enough amounts, alcohol causes dilatation of the blood vessels & this in itself is good; however, when the alcohol wears off there is a rebound constriction of the blood vessels & again the heart has to work harder to pump the blood through a smaller area. Then, too, there are blood pressure changes which occur as a result of the changes in the size of the blood vessels & this makes more work for the heart. So, it is best not to drink excessively. But, you had better check with	Knowledge. IX	To convey information essential to problem solving. 9.5	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
the doctor about this or I will if you want me to." Patient: "No, I'll ask him. I can see where, it wouldn't be too good of an idea for me to go out & get plowed anymore." Nurse: "You're right. It wouldn't be the safest thing in the world that you could do." Patient: "I'm lucky I think I've got two fine children to look after & they need me; I need them, too. So, I'm going to take care of myself. I was lucky it wasn't any worse than it was... I've got to quit doing everything all in one day." Nurse: "You've done a good job so far, Mr. B. I know that it is hard to stay in bed & rest." Patient: "You bet it is! "	Expression of feelings and ideas. X	To encourage 10.2 patient to ex- press his feel- ings & ideas.	

PATIENT B - PRESENTATION AND ANALYSIS OF THE NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY AND STAGE OF ANXIETY

SIXTH VISIT: INTERIM EVENTS

Mr. B. slept well during the night and was reported to have awakened twice. Early this morning he used the bedside commode and tolerated the activity well. His temperature was normal at 98.6 degrees (F); his blood pressure was 112/78 mm Hg; his apical pulse was 78 and regular in rate and volume; his respirations were 20-22/minute.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
6th Visit: Morning - 6th day after admission day.			STAGE II - MILD ANXIETY. Mr. B's continued alertness & questioning regarding his condition was perceived as STAGE II - MILD ANXIETY.
When I entered his room, Mr. B. was reading the newspaper. He had apparently just finished breakfast; and had eaten little of the food served him. He looked up from his reading as I approached his bed.			
Patient: "Good morning, Miss B. How are you this morning."			
Nurse: "I'm doing fine, Mr. B. How are things going for you?"			
Patient: "Oh, okay. I sure slept good. My feet are cold though. I wonder what causes that? They are cold all day & warm all night."	Adequate rest. V		
Nurse: (Began to take Mr. B's blood			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
pressure, his eyes searched my face expectantly)."I don't know Mr. B. you lie pretty quiet in bed & your circulation is slowed down but I don't know what causes the difference you feel in the temperature of your feet day & night. Would you like a hot water bottle for your feet? It will help to keep them warm." Patient: "Yes, I would." Nurse: "I'll get one right away." (Got HMB & returned) Patient: "What was my blood pressure, is it okay?" Nurse: "Yes, your blood pressure is normal. The normal for the adult male is around 120/80 mm Hg; so you're considered within the normal range." Patient: "Okay, I was just checking. Is my temperature down?" Nurse: "Yes, it's below normal this morning. You're doing quite well. I see where you fed yourself this morning; did you get tired?" Patient: "No, I just wasn't hungry."		To provide a quiet environment & to reduce irritating external stimuli. 5.1	
	Knowledge. IX	To explain therapeutic regime. 9.2	
	Knowledge. IX	To explain therapeutic regime. 9.2	
	Adequate	I	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
I ate a few bites of everything. Nurse: "It's hard to work up an appetite lying in bed." Patient: "Yes, it is. You know everyone asks if I'm tired. I've never been tired in my life as I'm used to going strong from 6:30 a.m. to 12:00 at night. I must be tensed up all the time. What do I do--just stay out of the situation?" Nurse: "It's pretty hard to stay out of tension-causing situations. But you will be able to recognize certain situations that make you tense & try to keep calm in dealing with them. It helps to talk to someone, too." Patient: "You know, I had a friend, a doctor in orthopedics who I used to talk to about my wife. You can't run away or your problems never get solved." Nurse: "No, you can't if it's your job to deal with the situation. You can ask someone to help you, though." Patient: "It's a good thing I did	nutrition. Empathetic response to feelings & ideas. XI Knowledge. IX Knowledge. IX	To prevent 1.1 distension. To convey 11.1 empathetic understanding. To convey 9.5 information essential to problem solving. To validate 9.4 information patient receives.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
not leave for home. I would have been a pretty sick guy on the way. I'm going to stay here, too, until the doctor says I can go; I don't want to have a relapse. I told him I'd stay as long as he says. How long will I have to stay do you think?" Nurse: "I don't know exactly how long it will be. It depends, Mr. B. on how well you progress. The average hospital stay is four to six weeks."	IX	To convey information essential to problem solving.	
Patient: "It's a good thing I did not start building on our new house." Nurse: "Your new house." Patient: "Yes, I was planning on building it myself. There are too many memories in that house & it's too big for us now. I have a housekeeper now & she talks my ears off. Everynight she talks & talks & talks. I guess she thinks I'm lonesome; she's a good person, too." Dr. Y. came in, examined Mr. B., asked if he had any questions. Mr. B. said "no".	X	To encourage patient to express feelings and ideas.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "Mr. B. has been asking about when he will be able to go home." Doctor: "Well, Mr. B. you're progressing fast but we still don't know when you can leave, probably not for three more weeks." Patient: "Oh." (The doctor checked Mr. B's ankles for signs of edema and left.) Patient: "Will I be able to drive?" Nurse: "Yes, I think you will be able to, but how much or how far you drive at first will again depend on your progress." Patient: "I have some friends that I go hunting with; we shot coyotes during the winter. What we do is chase them in jeeps & use a two-way radio. Do you suppose I could do that when I go home if I just ride around?" Nurse: "Sounds like a pretty exciting sport." Patient: "Yes, I do get excited, I might have to wait."	Knowledge. IX Expression of feelings and ideas. X	To explain therapeutic regime. 9.2 To encourage patient to express his feelings and ideas. 10.2	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "The doctor will let you know what you can do, & you ought to ask him if you are unsure."			
Patient: "Do you suppose that Dr. Y. will send my records & such home to my family doctor? Otherwise, he won't know what's happened & how much damage there is."	IX Knowledge.		
Nurse: "Yes, I'm sure that Dr. Y. will send your family doctor a complete history & summary of what has been happening to you while you were in the hospital, your tests, the EKG & medications."		To convey 9.5 information essential to problem solving.	
Mr. B. asked to use the commode. I helped him up.	Elimination. III	To promote 3.1 elimination of body wastes.	
Patient: "You'd think that I would not be dizzy; I've just been lying in bed."	IX Knowledge.		
Nurse: "You're used to lying down; it takes awhile for your body to adjust to an upright position."		To explain 9.2 therapeutic regime.	
I helped Mr. B. back to bed. He asked for some orange juice which I brought to him.	I Adequate nutrition.	To prevent 1.1 distension.	

PATIENT B - PRESENTATION AND ANALYSIS OF THE NARRATIVE RECORDING ACCORDING TO NURSING NEEDS,
NURSING ACTIVITY AND STAGE OF ANXIETY

SEVENTH VISIT: INTERIM EVENTS

Mr. B. was moved to a different room in order that he could watch television. He was reported to have tolerated the activity well (was moved via wheelchair). His blood pressure remained the same; his pulse was 80/minute. He rested "quietly during the night". His Prothrombin Time was now 17.5%.

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
7th Visit: Evening - 7th day after admission day. When I entered Mr. B's room, he was sitting in semi-Fowler's position with a newspaper in his lap watching T.V. He looked tired; had dark circles around his eyes; he seemed tense in that both of his hands were clenched so his knuckles showed white. Nurse: "Good evening Mr. B. ... You look tired." Patient: "Yes, I really feel tired, tonight. Too much T.V. I guess." Nurse: "I will turn your T.V. off, if that's alright with you, so that you can get some rest." Patient: "Yes, that's a good idea."	Adequate rest. V		STAGE II - MILD ANXIETY Mr. B. was fighting fatigue; was restless & irritable, was therefore classified as MILDLY ANXIOUS - STAGE II.
		To provide a quiet environment & to reduce irritating external stimuli. 5.1	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
(as I was turning off Mr. B's T. V., the phone rang--it was a long distance call from three friends at home who were calling to inquire about Mr. B. He talked to them for several minutes, laughed and joked.) "One of my friends had a stroke the other day. So, I'll have someone to keep me company after I go home. He has to rest, too. I'm glad the fellows called." Nurse: "Yes, it's nice to know that someone cares about how you're doing." Patient: "Yes, it is." (Mr. B's blood pressure was 112/78 mm Hg; his pulse was regular & strong at 80 per minute.) "My dad had to take digitoxin digitales for his heart condition for awhile; I know that I'm not getting his medication, but what does this do to the heart?" Nurse: "Digitoxin is a derivative of digitalis; what it does is increase the force of the contraction of the heart; in other words, if the heart contracts full force to pump blood around each time, it contracts or beats, energy is	Knowledge. IX	To convey information essential to problem solving. 9.5	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
conserved--the heart doesn't have to beat so many times to do the same amount of work. But, your heart is beating effectively, Mr. B., so you don't have to take this medication."			
Patient: "I see. Well, my brother has angina & he has to take Nitroglycerine sometimes. Will I have to take that."	Knowledge. IX		
Nurse: "Your brother has angina?"			
Patient: "Yes, he calls it angina pectoris. What does the nitroglycerine do?"			
Nurse: "Well, the pain of angina pectoris is due to the constriction of the coronary arteries supplying the heart muscle. Nitroglycerine dilates the coronary arteries & relieves the pain. In angina, though, there is no death & sloughing of myocardial tissue, as in your case. I don't know whether you may have to take it or not, Mr. B. You're not taking it now."		To convey 9.5 information essential to problem solving.	
Patient: "Maybe if I had taken some of that, it would have helped me, do you suppose?"	Knowledge. IX		

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
Nurse: "No, nitroglycerine is not thought to be effective in myocardial infarction because in this case, there is actual death & sloughing of the heart muscle tissue." Patient: "What were the findings on that EKG?" Nurse: "That you have definitely had what's called a myocardial infarction." Patient: "No, I mean, is it healing?" Nurse: (I had discussed the EKG with Dr. Y. previously; he told me that the EKG showed that the sloughing, healing, & scarification of the myocardium was progressing well.) "Yes, Dr. Y. said that your heart is healing & he thinks that you are progressing very well." Patient: "You know, they moved me in a wheelchair over to this room. I felt a little dizzy, but otherwise I didn't get tired or have any pain." Nurse: "Yes, that's what the nurse	IX	To convey information essential to problem solving. To explain therapeutic regime.	9.5

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
in charge of the ward said. How do you feel now?" Patient: "The same as before--just tired out. My elbows are really getting sore though." Nurse: "That's from rubbing them on the sheets when you move in bed. Here, let me put some lotion on them." Patient: "I've been putting the lotion on, it seems to take away the burning." (Mr. B. then discussed his golf game and his daughter, M.L.) Patient: "...Her grandparents have sort of spoiled her since my wife's death; she gets exactly what she wants, but, I guess I spoil her, too." Nurse: "It is good for her to have the attention & someone she can talk to." Patient: "Well, she doesn't tell me much. I didn't pay much attention to her dating & things like that. Her mother always took care of that. Now, I sit up blurred	Adequate rest. V	To provide a quiet environment to reduce irritating external stimuli. 5.1	
	Expression of feelings & ideas. X	To encourage patient to express feelings and ideas. 10.2	
	Expression of feelings & ideas. X	To listen to what patient is saying. 10.1	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
eyed waiting for her to come home. She gets mad about it but I tell her I want to make sure she makes it home safe. But, she doesn't confide in me."	Knowledge. IX		
Nurse: "She's fifteen years old, isn't she?" (He nodded his head up & down.) "Well most teen-agers don't confide too much in their parents at that age, but as she gets older, you may find that she will tell you more about how she feels & what she does. I think she appreciates your interest & willingness to listen, though, even though she may not seem to-- you let her know that you care what happens to her."		To convey 9.5 information essential to problem solving.	
Patient: "Well, it's a hard job for me to be both father & mother to her. I guess I have lots to learn (thoughtfully)."	Empathetic XI response to feelings & ideas.		
Nurse: "It's hard for anyone. M.L. probably recognizes, too, that you are trying to be a good father; even though she doesn't express this. And this is all she expects."		To convey 11.1 empathetic understanding.	
Patient: "The doctor told me that			

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
I could go home a week from Thursday. I've been in a week & this is Monday. He said that I would start getting up more this Thursday. It will feel good; I guess, if I've laid in bed this long, I can stand it for three more days. My back gets so tired & my arm feels like I've been stuck with a billiard stick."	Expression X of feelings & ideas.		
Nurse: "I expect that it is sore; you've been stuck quiet a few times now."		To encourage 10.2 patient to ex- press his feel- ings and ideas.	
Patient: "I'm quitting smoking for sure. Did I tell you?"	Expression X of feelings & ideas.	To encourage 10.2 patient to ex- press his feel- ings and ideas.	
Nurse: "Yes, you did. It is good that you are able to quit smoking. Do you find it difficult?"			
Patient: "No, I don't really miss cigarettes. Oh, I've quit before for nine months or so; I even quit for a year & one-half once, but started up again. I can get along without the cigarettes... You know, I was telling my mother the other day that when this happened I thought 'if I die, I couldn't have picked a more beautiful spot'--the moun-	Expression X of feelings & ideas.	To listen to 10.1 what patient is saying.	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
tains & scenery were beautiful. It seemed like a peaceful place to go. Isn't that strange--the things you think." Nurse: "You thought you were going to die?" Patient: "Well, I didn't really know what was wrong; but I had a feeling that maybe I might die." Nurse: "It's pretty normal, I think, to wonder about death--what it's like & how & where you'll die." Patient: "I guess so. Everyone has to die sometime but I've never really thought about it before. I was lucky, I guess. But my two kids need me & I plan on sticking around awhile. Yes, I'm pretty lucky. (Silence.) This is the last time you'll be coming, isn't it?" Nurse: "Yes, it is." (Mr. B. thanked me for coming.) Patient: "I'm really sleepy now." Nurse: "I'll turn out the lights, Mr. B. Thank you for letting me	X To express feelings & ideas. Adequate rest. V	10.2 To encourage patient to express feelings and ideas. 10.1 To listen to what patient is saying. 5.1 To provide a quiet environ-	

The Narrative Recording Nurse-Patient Interaction	Nursing Needs (Code)	Nursing Activity (Code)	Stage of Anxiety
give you nursing care. I'll be interested in your progress." Patient: "Okay, Miss B. Good- night." (Mr. B. fell to sleep almost immediately.)		ment & to re- duce irritating external stimuli.	

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