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A STUDY TO DETERMINE WHAT ACTIVITIES REGISTERED NURSES AND SPEECH THERAPISTS THINK WILL BE HELPFUL IN PROMOTING THE WELL-BEING OF AN APHASIC INDIVIDUAL

by

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ABSTRACT

This study was undertaken, 1) to determine what activities registered nurses and speech therapists think will be helpful in promoting the well-being of the aphasic individual, 2) to identify areas where registered nurses need more knowledge in order to promote the well-being of aphasic patients, 3) to learn areas where nurses and speech therapists might co-operate more fully in promoting the well-bieng of the aphasic patient, 4) to learn how registered nurses and speech therapists view the condition of aphasia, 5) to formulate a guide to assist nurses in caring for aphasic patients and, 6) to stimulate interest in the condition of aphasia and the helping roles of registered nurses and speech therapists in relation to this condition.

A 27 item questionnaire was devised as the data gathering tool. A total of 132 questionnaires were sent to registered nurses and speech therapists in the state of Montana. All registered nurses in the sample population were currently employed in general medical-surgical hospitals. The speech therapists in the sample population were selected therapists in Montana who are working with or have worked with aphasic patients. A total of 79 (60%) completed questionnaires were analyzed.

Analysis of data revealed a high incidence of agreement between registered nurses and speech therapists concerning activities they think will be helpful in promoting the well-being of the aphasic individual.

Some of these activities are: involving the patient and his family in the patient's care, maintaining communication with the patient, participating in developing a care plan and in setting short term goals for the patient, and increasing knowledge about aphasia.

The main area identified where nurses need more knowledge to promote the well-being of the aphasic patient is in understanding the role of the nurse in the care of aphasic patients.

The speech therapists and registered nurses who participated in this study seemed to view the condition of aphasia as a disorder that confronts the individual with many and varied problems.

CHAPTER I

INTRODUCTION

Imagine what it would be like to wake up tomorrow without words. You feel the same upon awakening as you did yesterday morning. Your environment looks and sounds the same, but when you try to speak you are unable to express yourself. If you could imagine this situation, you would have only a glimpse of the feelings of a person who suddenly becomes aphasic. Aphasia is most often associated with trauma or illness and the affected person finds himself waking up not only without the ability to speak but also in the unfamiliar surroundings of the hospital.

A specific problem faced by a patient and his wife illustrates the difficulties that can be caused by such a situation as that described above:

> The patient's wife said that her husband had suffered a stroke several years ago and now had difficulty communicating. The wife remembered that nurses seemed not to understand the reasons for her husband's behavior at the time of his stroke. He used to crawl out the bottom of the bed at night and the nurses would scold him for it. The patient's wife determined that he did this because he was having pain in his chest and was not able to communicate this to anyone. The wife told the nurses what she thought and together she and the nurses devised a signal system in which the patient could give yes and no answers by raising or lowering his hand. With this means of communication established, the nurses were able to ascertain that it was indeed pain that led to the patient's behavior; they were also able to understand other needs of the patient.

It has been the experience of the investigator that nurses often have difficulty meeting the needs of the aphasic patient be-

cause of his communication disability. The reasons for this seemed uncertain. Could there be a lack of knowledge about aphasia and the special problems it could cause,? failure to realize the importance of communication,? not knowing how to effectively deal with problems aphasia imposes? This study is an attempt to discover some of the answers to the apparent incomplete care received by aphasics and to promote nursing competency in this area.

THE PROBLEM

Awareness that aphasia does present special problems in giving total nursing care caused the following question to be asked. What activities do registered nurses and speech therapists think will be helpful in promoting the well-being of the aphasic individual? The care given aphasic patients is sometimes limited because of lack of knowledge about aphasia and also by a lack of mutual understanding of the roles of those involved in providing services to aphasic patients. Because of this the following sub-problems were recognized. Do nurses need more knowledge in order to promote the well-being of the aphasic patient? How do speech therapists and registered nurses view their own and each others' roles in promoting the well-being of the aphasic patient?

PURPOSES OF THE STUDY

This study was undertaken, (1) to determine what activities registered nurses and speech therapists think will be helpful in promoting the well-being of the aphasic individual, (2) to identify areas where registered nurses need more knowledge in order to promote the well-being of aphasic patients, (3) to learn areas where nurses and speech therapists might co-operate more fully in promoting the well-being of the aphasic patient, (4) to learn how registered nurses and speech therapists view the condition of aphasia, (5) to formulate a guide to assist nurses in caring for aphasic patients and, (6) to stimulate interest in the condition of aphasia and the helping roles of registered nurses and speech therapists in relation to this condition.

DEFINITION OF TERMS

Aphasia An acquired language disorder caused by injury to the brain. The ability of the individual to produce or understand spoken language as well as to read and write may be affected.

Speech therapist A person qualified to give speech therapy to an aphasic person. The investigator recognizes that many of the sample population would more properly be titled speech pathologist.

Activities Functions that nurses or speech therapists can perform in providing patient care and therapy.

Well-Being A state of mind and health that reflects achievement of the highest potential possible for a particular individual at a given time.

LIMITATIONS

1) The scope of this study was confined to speech therapists and registered nurses practicing in the state of Montana. Only those registered nurses currently employed in general hospitals were eligible to participate in the study. 2) The lack of expertise in questionnaire construction by the investigator. Some questions have options that would be considered positively right or wrong by individuals with the educational background of the sample population. 3) The use of a questionnaire for gathering the data used in the study. Other methods such as personal interviews might have resulted in more valid results. Methods other than a mailed questionnaire were impossible because of the large geographical area covered by the study. It was necessary to include the entire state of Montana to obtain an adequate sample population.

ASSUMPTIONS

1) Each aphasic patient is an individual. Sarno states that

there are as many kinds of aphasias as there are aphasics.[1] Proper treatment of an aphasic patient requires consideration of the nature of his particular affliction, his individuality and how this condition affects his life style. 2) That the nurse, because of her close relationship to the hospitalized aphasic patient, can assist him to gain an optimum level of wellness.

JUSTIFICATION

Communication is a basic need of man. Aphasia impairs this skill. Aphasic patients require assistance to cope with this loss and to develop their potential as fully as possible. "The sum total of the patient's knowledge and experience remain his except for his inability to translate them into language. As a result of this he may be isolated from the world around him. It is possible that he is not able to understand what is said to him. He may be further circumscribed by being unable to communicate his thoughts, feelings and desires in oral or written language. A skilled therapist can

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[1]Martha T. Sarno, "The Role of the Vocational Rehabilitation Counselor as Seen by the Speech Pathologist in Providing Services for the Aphasic Patient." The Vocational Rehabilitation Problems of the Patient with Aphasia. (U.S. Department of Health, Education and Welfare).

Cited by: Lila Rosenblum, "The Challenge of Aphasia," Journal of Rehabilitation, (September-October, 1971).

often make the patient feel he understands the basis of his frustration if not his communication."[2]

The patient requires assistance to devise a communication system utilizing whatever channels are open to him so that he may transcend his isolation and make his feelings and desires known. The hospital nurse is with the aphasic patient during the initial stage of his illness. Her understanding and knowledge of aphasia can promote the well-being of the patient as well as contribute to his willingness to help himself.

The following case illustrates the lack of understanding and inconsistency of approach in the care of an aphasic patient.

> Mr. P. was a 50 year old man who had suffered a cerebrovascular accident that caused hemiplegia and aphasia. A nurse aide walked into his room and spoke loudly to Mr. P. Perhaps she failed to understand that lack of ability for verbal expression is rarely accompanied by impaired hearing. A nurse came into the room and proceeded to bathe Mr. P. As she worked, she conversed with the nurse aide already in the room. No recognition was given to the level of alertness of the patient, of his ability to understand or of his need to receive verbal communication. Another nurse attempted language drills with Mr. P.; they worked on ABC's and the names of common objects in Mr. P.'s environment. The physician stated that the patient's condition was hopeless and would order no special therapy of any kind. Mrs. P. came to visit daily and her visits were upsetting to both herself and to her husband. She did not understand Mr. P.'s condition and felt helpless and frustrated when with him.

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[2]Aleen Agranowitz and Mildred McKeown, Aphasia Handbook (Springfield, Illinois: Charles C. Thomas, 1964) p. 18.

Even though some efforts were made to assist the patient to cope with his communication loss, the staff should have been guided by an evaluation of the patient's condition and a co-ordinated plan for his care. The importance of discussing the patient's condition with his family should have been considered in planning Mr. P.'s care.

METHODOLOGY

A pilot study was done using the case study method of research. During this study, the investigator visited two aphasic patients two and three times weekly for the purpose of social stimulation and information gathering. In addition to these aims, the investigator also had limited participation in planning and performing therapy for these patients. At the conclusion of this study it was decided that the case study method would not be practical for accomplishing the desired purposes of the major study because of the limitation of time imposed by the academic year and the difficulty in obtaining a sample population.

The descriptive method, utilizing a questionnaire as the data collection tool, was selected as the most appropriate means to conduct this study. Letters were sent to two rehabilitation centers, a speech pathologist and the Intermountain Regional Medical Program requesting information about aphasia and the helping roles of those caring for aphasic patients. This information along with that gained

from a review of the literature on aphasia was used in constructing the questionnaire. Students in the Montana State University Master's Nursing Program participated in a pilot test of the questionnaire. Subsequent revisions were made in the questionnaire after analysis of the pilot test.

The sample population was comprised of both speech therapists and registered nurses. To determine the total population of speech therapists in the state of Montana, a letter was sent to the co-ordinator of the Cleft Palate and Speech Program for the state of Montana. The co-ordinator supplied the names and addresses of 26 speech therapists who were presently working with, or who had worked with, aphasic patients. A questionnaire was sent to each of the therapists listed.

As a result of a letter sent to the Hospital and Medical Facilities division of the Montana Board of Health and Environmental Science, a list of 70 hospitals, their addresses and bed capacities, was received. Registered nurses employed by any hospital classified as a general hospital were eligible to be included in the sample population. The number of questionnaires sent to a hospital was determined by the bed capacity of the institution, one questionnaire was sent for each 50 beds in the hospital. Hospital size in the sample population ranged from 8 to 270 beds. A total of 106 questionnaires were sent to the Directors of Nursing in these hospitals. A cover letter to the Directors of Nursing Service requested that the questionnaire be completed

by herself or any registered nurse on her staff. (See copy of letter in Appendix, p.78).

A total of 132 questionnaires were distributed to registered nurses and speech therapists by mail with stamped, self addressed envelopes enclosed for returning.

The Tool

The tool utilized for data collection in the study consisted of a 27 item questionnaire. (See Appendix p.79 .) The first 6 items were written to elicit personal information about the respondent because the investigator felt that certain personal characteristics might have a correlation with the answers selected in the latter part of the questionnaire which was concerned with what the respondents thought about specific activities relating to the care of an aphasic patient. Questions 1 and 2 asked for the age and professional experience of the individual. Question 3 asked if the respondent had ever taken care of an aphasic patient. The educational preparation and the present position of the respondent were dealt with in questions 4, 5 and 6.

The body of the questionnaire was entitled "Aphasia Questionnaire". The items in this section were designed to determine the views of the respondents concerning specific activities performed or not performed in the care and management of an aphasic patient in the hospital set-

ting. Part I gives the respondent the opportunity to select one or more of the options listed that they feel is appropriate to the heading of the question. Questions one, two and three refer to the care of the family of the aphasic patient. Communication is the subject of questions five, six, eight and nine. Particular aspects of hospital care are covered in questions 4, 7, 10, 11, 12, 13, 14 and 15. Question 16 attempts to elicit the feelings of the registered nurse concerning her role in the speech therapy of the patient. The roles of the individuals providing care for the hospitalized aphasic patient are also subject matter in questions 3, 7, 9, 13, and 15.

Part II of the questionnaire consists of 5 open ended questions asked to give the respondent an opportunity to include ideas not previously covered in the questionnaire. Questions 1 and 2 are designed to elicit further activities that might be helpful in promoting the well-being of the aphasic individual. The respondent is asked to comment on factors that limit the care of the hospitalized aphasic patient in question 3. Question 4 inquires about feelings concerning the educational preparation of registered nurses working with aphasic patients. Question 5 asks for additional comments.

CHAPTER II

REVIEW OF LITERATURE

Although the term "aphasia" has been used only since 1861 when it was applied by Trousseau, there is evidence that the ancient Egyptians reported head injuries with loss of speech between 3000 and 2500 B.C. These observations were documented in a surgical papyrus deciphered by Brested in 1930.[3] There continues to be written evidence of awareness of this condition from the time of Hippocrates until the present day.

The history of aphasia was greatly influenced by World War I. Goldstein states that prior to this war, 90 to 96% of soldiers with penetrating head wounds died. This accounts for the fact that much of the early knowledge of the pathophysiology of aphasia was gained through post mortem examination.

The progress in neurology and psychology combined with the large numbers of young, war injured patients led to the development of many new hospitals. Distinguished men in these hospitals, "devoted themselves to the clinical study of aphasia with careful exploration of symptoms and painstaking search for effective methods of treatment."[4]

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[3]Hildred Schuell, et. al. Aphasia in Adults (New York: Hoeber Medical Division, Harper and Row Publishers, 1964), p. 11.

[4]Ibid., p. 29.

Current trends advanced by men like Wepman consider the entire individual and the limitations placed on him by his aphasia. Treatment is not geared solely to the pathology involved. This disorder is viewed as a disturbance affecting the entire personality. Efforts by neurologists, psychologists, speech pathologists and linguists are concerned with the problem and aware of a need for an interdisciplinary approach to the phenomena. Schuell describes five major trends in research in aphasia. They include:

1. elaboration and development of objective test instruments designed to yield increasingly complete descriptions of aphasic behavior;

2. continued exploration of neurophysiological aspects of aphasia;

3. interest in measurement and analysis of free speech of aphasics;

4. study of aphasic language in terms of concepts of modern structural linguistics;

5. statistical and mathematical treatment of data obtained from objective tests and free speech situations.[5]

Simply defined, aphasia is the impairment of language ability after injury to the brain. It is an acquired disorder and excludes dis-

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[5] Ibid., p. 59.

orders associated with primary sensory deficits, general mental deterioration, or psychiatric aberrations.[6]

The condition of aphasia and it's effects on an individual, however, are far from simple. In describing aphasia, Sarno states that, "aphasia is not a straightforward impairment with boundaries . . . the observable phenomena of verbal impairment . . . are infinite . . . In other words, there are as many aphasias as there are aphasics; and . . . the quality and quantity of specific symptomatology is a highly individual matter."[7]

Man is privileged in having a unique symbol system. This symbol system, both verbal and non-verbal, enables him to think and to carry out his life as a human being. The aphasic person experiences difficulty in formulating and expressing meanings through the use of symbols. The effects of this difficulty invade his entire world. Authorities on aphasia propose that not only is language, or the symbol system, a complex form of human behavior but it is also an inventory of a culture, it plays a role in shaping ideas, it imposes constraints on evaluative and adjustment behavior in individuals and in

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[6]Edward W. Loman, ed. The Medical Clinics of North America, Volume 53, Number 3 (Philadelphia: W. B. Saunders Company, May 1969), p. 564.

[7]Op. cit., Sarno, Martha T., "Role of Vocational Rehabilitation Counselor."

society, it has a regulatory role in organizing non-language responses, and it has a biological function serving as part of the system of control that maintains the stability of the organism.[8]

The cause of brain injury in adults can be generally grouped into two categories:

1. direct blow or penetration of the skull actually destroying brain tissue;

2. the result of some impairment of natural circulation of blood within the brain.[9]

Cerebrovascular accidents or strokes are a common cause of language disorders in the brain damaged population. This condition affects great numbers of people. "Stroke", which arises from an obstruction or rupture of blood vessels in the brain, is the third leading cause of death in the United States.

Aphasia is classified into four basic categories, according to the symptoms present:

1. expressive aphasia - difficulty primarily in speaking and writing.

2. receptive aphasia - difficulty primarily in reading and understanding.

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[8]Op. cit., Schuell, p. 133.

[9]Daniel R. Boone, An Adult Has Aphasia, (Danville, Illinois: Interstate Printers and Publishers, 1965), p. 3.

3. expressive - receptive or mixed aphasia - both input and output seem to be affected equally.

4. global aphasia - a complete absence of language function.

Common symptoms of aphasia are:

1. reduced vocabulary - may be reduced for all parts of speech or only one or two word classes;

2. jargon - unintelligible speech which may or may not have an intonational pattern similar to normal speech;

3. paraphasia - disorganization of sounds or syllables in words;

4. automatic speech - verbal automatisms are analogous to reflex movements;

5. comprehension deficits;

6. verbal apraxia - articulatory defect assumed to be due to a disorder of motor organization in the cortex.[10]

As is evident from the classification of aphasia, language includes speech, reading, writing and the ability to do arithmetic. The aphasic patient may have difficulty with any one or, more frequently, any combination of these skills. The language impairment may be so severe that the person is unable to use gestures.

Ninety-seven percent of language disorders are associated with damage to the left hemisphere of the brain. This is called the theory of cerebral dominance. This dominance tends to be the same for most all of the individual motor and sensory functions, but mixed dominance

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[10] Op. cit., Lowman, p. 564.

can occur. It is generally assumed that the non-dominant hemisphere takes control of function from the damaged hemisphere. This would apply when restoration of function occurs either spontaneously or in conjunction with therapy.[11]

Aphasia is associated with syndromes producing right sided neurological deficits. These may include right hemiplegia or hemiparesis, deficits in the sensory systems and restriction of the peripheral visual field.

According to Schuell, the object of language therapy in aphasia is, "to increase communication. What the aphasic patient wants is to recover enough language to get on with his life."[12] There is no room for rigidity in the therapy plan for an aphasic. He should be treated as an individual with his own special identity and problems.

The life style, attitudes, habits, interests, capabilities and personality of the patient before the onset of aphasia have to be considered as well as his current status and prognosis. The program should be based on short term achievable goals, the patient should set or help to set these goals depending on his limitations.

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[11]Lee Edward Travis, ed., Handbook of Speech Pathology, (New York: Appleton-Century-Crofts, Inc., 1957), p. 463.

[12]Op. cit., Schuell, p. 333.

Principles of therapy are directed to increasing sensitivity toward the aphasic patient. They include:

1. Talk simply and directly to the patient, eliminate extraneous noise that has no communicative value.
2. Control stimuli to elicit maximum response.
3. Control amount of material used and make it meaningful.
4. Use the principle of repetitive stimulation to facilitate discrimination and recall.
5. Work to elicit a maximum number of responses.
6. In general, restimulate rather than explain or correct.
7. Evaluate the effectiveness of each procedure with each patient.[13]

Aphasic individuals differ from children and also from non-aphasic adults in their ability to learn. Language patterns were organized in the adult brain before the onset of aphasia. These patterns are just being developed in the child. The unaffected adult learning a new language is working with unimpaired cortical association areas and an intact neuromotor mechanism. The aphasic individual may be disturbed by remnants of what he once knew. His established habits may interfere with new learning techniques. Also hope for a

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[13] Ibid., p. 349.

spontaneous recovery may interfere with his efforts at relearning.[14]

The therapy program of the aphasic adult may be further affected by his reaction to his condition and to the pathology involved. Personality changes, evidenced by depression, inappropriate laughing and crying, impatience, lack of inhibition, childishness, lack of initiative and withdrawal from contact with people may occur. Often these changes are transient. Personnel working with aphasic patients need to be aware of these difficulties and know how to cope with them. McKenzie Buck, who is both a speech pathologist and a recovered aphasic, contributes the degree of behavioral improvement to the attitudes of persons who repeatedly are in contact with the patient.[15]

A successful rehabilitation program for an aphasic person should include the co-ordinated efforts of all who come into contact with him. Members of the health team should understand and support the contributions toward total patient care that each other member makes.

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[14] Op. cit., Travis, pp. 479-480.

[15] McKenzie Buck, Dysphasia, (Illinois: Interstate Publishers and Printers, 1965), p. 41.

Twamley and Emerick reported that a "careful review of the relevant medical and speech pathology publications revealed very few articles concerned with the nurse's role with aphasic patients."[16] Their study, in which 54 nurses were personally interviewed about their training, experience and role concepts concerning aphasic patients, indicated that although the nurses had much actual contact with aphasic patients, only a few of the nurses had received any specific training in aphasia or understood their role in dealing with the adult aphasic. The investigator also found that the literature concerning the role of the nurse in caring for the aphasic patient and specific activities she might perform to promote his well-being was limited. However, there is an availability of guidelines for the families of aphasic patients and for untrained therapists. Much of this information would be useful to the registered nurse who works with aphasic patients.

It is thought by many that the nurse can provide the type of meaningful interaction that may direct the patient toward language recovery because of her/his close and immediate relationship with the patient.

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[16] R. Twamley and L. Emerick, "The Nurse's Role in Aphasia, Today's Speech (Vol. 18, No. 1), p. 30.

> "The RN may know that the patient will not fully understand, yet the very fact that she speaks to him can help him get better."[17]

"It is extremely important to maintain a communicative environment for the aphasic, and the nurse can be the leader in this endeavor. Aphasia imposes an isolation that can be extremely frustrating and frightening to the patient. The fact that the nurse speaks to him even though she knows he may not understand can be very reassuring. It can also contribute in an important way to his willingness to help himself get better.

Thus the nurse will make an effort to accompany all services to the aphasic individual with pleasant, interesting conversation. This can be difficult for her, since the patient may be unable to respond in any obvious way. The nurse may feel that speaking to him is quite unrewarding. However, by speaking to her non-speaking patient, she provides him with the priceless feeling that he is worth talking to, and that she cares about his problems."[18]

The nurse can also help the aphasic patient by instructing other personnel about maintaining a communicative environment for him. This will help to create an atmosphere of consistency in his care. Besides

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[17] Grey, Howard A., "The Aphasic Patient," RN, (July, 1970), P. 46, (33:46).

[18] Ibid., p. 48.

direct conversation, other avenues of communication can be utilized. Some of these are radio, television, pictures and games.

The nurse must remember to care for the whole person and not direct her care to a specific symptom exhibited by the patient. "Since the patient is a dynamic whole, a changing, reacting personality, a person with intellect and feelings, with an accumulation of past experiences and with a future to consider, it follows that the nurse, to be effective, must relate herself to the person that the patient is and not merely to an aspect of his being, namely, a physical impairment. She must function with intelligent awareness of the emotional impact of a physical disability, particularly when it is of sudden onset. She must be sensitive to verbal and non-verbal expression of negative attitudes in the patient and family members, and cognizant of the influences of others, including herself, upon the patient's concept of himself. She can extend support, encouragement, and hope through physical ministrations, listening with focused attention, identifying with present and anticipated interests and concerns, and supporting the patient's confidence in himself and in his therapists."[19]

Wepman sums up an article on aphasia therapy with the following: "Whatever you do, stimulate your patients - be stimulating, that

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[19]Capitola Mattingly, "Effective Nursing for the Stroke Patient," Journal of Rehabilitation, (November-December, 1963), Vol. XXIX, No. 6, P. 24.

means. Think of the whole patient, his need to recover in a real world and to communicate with it. Make your language, your own verbal efforts in therapy, be the handmaiden of your thoughts. Always keep in mind that aphasia occurs only in people. Humanize your therapy; treat the person, not the language."[20]

The nurse should endeavor to accept the patient as he is and to help him achieve the fullest potential he is capable of at this time. Along with acceptance, the nurse should develop an understanding of the problems faced by an aphasic individual. "Aphasic patients who later recovered say that one of their most distressing experiences was the failure of those around them to realize what a tremendous handicap they had."[21]

Problems in the emotional area present special concern to the aphasic person and those involved in his care. A complete or partial loss of speech causes extensive changes in family life, in social relationships and in economic circumstances. Without the ability to sublimate his feelings in language, he must express despair in overt

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[20]Joseph M. Wepman, "Aphasia Therapy: A New Look," Journal of Speech and Hearing Disorders, (Vol. 37, no. 2, May, 1972), p. 213.

[21]"Aphasia and the Family," (American Heart Association, 1969), p. 7.

acts and non-language ways - often a departure from a previously restrained manner. Emotional problems can best be handled by the combined efforts of the family and pertinent members of the health team. The success of language retraining and general rehabilitation may depend on recognition and solution of the emotional problems of the aphasic patient.[22]

It is generally accepted that speech therapy for an aphasic person should be directed by a qualified speech therapist. However in many rural areas these services are not available and the responsibility for therapy falls on the physician and the nurse. It is the belief of the investigator that, particularly in these situations, the nurse should make an effort to increase her knowledge about aphasia and to utilize any resources that are available to her. These resources would include publications giving guidelines of speech therapy for use by the family and untrained therapists. Also, there are articles in the professional nursing magazines regarding speech therapy which would be of help.

Nurses are in contact with aphasic patients both in institutions and in communities. They participate in caring for the patient during the acute phase of his illness as well as in his rehabilitation.

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[22] Op. cit., Agranowitz, p. 18.

Therefore, they should have the knowledge and skill necessary to promote the well-being of the aphasic patient. The present study is an intent to determine what activities registered nurses and speech therapists think will be helpful in promoting the well-being of the aphasic individual, to identify areas where registered nurses need more knowledge in order to promote the well-being of aphasic patients, to learn areas where nurses and speech therapists might co-operate more fully in promoting the well-being of the aphasic patient, to learn how registered nurses and speech therapists view the condition of aphasia, to formulate a guide to assist nurses in caring for aphasic patients and, to stimulate interest in the condition of aphasia and the helping roles of registered nurses and speech therapists in relation to this condition.

CHAPTER III

ANALYSIS AND INTERPRETATION OF DATA

This study was undertaken to determine which activities speech therapists and registered nurses think will be helpful in promoting the well-being of the aphasic individual and to elicit the views of the respondents regarding the roles of speech therapists and registered nurses in promoting the well-being of the aphasic patient. A questionnaire intended to determine this was devised and sent to 106 registered nurses and 26 speech therapists.

Of the 106 questionnaires sent to registered nurses, 59 (56%) completed forms were returned to the investigator. In addition, one questionnaire was returned because of incorrect address and three were returned with the explanation that their institutions do not care for aphasic patients. Thirty-three (31%) of the questionnaires sent to registered nurses were not acknowledged.

Of the 26 questionnaires sent to speech therapists, 20 (77%) completed forms were returned to the investigator. One of the six questionnaires not completed was returned because of an incorrect address. A total of 79 (60%) questionnaires from both the registered nurses and speech therapists were analyzed.

TABLE I

Response to Questionnaire

	Registered Nurses		Speech Therapists		Total
	N	%	N	%	
Questionnaires sent	106	100	26	100	132
Questionnaires returned	59	56	20	77	79

RESPONSES TO QUESTIONS

The questionnaire consisted of two sections. The first of these was entitled, "Personal Information." The next section of the questionnaire entitled, "Aphasia Questionnaire", was divided into parts I and II. Both parts of this section were designed to determine the views of the respondents concerning specific activities that relate to the care of an aphasic individual. Part I of the "Aphasia Questionnaire consists of 16 questions followed by several statements. The respondent was instructed to circle the letter preceeding the statement or statements he thought appropriate to the heading of the question. Part II lists 5 open ended questions designed to elicit ideas and opinions not covered in Part I, to allow room for expansion of areas in Part I, and to provide opportunity for general comments.

Personal Information

The questions in this section were asked to determine basic information about the age, professional education and professional experience of the respondent. The investigator felt that this data might prove helpful when analyzing the responses to the "Aphasia Questionnaire". It was also thought that relationships might be identified between the age, professional experience and education of the respondent and the answers given in the "Aphasia Questionnaire."

The tables in this study were constructed to illustrate the data obtained in this particular study. The categories consist of the response or a combination of responses selected by the respondents who completed questionnaires.

The age range of the respondents was fairly evenly distributed between the ages of 20 and 50 (Fig. I) Of the total population, most respondents had over 10 years of experience and had taken care of aphasic patients during this time. (Fig. II) The majority of nurses were graduates of Diploma Schools of Nursing. (Table III) Staff nurse, head nurse, or supervisor were the positions presently held by 64 percent of the nurses. Half of the speech therapists indicated that their highest degree in Speech Pathology was on a Master's level.

Figures 1 and 2 illustrate that the majority of speech therapist respondents were below 40 years of age with less than 10 years of experience. This contrasts with the registered nurse respondents, the

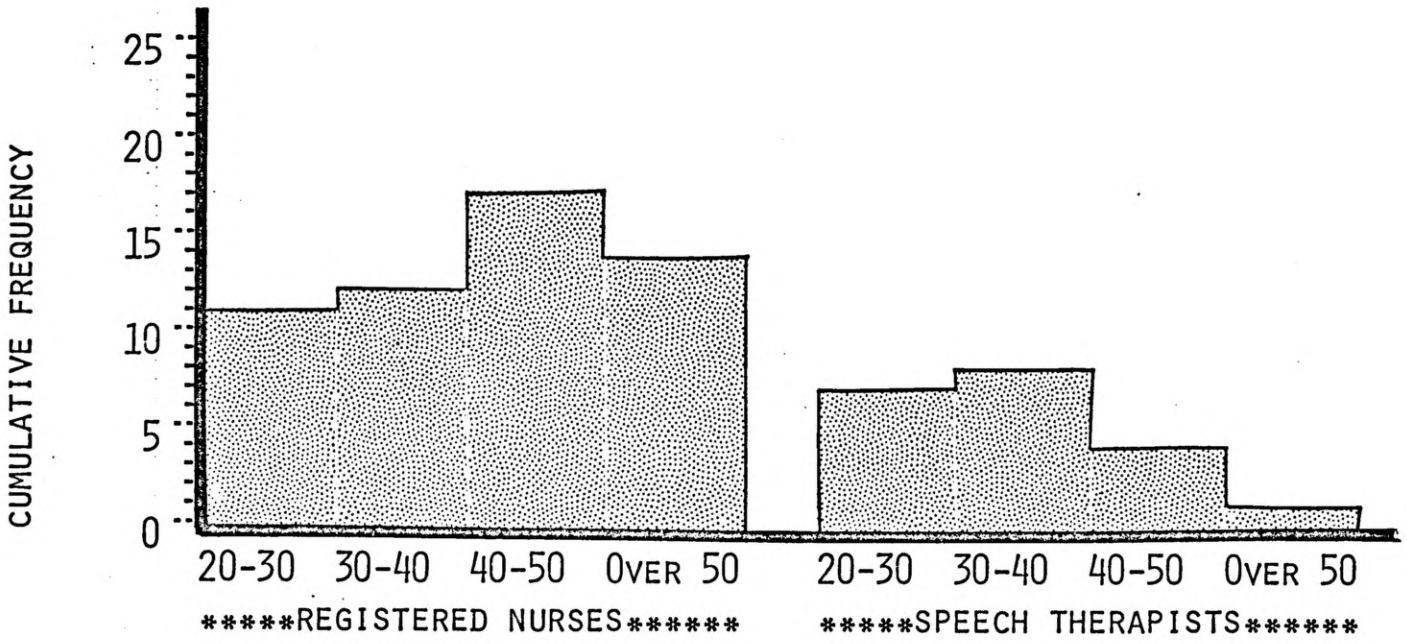

FIGURE 1. AGE OF RESPONDENTS

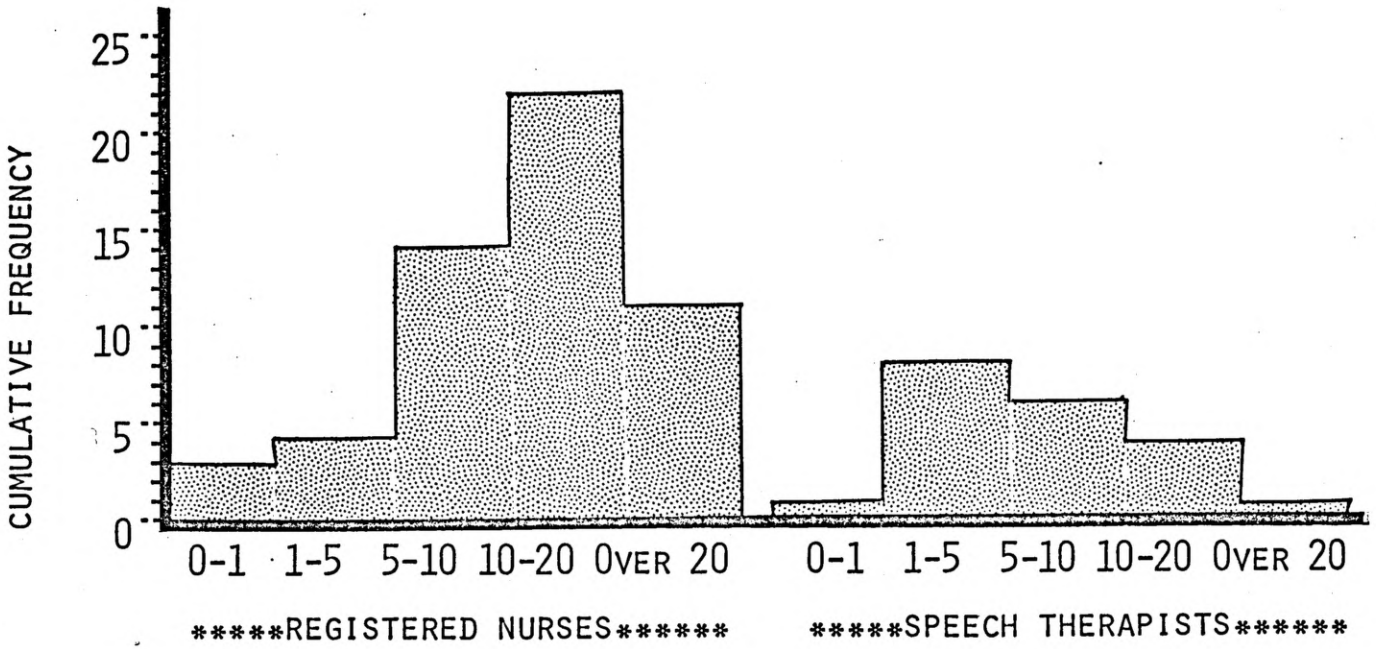

FIGURE 2. EXPERIENCE OF RESPONDENTS

greatest number of these were 40 years of age or older with over 10 years of experience. Part of these differences could be explained by the accelerated growth of the field of Speech Pathology in the past decade.

Personal characteristics are illustrated on pages 28 and 29.

Seventy-seven of the respondents indicated that they had taken care of aphasic patients. One replied "no" to this question and one did not answer the question.

Diploma graduates comprised 59% (35) of the sample population of registered nurses. There were 17 (29%) respondents who were graduates of Baccalaureate Nursing programs.

TABLE II

Basic Nursing Preparation and Highest Degree Held	
Associate Degree	3
Diploma	35
Baccalaureate Degree	17
Master's Degree	2
Associate Degree and Baccalaureate Degree	1
Diploma and Master's Degree	1

The R.N. respondents included twelve staff nurses, thirteen head nurses, thirteen supervisors and twenty who marked "other". Those responding "other" included six Inservice Directors, ten Directors of

Nursing, one Associate Director of Nursing, one Training Director, one Assistant Head Nurse and one Clinician. One respondent listed as a supervisor was also an anesthetist and one was both Head Nurse and Administrator.

TABLE III

RN's: Position Presently Held	
Staff nurse	12
Head nurse	13
Supervisor	13
Inservice Director	6
Director of Nursing	10
Associate Director of Nursing	1
Assistant head nurse	1
Clinician	1
Supervisor and anesthetist	1
Head nurse and administrator	1

Five of the speech therapists held Baccalaureate Degrees, two had Master's Degrees, thirteen were certified by the American Speech and Hearing Association. Of those certified, one did not list his educa-

tional preparation, two had Baccalaureate degrees, eight had Master's degrees and two were Ph.D's.

TABLE IV

Speech Therapists: Highest Degree in Speech Pathology	
Baccalaureate Degree	5
Master's Degree	2
Certificate of Clinical Competency	13
Baccalaureate degree	2
Master's Degree	8
Ph.D.	2
Educational Prep. not listed	1

Aphasia Questionnaire, Part I

Question 1: Involvement of Family with Patient.

Most of the respondents agreed that the immediate involvement of the family with the aphasic patient is more important than possible emotional setbacks that might occur if the family is not fully prepared for the condition of their relative and they do not understand that their reactions to him may have either a positive or negative

effect on his well-being. This response is supported by current literature. Buck refers to a stroke as actually being a family illness.[23] Both he and other writers stress the importance of assisting the family to accept and understand the special problesm of their aphasic relative. Immediate involvement of the family of the aphasic patient can help to alleviate the patient's feelings of being isolated because of his inability to communicate.

It has been the experience of the investigator that often the patient's family receives little support from the hospital personnel during the acute phase of their relative's illness. The personnel are busy doing "things" for the patient. Even when the patient is undergoing hospital admission procedures, the quiet presence of a loved one can be a reassurance to the patient and lessen the apprehension of both the patient and the family.

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[23] Op. cit., Buck, Dysphasia, p. 20.

TABLE V

Patient's Family - Involvement with Patient

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
Not important	0	0	0	0	0	0
Should be restricted	21	36	8	40	29	37
Immediate involvement important	36	61	10	50	46	58
Should be both immediate and restricted	1	2	2	10	3	4
Other	1	1	0	0	1	1
Total responses	59	100	20	100	79	100

Additional comments by speech therapists urged that orientation as well as involvement be immediate, that the family should be gradually involved to avoid emotional setbacks, that the family should be involved immediately but counselled as soon as possible regarding what to expect from the patient, how to talk to him, etc. and that the staff should be available to answer questions and describe treatment. Another respondent felt that the emotional stability of both the patient and his family should guide the involvement of the family with the patient.

Question 2: Instruction of Patient's Family

The answers given by 49 (62%) of the respondents indicated that they feel instruction of the patient's family should be done by both the nurse and the speech therapist. An additional 20 (25%) of the respondents indicated that the instruction of the patient's family should be done by the nurse, the speech therapist and the physician.

The investigator talked with the wife of an aphasic patient about the instruction and support she received when her husband became aphasic. The wife related that the physician and nurses gave her books to read but these did not give her an understanding of aphasia. There was no speech therapist in the area; the physician was very busy and was unable to give the patient's wife adequate instruction. The situation described by this woman points out the need for the combined efforts of the health team caring for the aphasic patient in providing adequate instruction and continued support for the family of an aphasic person.

TABLE VI

Patient's Family - Instruction

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
Should be done by:						
Nurse and Therapist	40	68	9	45	49	62
Physician	1	2	0	0	1	1
Nurse, therapist and physician	11	19	9	45	20	25
Nurse, therapist and physician; also family has necessary knowledge	4	7	2	10	6	8
Nurse and therapist also family has necessary knowledge	1	2	0	0	1	1
Family has necessary knowledge	1	2	0	0	1	1
Other	1	1	0	0	1	1
Total responses	59	100*	20	100	79	100*

Additional comments included that Physical Therapy also has knowledge helpful to relatives of an aphasic, that the nurse and speech therapists giving instruction and support must be qualified and that

* Column total varies by 01% due to round-off error.

many times the physician does not take on the responsibility of instructing the family.

Question 3: Preparation of the Family for Home Care of their Aphasic Realtive

The highest percentage of the respondents indicated that the activity of preparing the family of an aphasic person is the joint responsibility of the physician, the nurse and the speech therapist. However, 20% indicated that this preparation should be done by the nurse.

Schuell writes that a home should meet the needs of every member of the family and that problems can be solved more easily if anticipated and when the family receives some preparation for handling them.[24] A conference with the family and those instructing them in home care would be helpful in preparing the family to care for their aphasic relative. The family should be given the opportunity to express their questions, fears and doubts and should be aided in understanding their own feelings. Because of this, the investigator feels that a referral to the Public Health Nurse and her subsequent visits to the patient's home would aid the adjustment of both the patient and his family.

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[24] Op. cit., Schuell, p. 382.

McKenzie Buck writes, "That patient's with similar degrees (to his own) of recovery are those who were fortunate in having family members demonstrate positive warmth, affection, and acceptance as a result of continuous professional guidance . . . . We as professionals are obligated to provide careful family instruction to assist in lessening the fears that may exist in the minds of those within the household. Such a procedure is far more important to patient recovery than any retraining techniques recommended in our literature."[25]

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[25]McKenzie Buck, "The Language Disorders," Journal of Rehabilitation, (November-December, 1963), Vol. XXIX, No. 6, p. 29.

TABLE VII

Family - Preparation for Home Care

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
Responsibility of:						
Physician	4	7	3	15	7	9
RN	15	25	1	5	16	20
Speech Therapist	7	12			7	9
Physician and RN	2	3			2	3
RN and Therapist	5	8	2	10	7	9
Physician, RN and Therapist	25	42	12	60	37	47
Physician and Therapist			1	5	1	1
Other	1	2	1	5	2	3
Total responses	59	100*	20	100	79	100*

* Column total varies by 01% due to round-off error.

Question 4: Orientation of Patient to Hospital Routine

Seventy-two (91%) of the respondents seemed to feel that orientation of the patient to the hospital routine is necessary even if the patient does not seem to comprehend. This consensus is supported by many writers in the field of aphasia. Even though the patient

does not appear to comprehend, he may be understanding the conversation going on around him. It is also possible for the aphasic patient to recall incidents that occurred during the initial phase of his illness at a much later time. McKenzie Buck reports that he could recall all major events and conversations that had occurred during the initial phase of his vascular accident within a 2 year period. In many instances this recall deterred his efforts to make social and physical adjustments. He states that, "One of the most detrimental of such memories concerned the staff discussions of his condition carried on in his presence, even during the first week of hospitalization."[26] It is the belief of the investigator that giving the patient explanations of his care and the hospital routine will convey a feeling of caring and respect to him. It will also aid him to understand his surroundings. Aphasic patients are often disturbed by a feeling of disorder in their immediate environment.

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[26] Op. cit., Buck, p. 20.

TABLE VIII

Patient - Orientation to Hospital Routine

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
Not Necessary	0	0	0	0	0	0
Only if patient comprehends	4	7	0	0	4	5
Essential	54	91	18	90	72	91
Other	1	2	2	10	3	4
Total responses	59	100	20	100	79	100

Question 5: Communication with Patient.

Seventy-eight of the respondents answered that communication with the patient should be continued. The importance of maintaining communication with the patient is illustrated in "The Patient's Feelings - A Personal Account of Stroke." In this article, Douglas Ritchie relates, "Looking back, I am sure the consultant saved my life, but at the time he addressed me as though I were deaf, a foreigner or mentally deficient. He used to pitch his voice up and ask me how I was doing and then he would lower his tone and say to my wife, "I think

he understood that." I lay helpless, silent, and - above all - angry."[27] Communication should be maintained in as normal a manner as possible. Communication can help to alleviate feelings of isolation and to prevent withdrawal and depression.

TABLE IX

Patient - Communication

	RN's		Speech Therapist		Total	
	N	%	N	%	N	%
Not Possible	0	0	0	0	0	0
Continue	58	98	20	100	78	99
Not important	1	2	0	0	1	1
Total responses	59	100	20	100	79	100

Question 6: Communication Attempts:

The response to this question favored both waiting for patient

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[27]Douglas Ritchie, "The Patient's Feelings - A Personal Account of Stroke," Journal of Rehabilitation, (November-December, 1963), vol. XXIX, No. 6, p. 42.

replies and assisting the patient in making replies. The table contains the main combinations of answers that were chosen, however, there were 9 additional combinations chosen by 1 or 2 respondents.

Aphasia literature cautions against assisting the aphasic individual too much in his communication attempts. "A frequent mistake is to speak for the aphasic patient instead of waiting for him to speak."[28] The aphasic person should be encouraged to respond in any fashion he can.[29]

Comments from respondents included an emphasis on waiting for patient replies. Several respondents felt that this waiting showed a sensitivity to the needs of the patient. Others explained that their action would depend on the patient himself, the type of aphasia, the extent of damage and on the particular situation.

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[28]Norma Stephenson Stokes, "Patients Recovering From Aphasia Seek Understanding," Modern Nursing Home, (September, 1970), (24:44), p. 48.

[29]Op. cit., "Aphasia and the Family," p. 21.

TABLE X

Communication Attempts

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
Wait for replies	17	29	3	15	20	25
Assist with replies	17	29	5	25	22	28
Anticipate responses	10	17	0	0	10	13
Wait for and assist with replies	3	5	6	30	9	11
Assist with and anticipate responses	7	12	0	0	7	9
Other	5	8	6	30	11	14
Total responses	59	100	20	100	79	100

Question 7: Responsibility for Care Plan.

The majority (39%) of registered nurses saw the care plan as their responsibility. This contrasts with the ideas expressed by the speech therapists. Seventy percent of them called for the care plan to be made by the RN, the speech therapist and the physician.

Several of the respondents specified that the team approach should be used to formulate a plan which is consistent with the physician's treatment and includes consideration of the individual needs of the

patient.

The value of a co-ordinated team effort is seen in a plan including speech therapy. The speech therapist develops the therapy plan and then involves the others in observing the therapy and the progress of the patient. "He may ask them to carry out a brief speech exercise or two with the patient. This not only gives him the benefit of increased stimulation but shows him that those about him are interested in his recovery."[30]

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[30] Op. cit., Grey, p. 48.

TABLE XI

Care Plan

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
Not necessary	0	0	0	0	0	0
Should be made by:						
RN	23	39	1	5	24	30
Speech Therapist	2	3	0	0	2	3
RN and Speech Therapist	17	29	2	10	19	24
Physician	1	2	2	10	3	4
RN, Speech Therapist, and Physician	13	22	14	70	27	34
Necessity questioned; involve RN, Speech Therapist, and Physician if done	3	5	1	5	4	5
Total responses	59	100	20	100	79	100

Question 8: Level of Communication.

The largest percent (66%) of the respondents indicated that the level of communication with the aphasic patient should be kept simple. Several commented that the level of communication would be determined by the type of aphasia and the degree of involvement.

"One of the nurses used baby-talk to me. 'Naughty boy,' she would say, 'he must finish his tapioca. It's good for him.' Please never talk down to an adult aphasic. This baby-talk was an insult to my personality which I could not bear. While the patient's mind is mending in the early stages of stroke, he may not retain or remember all you say. He may not even understand it all - unless you go fairly slowly - but approaching him as a sophisticated adult will comfort him, and save his personality from these bruises."[31] Communication with an aphasic person can be kept simple without talking down to him.

TABLE XII

Level of Communication

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
Should be at child level	1	2	0	0	1	1
Keep simple	40	68	12	60	52	66
Maintain as before illness	14	24	3	15	17	22
Simple and as before illness	3	5	3	15	6	8
Other	1	2	2	10	3	4
Total responses	59	100*	20	100	79	100*

*Column total varies by 01% due to round-off error.

[31] Op. cit., Ritchie, p. 42.

Question 9: Providing Speech Therapy.

Of the total responses, 65 (84%) favored speech therapy be given to the patient under the direction of a qualified speech therapist with the participation of the nursing staff and the patient's family. No respondent seemed to feel that speech therapy was unnecessary for the aphasic patient. Two registered nurses felt that speech therapy could be provided only by a qualified speech therapist.

The results of this question indicate the respondents felt that speech therapy for the aphasic patient is a shared responsibility of those contributing to his care. The direction for this therapy should be provided by a qualified therapist. Because the time the therapist spends with the aphasic patient is limited, the investigator believes that participation in the therapy program by the nursing staff and the patient's family will provide consistency of approach in caring for the patient and will aid in motivating him and in developing his speech potential.

TABLE XIII

Speech Therapy

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
Not necessary	0	0	0	0	0	0
Directed participation of family and nursing staff	52	88	13	65	65	82
Only by speech therapist	2	3	0	0	2	3
By family	1	2	0	0	1	1
By speech therapist and family	1	2	4	20	5	6
Other	3	5	3	15	6	8
Total responses	59	100	20	100	79	100

Question 10: Independence.

The majority of the respondents would plan some activities for the patient along with allowing some independence. The next largest segment would encourage independence.

Writers on aphasia promote acceptance of the degree of independence the patient desires. This acceptance should be accompanied by emotional support and efforts to help the patient move away from his

dependency toward ever increasing ability to care for himself. Those working with aphasic patients are cautioned to avoid putting unrealistic pressures on the patient in their zeal to encourage independence.

TABLE XIV

Independence

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
Encourage	16	27	8	40	24	30
Permit degree patient desires	4	7	2	10	6	8
Plan some activities, allow some independence	25	42	6	30	31	39
Encourage independence and plan some activities	11	19	1	5	12	15
Plan all activities	0	0	0	0	0	0
Encourage, permit independence patient desires and plan some activities	2	3	2	10	4	5
Other	1	2	1	5	2	3
Total responses	59	100	20	100	79	100

Question 11: Acceptance.

Many writers encourage their readers to accept the aphasic patient as he is at this moment. "This means meeting him on his present level of behavior and ability to communicate. Keep reminding yourself that he has less control over his feelings than you do and real cause for frustration."[32] Eighty-six percent (68) of the responses agreed on the importance of accepting the patient as he is.

TABLE XV

Acceptance

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
As you wish him to be	2	3	0	0	2	3
As he was	6	10	0	0	6	8
As he is	50	85	18	90	68	86
Other	1	2	2	10	3	4
Total responses	59	100	20	100	79	100*

*Column total varies by 01% due to round-off error.

[32] Op. cit., Aphasia and the Family, p. 19

Question 12: Patient Goals.

Sixty-seven (85%) of the respondents answered that short term goals should be stressed for the aphasic patient. Writers on aphasia state that situations that would be discouraging to the aphasic person should be avoided. The aphasic patient is often encouraged and motivated by seeing his progress toward a short term goal. Some of these goals can include the events that make everyday living more meaningful to the aphasic person.

TABLE XVI

Patient Goals

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
None needed	0	0	0	0	0	0
Stress short term goals	48	81	19	95	67	85
Stress long term goals	9	15	0	0	9	11
Stress both short and long term goals	1	2	0	0	1	3
Other	1	2	1	5	2	3
Total responses	59	100	20	100	79	100

Question 13: Setting Patient Goals.

Three answers to this question received comparable response. Twenty five percent (20) indicated the need for a team approach in setting goals for the patient. Nineteen percent (15) seemed to feel that this activity is the responsibility of the speech therapist. Of this number, 12 of the respondents were registered nurses. It is the belief of the investigator that this response indicates a lack of awareness of the needs of the total patient and emphasizes only his speech needs. Several speech therapists specified that their function in setting goals would be in the speech area. Fifteen (19%) responded that the goals should be set by both the physician and the speech therapist.

There is an obvious omission in the possible responses listed in the questionnaire for this question, the RN. In "Effective Nursing for the Stroke Patient", Capitola Mattingly states that, "Because of her skills in observation and patient-family relating, she (the RN) has much to share toward goal setting and progress evaluation. In this respect she is, by and large, an untapped resource."[33] A complete team approach in setting goals for the patient would involve all professionals providing care for the patient, including the RN and members of special therapy departments.

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[33] Op. cit., Mattingly, p. 24.

Aphasia literature cites the importance of accepting goals set by the patient himself when they are realistic. The patient should be involved in planning his activities and care to the degree of his ability.

TABLE XVII

Setting Goals

	RN's		Speech Therapists		Total	
Should be done by:	N	%	N	%	N	%
Patient	10	16	0	0	10	12
Physician	8	12	0	0	8	10
Patient and physician	3	5	0	0	3	4
Family	0	0	0	0	0	0
Speech therapist	12	19	3	15	15	18
Patient and speech therapist	9	14	1	5	10	12
Physician and speech therapist	8	12	7	35	15	18
Physician, family, speech therapist	2	3	0	0	2	2
Patient, family, speech therapist	0	0	1	5	1	1
Patient, family, physician, speech therapist	12	19	8	40	20	24
Total responses	64**	100	20	100	84**	100*

*Column total varies by 01% due to round-off error.

** Respondents were instructed to circle the statement or statements they felt appropriate, therefore - possibility of more than 1 answer.

Question 14: Involvement.

The highest percent (43%) of both the speech therapists and registered nurses indicated that they would involve the patient by keeping him informed of happenings in which he might be interested. An additional 27% seemed to feel they would keep the aphasic patient informed of interesting happenings, encourage interpersonal relationships and avoid exposure to crowds.

Aphasia literature cites the importance of keeping the patient involved in he events of daily living. Most patients will enjoy hearing about family activities, news events or their favorite sport. The investigator recalls an aphasic patient who was very interested in baseball before his cerebrovascular accident. His enjoyment while watching baseball games on TV and being involved in conversations about the players was evident. The same patient, who had very little expressive language, could name familiar objects when paging through a magazine.

Douglas Ritchie writes that, "the will to recover and the understanding of recovery come through the mind". He relates that while he would not have understood explanations of his condition during the critical phase of his illness, he would have benefitted from

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[34] Op. cit., Ritchie, p. 42.

such information at a later time, "when the critical stage had passed and my doctors had ceased to attend me regularly, then information would have helped. And I had no means of asking for it, and no knowledge of the field that I longed to have explained to me."[35]

Sarno states that aphasic persons have difficulty conversing with groups of people. They find it tiring and that it requires great concentration to be involved with large groups of people. Therefore, although interpersonal relationships are stimulating and beneficial to the patient, social events and visitors should be planned to avoid exposure to possible frustrating experiences.[36]

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[35] Ibid.,

[36] John E. Sarno and Martha Taylor Sarno, Stroke: The Condition and the Patient, (New York: McGraw-Hill Book Company, 1969), p. 88.

TABLE XVIII

Involvement

	RN's		Speech Therapists		Total	
	N	%	N	%	N	%
Keep informed	26	41	10	50	36	43
Concentrate on recuperation	1	2	0	0	1	1
Keep informed and concentrate on recuperation	1	2	0	0	1	1
Encourage interpersonal relationships, avoid crowds	13	20	2	10	15	18
Keep informed, encourage interpersonal relationships, avoid crowds	15	23	6	30	21	25
Concentrate on recuperation, encourage interpersonal relationships, avoid crowds	1	2	0	0	1	1
Keep informed, concentrate on recuperation, encourage interpersonal relationships, avoid crowds	7	11	2	10	9	11
Total responses	64**	100	20	100	84**	100

**Respondents were instructed to circle the statement or statements they felt appropriate, therefore - possibility of more than 1 answer.

Question 15: Responsibility for Initiating Referrals.

The majority (51%) of the registered nurse respondents indicated that referrals should be made by the physician. This contrasts with 70 percent of the speech therapists who replied that any of the following - physician, family, RN, and speech therapist - singly or as a group effort, should make appropriate referrals. Additional comments included, that referrals should be made after staffing by the group involved in therapy and medical procedures, that referrals should be made by anyone involved in the care of the aphasic patient who has knowledge of the facilities available and is qualified to recognize the specific needs of the patient. Another respondent remarked that the referrals should be made by the aphasia team consisting minimally of the physician, the speech and language clinician, the physical therapist and the social worker. It is the belief of the investigator that such an aphasia team would not be accessible to many of the medical facilities who participated in this study.

"After ten months, I was admitted to the Medical Rehabilitation Center in Camden Town. This step was taken entirely through my wife's enterprise. Once again we felt puzzled because the initiative for each stage in recovery seemed to rest with us - uninformed laymen - instead of with the doctors."[37] This statement illustrates the need

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[37]Op. cit., Ritchie, p. 42.

for health personnel to initiate referrals to services that will contribute to the promotion of well-being of the aphasic patient.

TABLE XIX

Referrals

	RN's		Speech Therapists		Total	
Can be made by:	N	%	N	%	N	%
Physician	30	51	2	10	32	40
Family	0	0	0	0	0	0
Physician and family	2	3	0	0	2	3
RN	4	7	0	0	4	5
Physician and RN	6	10	2	10	8	10
Physician, family RN	1	2	0	0	1	1
Speech therapist	1	2	0	0	1	1
Physician, RN, speech therapist	2	3	1	5	3	4
Physician, speech therapist	3	5	0	0	3	4
Physician, family, RN, speech therapist	8	14	14	70	22	28
Other	2	3	1	5	3	4
Total responses	59	100	20	100	79	100

Question 16: Role of the Nurse in Regard to Speech Therapy.

Sixty-one percent of the registered nurses seemed to feel that they could assist with speech therapy with direction. Twenty-five percent felt that they would need additional education to do speech therapy. These results indicate that RN's see themselves as having a helping role in speech rehabilitation but do not feel qualified to do speech therapy.

TABLE XX

RN's - Role in Speech Therapy

	RN's	
	N	%
Competent to do therapy	0	0
Have necessary education	0	0
Can assist with therapy	36	61
Need additional education to do therapy	15	25
Can assist with therapy and need additional education to do therapy	8	14
Total responses	59	100

APHASIA QUESTIONNAIRE - PART II

Question 1: What activities, other than those mentioned above, do you feel will promote the well-being of the aphasic patient?

Comments to this question included: maintaining a communicative environment, education about aphasia, providing encouragement, various therapies, and many miscellaneous suggestions to help the patient. Ideas expressed concerning maintenance of a communicative environment will be included in the analysis of Question 2.

Some of these comments were:

1. Talk to the patient - don't make him live in a world of silence. Encourage activity but remember how easily he tires. Find out about activities the patient enjoyed before his illness and try to renew his interest if possible.

2. I think it would help this patient if the same individual could provide his care for a week at a time to provide continuity. Also, establishment of a daily routine will help the patient to know what to expect and what is expected of him.

3. Encourage physical exercise and fresh air - as much as possible and increase as tolerated.

4. Early evaluation by a speech therapist so the nursing staff can all approach the patient the same way rather than each member making stumbling efforts at superficial evaluation of the deficit and at establishing simple communication.

5. Be able to recognize the behavioral problems that may arise, their degree of seriousness, and how to cope with them.

6. Provide an environment of cleanliness and cheerfulness.

7. Help the patient maintain good oral and physical hygiene. Use the services of a beautician if able.

8. Realize that aphasics are normal individuals with a communication problem.

9. Most important is community education regarding strokes and their effects.

10. An understanding of aphasia by the patient's family and friends and by the hospital staff.

11. Love, understanding and patience.

12. One needs to be kind and have time to spend with these patients, they are usually very conscious of their communication difficulties.

13. Provide prescriptive type therapy - build on what's there.

14. Permit the patient to exhibit frustration without fear of being ridiculed.

15. Encourage the family to include the patient in family affairs and to participate in his care. The goal of recovery is socialization.

Question 2: How would you maintain a communicative environment for the aphasic patient?

Responses to this question include: suggestions for specific therapies, the importance of establishing some form of communication, and various aids that can be used to facilitate communication.

Some of these comments were:

1. Talk to the patient, listen to him, and include him in conversations and activities taking place.

2. Accept the patient as he is and help him to take each day as it comes.

3. Planned nursing care to include speech therapy by the entire staff.

4. Encourage them to try to communicate by having them sound

letters of the alphabet, ask for things rather than reaching for them and repeat the names of things they use daily.

5. Explain to the patient what has happened to him, help him to understand and accept his condition, and inform him of the help which is available.

6. Whenever possible group them with other patients who can communicate to some extent.

7. Ask short questions in form of a "fill-in" to encourage an automatic response.

8. Ideally, anyone interacting with the patient should have understanding of aphasia and of the plan to cope with it - this includes physicians, lab techs, paper boys, housekeeping personnel, volunteers, etc.

9. Don't rush or frustrate the patient. Use a positive attitude but take it slow.

10. Explain all procedures and goals very well to the patient so he knows what is expected of him.

11. Be aware of your own non-verbal communication.

12. Establish some form of communication - signalling, nodding, gestures, writing, pictures, speech, etc.

13. Some communicative media are: TV, radio, pictures, scrapbooks, chalk boards, records, tapes, films and flash cards.

14. Keep patient in contact with the environment, provide clocks, and a calendar for orientation to time.

15. Encourage visitors for small periods of time, instruct them as to how they can be helpful to the patient.

Question 3: a) What factors, if any, do you feel might limit the care the aphasic patient might receive while in the hospital?

b) How can these be corrected?

Most of the responses could be categorized in the following areas: communication, lack of knowledge, lack of trained personnel and lack of time.

The responses included:

Communication:

a) Problems
   1) patient may be neglected because of his inability to communicate
   2) inability of patient to make needs or wants known
   3) nurses might feel it is impossible to communicate and might establish a routine to meet only the physical needs of the patient

b) Solutions
   1) all in contact with the patient should be encouraged to communicate with him and to encourage his responses
   2) establish a communication system that the patient can use (hand, eye, writing, signal)
   3) create a good nursing care plan so the approach and goals are understood by everyone caring for the patient
      a) include emotional and psychological needs
      b) follow up with nursing conferences - include observations of success of care plan

Knowledge:

a) Problems - relating to personnel
   1) fear and lack of understanding on part of personnel

2) lack of knowledge about emotional upsets of patient
3) failure to consider possible visual problems of the patient
4) failure to encourage the independence of the patient

b) Solutions
1) Inservice education
2) ward conferences
3) working with speech therapists in an education program
4) workshops
5) having a travelling or rotating therapist spot train

a) Problems - relating to patient's family
1) inadequate instruction of family
2) excluding family members

b) Solutions
1) explanation of condition, anticipated treatment and therapy planned for the patient
2) include family in nursing care plan
3) involve family with patient as soon as possible

Lack of trained personnel:

a) Problem
1) no speech therapist in the area
a) lack of direction for those who want to help

b) Solution
b) have a speech therapist available on a state level out of the Public Health Department

Lack of time:

a) Problems
1) most nurses feel they are "too busy" to spend time with this type of patient other than for physical care.

2) a hurried atmosphere adds to the patient's frustration

b) Solutions
1) stress how the help and activities of the nursing staff may speed recovery
2) set aside specific time to work with patient, encourage involvement of all personnel

Other areas:

a) Problem - lack of team effort
1) failure to call speech therapist in early enough
2) patient may experience frustration from persistent efforts and varying goals set by many different personnel

b) Solutions
1) better communication between hospital personnel and with allied professions

a) Problem - Non-acceptance of his condition by the patient

b) Solution - be aware of patient's emotional needs, spend time with him.

a) Problem - fatigue of patient

b) Solution - schedule speech therapy sessions before physical therapy if possible

a) Problem - frequently other physical problems are overwhelming at first - then physician and family are concerned for expenses.

b) Solution - perhaps more funding for rehabilitation might help

a) Problem - a feeling of helplessness and despair within the patient

b) Solution - help him to see that there is hope and usefulness in his life - with support and hard work, he will progress

Question 4: Do you feel that RN's who work with aphasic patients should have additional education about aphasia?

Ninety-six percent of those responding to the question answered that RN's working with aphasic patients should have additional education about aphasia. Inservice programs , seminars, workshops and individual study were suggested as methods of education.

Other comments were:

1) Most probably needed, but what are priorities in education? This is only one of a myriad of needs in education for nurses.

2) Yes - the importance of this work has not been emphasized in the past.

3) Probably - don't know their training (from a speech therapist)

4) Only some additional training in speech therapy.

Question 5: Additional comments

1) In our situation most aphasia is from stroke and is accompanied by further problems - incontinence, paralysis, etc. Communication is surely one of the major problems though, and requires patience above all.

2) We have an occasional stroke patient, which we try to keep - usually they are senile with little rehabilitation potential. Your questionnaire is helpful in our future planning of nursing care of the aphasic patient. Hopefully, we will be more helpful next time.

3) Protect the aphasic patient from accidents.

4) Help the wife of an aphasic patient to become the decision maker while still helping her husband feel like a man - don't let her treat him like a small child and don't let her talk baby-talk to him.

5) Someone has to pull together all the interested professionals and family members to work in the same direction - hopefully the most interested will be the most knowledgeable.

6) Why is there no specific requirement in nursing re: communication disorders?

7) This patient is rare (in my experience) and presents problems the RN may not have the background to cope with.

8) I think more emphasis needs to be placed on the responsibilities of the nursing staff to this patient instead of assuming the PT or speech therapist are taking care of everything.

9) Communication between RN's and therapists are improving in this area thru inservice programs, workshops, etc., but much more needs to be done.

10) Some people have the native ability to communicate with motions, facial expressions, etc., and make themselves understood. I found this true where a language barrier was present.

11) Understanding oneself and compassion may be two most useful factors in caring for aphasic patients. I know some nurses who would not do well even with abundant training and I feel an understanding of each nurse's personality is mandatory in scheduling for this particular patient's needs to be met.

12) Might be best in institutions to have 1 person quite knowledgeable about problems and solutions to be a resource person to the entire staff since speech therapists
    a) are not called on often enough
    b) are not available in all communities

13) The importance of knowing your patient and helping others to know him is emphasized in this incident:

> "I remember a man who was signing a legal document. The lawyer told him to make an X on the appropriate line. The patient looked at the lawyer, took the pen and laboriously wrote his name."

The patient took the direction of the lawyer as an insult to his personal integrity. Appropriate action of the nurse present in this situation might have avoided this insult.

Because of the high incidence of agreement in responses to questions, no attempt was made to correlate data learned from the questions requesting personal information with the answers to the questions in the "Aphasia Questionnaire".

CHAPTER IV

SUMMARY, RECOMMENDATIONS, AND CONCLUSIONS

Summary:

It has been the experience of the investigator that nurses often have difficulty meeting the needs of the aphasic patient because of his communication disability. This study is an attempt to discover some of the answers to the apparent incomplete care received by hospitalized aphasic patients and to promote nursing competency in this area.

Awareness that aphasia does present special problems in giving total nursing care caused the following question to be asked: What activities do registered nurses and speech therapists think will be helpful in promoting the well-being of the aphasic individual? Because of their relationship to the major problem, the following sub-problems were identified. Do nurses need more knowledge in order to promote the well-being of the aphasic patient? and, how do the respondents view the roles of speech therapists and registered nurses in promoting the well-being of the aphasic patient?

This study was undertaken, 1) to determine what activities registered nurses and speech therapists think will be helpful in promoting the well-being of the aphasic individual, 2) to identify areas where registered nurses need more knowledge in order to promote the well-being of aphasic patients, 3) to learn areas where nurses and speech therapists might co-operate more fully in promoting the well-being

of the aphasic patient, 4) to learn how registered nurses and speech therapists view the condition of aphasia, 5) to formulate a guide to assist nurses in caring for aphasic patients and, 6) to stimulate interest in the condition of aphasia and the helping roles of registered nurses and speech therapists in relation to this condition.

A 27 item questionnaire was devised as the data gathering tool. A total of 132 questionnaires were sent to registered nurses and speech therapists in the state of Montana. All registered nurses in the sample population were currently employed in general medical-surgical hospitals. The speech therapists in the sample population were selected therapists in Montana who are working with or have worked with aphasic patients. A total of 79 (60 %) completed questionnaires were analyzed.

A review of literature revealed that there is little written about the specific role of the nurse in the care of an aphasic individual. There are areas, however, in which the competency of the nurse can do much to promote the well-being of the aphasic patient. Some of these discussed in the literature are: maintenance of a communicative environment, consideration of the patient as a dynamic whole, awareness of the special problems caused by aphasia and acceptance of the person as he is while helping him to achieve the fullest potential of which he is capable at this time.

Analysis of data revealed a high incidence of agreement between

registered nurses and speech therapists concerning activities they think will be helpful in promoting the well-being of the aphasic individual. Some of these activities are:

1) Provide adequate instruction for the patient and his family.

2) Involve the patient's family in his care - their presence can be a comfort to him.

3) Maintain a communicative environment for the patient.

4) In general, communication with the patient should be kept simple.

5) Maintain communication with the patient even if he does not appear to understand.

6) Keep the patient involved in events happening around him.

7) Involve all members of the health team in developing and following a plan of care considering the particular needs of the patient.

8) Encourage independence of the patient but avoid putting unrealistic pressures on him.

9) Use the patient as a resource - involve him in his care.

10) Accept the patient as he is, that is, meet him on his present level of behavior and ability to communicate.

11) Help the patient to exhibit his frustrations.

12) Participation of the nursing staff and family in therapy directed by a speech therapist.

13) Participate in setting short term goals for the patient.

14) Initiate referrals to services that will contribute to the promotion of the well-being of the patient.

15) Increase knowledge about aphasia.

The main area identified where nurses need more knowledge to promote the well-being of the aphasic patient is in understanding the role of the nurse in the care of aphasic patients. Other areas include responsibility for setting goals and initiating referrals, involving the family in patient care, and proper response to the communication efforts of the patient.

A more consistent approach to speech problems is an area where nurses and speech therapists might co-operate more fully.

The speech therapists and registered nurses who participated in this study seemed to view the condition of aphasia as a disorder that confronts the individual with many and varied problems. These professionals endeavor to assist the patient to cope with and progress toward the solutions of these problems. The many ramifications of a communication disorder have been explored. The importance of knowledge of the patient and his specific limitations as a basis for therapy has been stressed.

Recommendations:

1) Replication of this study with the sample population comprised of Public Health Nurses.

2) A study could be done to determine activities families of aphasic patients feel nurses could perform to assist both the family and the patient. An area of special interest could be problems these families have encountered in the home care of their aphasic relative.

3) The study could be replicated in an area where there is a greater population of aphasic patients.

4) A study could be done to determine exactly what activities nurses who work in areas that do not have the services of a speech therapist perform and find helpful in promoting the well-being of their aphasic patients.

5) A similar study could be done using nursing personnel other than registered nurses for the sample population.

6) Interviews could be used as the tool for gathering data in a similar study instead of a questionnaire.

7) A guide for care of aphasic patients should be available on hospital wards for reference and review of hospital personnel.

8) Inservice education programs should be devised to educate nurses and auxiliary personnel about the care and special problems of aphasic patients.

9) Development of a curriculum guide for the purpose of explaining courses in non-nursing subject areas that might be of special help and interest to nursing students. (Example: The investigator found many courses offered by the Speech department to be of special interest.)

10) Consulting the speech therapist to participate in a ward conference.

Conclusions:

"Stroke", which arises from an obstruction or rupture of blood vessels in the brain, is the third leading cause of death in the United States. A common residual effect in those who survive a stroke (cerebrovascular accident) is aphasia. Because of the great numbers of persons affected by cerebrovascular accidents as well as

those individuals whose language becomes impaired due to trauma to the brain; nurses in most all areas, whether large or small communities, are involved in the care of aphasic patients.

Because the nurse may be responsible for the care of an aphasic patient, it is essential that she have adequate knowledge to do so. The findings of this study indicate that the majority of nurses and speech therapists in the sample population were in agreement in their responses to the activities presented by the questionnaire used to gather data. These responses, in most instances, were supported by information available in current aphasia literature. Although the responses of the sample population to the questionnaire would indicate a considerable amount of knowledge about aphasia, the majority of the respondents seemed to feel that nurses who work with aphasic patients should have increased knowledge about aphasia.

From the population of this study, other major conclusions were:

Further study is needed on the role of the nurse in caring for an aphasic patient.

There are activities that nurses can perform to promote the well-being of the aphasic patient.

APPENDIX

COVER LETTER TO SPEECH THERAPISTS

109 North Tenth Avenue
Bozeman, Montana 59715
May 18, 1972

Dear

I am a master's student at Montana State University. In order to partially fulfill the requirements for the degree of Master of Nursing, I am doing a study to determine what activities hospital nurses and speech therapists think will be helpful in promoting the well-being of the aphasic individual.

I have obtained your name from a list of people working with aphasic patients which I requested from Mr. James Meldrum of the State Health Department. I would appreciate your assistance in my study.

The enclosed questionnaire will aid me in my collection of data for this study. Please complete the questionnaire and return it in the self-addressed envelope included for your convenience.

Please check below if you would like a summary of the study when it is completed. If you indicate 'Yes', please include your name and address in the space after your response.

_____Yes _____No

Thank you very much for your time and co-operation.

Sincerely yours,

Mrs. Arleen Cannon

The faculty of MSU School of Nursing appreciates any assistance you can give Mrs. Cannon in this study.

Mrs. Laura Walker, RN, Ph.D.
Director, School of Nursing

COVER LETTER TO DIRECTORS OF NURSING

109 North Tenth Avenue
Bozeman, Montana 59715
May 18, 1972

Dear

I am a master's student at Montana State University. In order to partially fulfill the requirements for the degree of Master of Nursing, I am doing a study to determine what activities hospital nurses and speech therapists think will be helpful in promoting the well-being of the aphasic individual.

I would appreciate your help in this study. Would you please have the enclosed questionnaire completed by any of the following: yourself, your director of Inservice Education, or any RN who may have taken care of an aphasic patient or be expected to do so. I feel that the thoughts of people in any of these positions would be valuable to my study.

Thank you very much for your time and co-operation.

Sincerely yours,

Mrs. Arleen Cannon

109 North Tenth Avenue
Bozeman, Montana 59715
May 18, 1972

Dear Registered Nurse:

I am a master's student at Montana State University. In order to partially fulfill the requirements for the degree of Master of Nursing, I am doing a study to determine what activities hospital nurses and speech therapists think will be helpful in promoting the well-being of the aphasic individual.

The enclosed questionnaire will aid me in my collection of data for this study. Please complete the questionnaire and return it in the self-addressed envelope included for your convenience.

Please check below if you would like a summary of the study when it is completed.

_____ Yes _____No

If you have indicated 'Yes', please include your name and address in the space after your response.

Thank you very much for your time and co-operation.

Sincerely yours,

Mrs. Arleen Cannon

The faculty of the MSU School of Nursing appreciates any assistance you can give Mrs. Cannon in this study.

Mrs. Laura Walker, RN. Ph.D.
Director, School of Nursing

PERSONAL INFORMATION

Circle the Letter Preceeding the Appropriate Response

1. AGE a) 20-30 b) 30-40 c) 40-50 d) over 50

2. YEARS OF NURSING PRACTICE OR PRACTICE AS SPEECH THERAPIST
   a) 0-1 b) 1-5 c) 5-10 d) 10-20 e) over 20

3. HAVE YOU EVER TAKEN CARE OF AN APHASIC PATIENT?
   a) yes b) no

4. RN'S: BASIC NURSING PREPARATION & HIGHEST DEGREE HELD
   a) Associate Degree
   b) Diploma
   c) Baccalaureate Degree
   d) Master's Degree

5. RN'S: POSITION PRESENTLY HELD
   a) staff nurse
   b) head nurse
   c) supervisor
   d) other:_____

6. SPEECH THERAPISTS: HIGHEST DEGREE IN SPEECH PATHOLOGY
   a) Baccalaureate Degree
   b) Master's Degree
   c) Certificate of Clinical Competency (American Speech & Hearing Assoc.)
   d) Other:_____

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APHASIA QUESTIONNAIRE

These questions deal with the care of an aphasic individual in the hospital setting.

In this study aphasia is defined as an acquired language disorder caused by injury to the brain. The ability of the individual to produce or understand spoken language as well as to read and write may be affected.

PART 1: CIRCLE THE LETTER PRECEEDING THE STATEMENT OR STATEMENTS YOU THINK APPROPRIATE TO THE HEADING OF THE QUESTION.

1. PATIENT'S FAMILY - INVOLVEMENT WITH PATIENT

   a) involvement not important to recovery

   b) involvement should be restricted until family has been oriented to avoid possible psychological or emotional setbacks in the patient.

c) immediate involvement is more important than possible emotional setbacks

2. PATIENT'S FAMILY

a) nurse and speech therapist should see that the family receives instructions and continued support

b) should be instructed by the physician concerning their aphasic relative

c) has the knowledge needed to understand their aphasic relative

3. PREPARATION OF THE FAMILY FOR HOME CARE OF THEIR APHASIC RELATIVE

a) responsibility of physician

b) responsibility of RN

c) responsibility of speech therapist

4. ORIENTATION OF PATIENT TO HOSPITAL ROUTINE

a) not necessary

b) necessary only if patient seems to comprehend

c) essential even if patient does not appear to comprehend

5. COMMUNICATION WITH PATIENT

a) not possible if he can't answer you

b) should be continued

c) not important during initial phase of illness

6. COMMUNICATION ATTEMPTS

a) wait for patient replies

b) assist patient in making replies

c) anticipate his questions and responses

d) press for responses

7. CARE PLAN CONSIDERING SPECIAL PROBLEMS CAUSED BY APHASIA

a) not necessary

b) should be made by RN

c) should be made by speech therapist

d) should be made by physician

8. LEVEL OF COMMUNICATION

a) should be at child level

b) keep simple

c) maintain level exhibited before illness

9. SPEECH THERAPY

a) not necessary

b) nursing staff and family can participate under direction of qualified speech therapist

c) can be provided only by qualified speech therapist

d) can be provided by family

10. INDEPENDENCE

a) encourage independence

b) permit degree of independence patient desires

c) plan some activities for him, but allow some degree of independence

d) plan all activities for him

11. ACCEPTANCE

a) accept him as you wish him to be

b) accept him as he was before this illness

c) accept him as he is

12. PATIENT GOALS

a) none needed

b) stress short term goals

c) stress high level or long term goals

13. GOALS FOR PATIENT SHOULD BE SET BY:

a) the patient

b) the physician

c) the family

d) the speech therapist

14. INVOLVEMENT

a) keep informed of happenings in which he might be interested

b) let him concentrate his efforts on recuperation from illness

c) encourage interpersonal relationships but avoid exposure to crowds

15. REFERRALS - FOR EVALUATION BY SPEECH THERAPISTS, VOCATIONAL REHABILITATION, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SOCIAL SERVICE, ETC. CAN BE MADE BY:

a) physician

b) family

c) RN

d) speech therapist

16. RN'S: AS AN RN, DO YOU FEEL

a) competent to do speech therapy

b) you have the education to do speech therapy

c) you can assist with speech therapy with direction

d) you need additional education to do speech therapy

** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** **

PART 2: PLEASE COMMENT ON THE FOLLOWING QUESTIONS

1. What activities, other than those mentioned above, do you feel will promote the well being of the aphasic patient?

2. How would you maintain a communicative environment for the aphasic patient?

3. a) What factors, if any, do you feel might limit the care the aphasic patient would receive while in the hospital?
   b) How could these factors be corrected?

4. Do you feel that RN's who work with aphasic patients should have additional education about aphasia?

5. Additional comments:

thank you

GUIDE FOR NURSING CARE FOR APHASIC PATIENTS

This guide is intended to serve as an information source for referral and review of the care of an aphasic patient. Many of the activities listed would be included in the care of any hospitalized individual. It is the belief of the investigator and many of the registered nurses and speech therapists who participated in a study to determine specific activities that would promote the well being of the aphasic patient, that these activities are of special importance in the care of an individual who has aphasia.

This guide is based on the assumption that every aphasic patient is an individual. It is stated that there are as many kinds of aphasia as there are aphasics. Proper treatment of an aphasic patient requires consideration of the nature of his particular affliction, his individuality and how this condition affects his life style.

GENERAL AREAS

Promote attitudes of understanding and tact in the nursing staff.

Realize that aphasic patients are normal individuals with a communication problem.

All in contact with the patient should be urged to communicate with him and to encourage his responses.

Individual and ward conferences will help the nursing staff to understand the patient.

Nursing personnel should be aware of their own non-verbal behavior.

Motivate, assist, and encourage the patients consistent self efforts.

See that all staff members are aware of what the patient can do.

Avoid situations that might be discouraging to the patient.

Encourage the patient's independence but avoid putting unrealistic pressures on him.

Use the patient as a resource - involve him in his care.

Participate in setting short-term goals for the patient.

Provide continuity in his care by having the same person care for him for more than 1 day.

Treat the patient with the same consideration and courtesy as you would if he had not suffered this illness.

Plan over-all nursing care to consider the particular needs of the patient and to provide for the best use of related services - providing health instruction and nursing referrals.

Explain to the patient what has happened to him, help him to understand and accept his condition, and inform him of the help which is available.

Interpersonal relationships are vitally important in determining whether the patient will remain hurt or improve - the aphasic patient cannot affort unnecessary social isolation.

Encourage visitors for small periods of time, instruct them as to how they can be helpful to the patient.

Maintain a sense of humor.

Accept the patient as he is and help him to take each day as it comes.

Permit the patient to exhibit frustration without fear of being ridiculed.

Accept verbal explosions - often this is an automatic response and one of the few ways the patient can show his frustration.

Meet the patient on his present level of behavior and ability to communicate.

Realize that the patient has less control over his feelings than you do and real cause for frustration.

Be aware of the patient's emotional needs - spend time with him.

Help the patient to maintain good oral and personal hygiene - if the patient looks well - he will feel better.

Encourage activity but remember how easily he tires.

Conduct ward conferences to explore the nursing needs of a particular patient and to formulate a plan for his care.

Know your own limitations and try to increase your knowledge in areas needed.

COMMUNICATION

Assume the patient understands more than is apparent, talk to him, not around him.

Orient him to the hospital routine and explain procedures to him.

It is possible for aphasic patients to recall incidents that happened during the initial phase of their illness at a later time.

Encourage the patient to respond in any fashion he can.

Keep your sentence structure simple without talking down to the patient.

A frequent mistake is to speak for the patient instead of waiting for him to speak.

Speak in your usual tone - impaired hearing is not commonly associated with aphasia.

Maintain a communicative environment:

Establish some form of communication so the patient can make his needs known - hand signals, eye blinks, nodding, speech, gestures, etc.

Use conversation, TV, radio, books, music, etc., to stimulate the patient and to increase his involvement in daily living.

Find out about activities the patient enjoyed before his illness and try to renew his interest if possible.

Participate in therapy directed by the speech therapist to provide consistent reinforcements to the patient's speech efforts.

Strive for a rich language input rather than for a perfect output - keep communication simple.

Ask simple questions in the form of a "fill-in" to encourage response.

THE PATIENT'S FAMILY

If at all possible, let the family be with the patient. Their presence can be a source of comfort and reassurance.

Counsel the family on how to talk to the patient, what to expect from him and how they can help him.

Help the family to understand their own feelings and to maintain their aphasic relative's previous status and dignity in the family

Plan for adequate instruction of the family about aphasia and in the home care of their relative.

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