CONCEPTS OF PATIENT CARE

IN THE

REHABILITATION OF THE HOSPITALIZED PATIENT

by

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A Paper

Submitted to the Faculty of the School of Nursing

in

partial fulfillment of the requirements

for the degree of

Master of Nursing

at

Montana State College

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July, 1961
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This study was an attempt to examine the role of the nurse in the rehabilitation of the hospitalized patient as it relates to an independent nursing function—"The Direction and Education for Physical and Mental Care".

The data was collected by means of a structured interview technique. Four patients, who had approximately the same diagnosis of myocardial infarction, were interviewed and four nurses who were responsible for the direct care of these patients were also interviewed.

Some of the findings were: 1) the patients generally considered the doctor the most important person in helping them understand their condition and treatment; 2) the nurses did not appear to have sufficient understanding of their responsibilities in the direction and the education of patients as it related to rehabilitation; 3) nurses appeared to attribute more responsibility to the doctor in the education and the direction of the patient rather than interpreting this responsibility as a cooperative effort among members of the health team; and 4) the inclusion of the family as part of the rehabilitation plan for the patient did not appear to be considered important.
Chapter I

STATEMENT OF THE PROBLEM

A. Introduction

More people are receiving medical care, more people are entering hospitals for treatment and many more, who formerly would not have survived, are now being saved and are returning to their homes and communities. The nurse, caring for patients in the hospital, notes that an increasing proportion of her patients are the chronically ill. It has been pointed out that 18 per cent of the population or over 30 million people are victims of chronic illness. Approximately 6 per cent of these are in hospitals or in institutions.¹ Thus the nurse finds herself a participating member in restoring these people to their fullest possible function within the limits of their capabilities—this is what is commonly termed "rehabilitation".

The Federal Bureau of Vocational Rehabilitation has defined rehabilitation as the restoration of the individual to the fullest physical, mental, social, vocational, and economic usefulness of which he is capable. In defining rehabilitation, Morrissey has stated:

... rehabilitation is a continuous process. It begins even before the illness strikes...in the preventive phase of medical and surgical nursing; it continues during the illness, when definite measures are taken; it follows through to the third phase of care, which is called rehabilitation; and it reaches into the community, where it relatively

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affects every member of society.  

The moment the patient enters the hospital the rehabilitation process begins. During the acute phase of the illness, good nursing care is essential in order to maintain and promote all possible physical function for progress during convalescence. The nurse, in caring for the patient, observes him as he reacts to his illness both physically and emotionally. From these observations, the nurse is able to evaluate the needs of the patient. She can then plan her nursing care so that she helps the patient to understand his disease, to adjust to his new situation and to gain self-reliance.

The nurse's role in rehabilitation begins with her expectations and understanding of herself and others. If she really gets to "know" the patient, she will give more than just required physical care. She will truly work with and for the patient to help him meet his needs.

Faye G. Abdellah has classified patient needs into four categories. First, the need for sustained care when his self-help ability is diminished as a result of an impaired state, and cannot of his own accord provide for the satisfaction of his personal needs. These needs are basic to survival. Second, the patient's need for remedial care which is directed at helping the patient restore his self-help ability or live with the limitations imposed by his impairment. Third, the patient's need for restorative care which is directed at helping the patient restore his self-help or live with

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the limitation imposed by his impairment. Fourth, the patient's need for preventive care which is directed at making him better able to help himself.\(^3\)

Hildegard Peplau has stated, "Anticipating the needs of the patient leaves the patient free to use the tension that remains in creative-expressive ways."\(^4\) All needs give rise to tension and all behavior is directed at reducing tension arising from these needs.

An individual approach must be developed for each patient. Winnifred E. Taylor has stated:

Education of the patient—the process by which the individual may be rehabilitated—needs a confident, interested and understanding teacher, one who has an optimistic approach and true appreciation for a continuous personalized program of both physical and mental activities for the patient.\(^5\)

The patient needs to feel that the nurse is interested in him as a person and that she has confidence in him and confidence that he will reach his goals.

For the nurse to know how much the patient knows about his illness, she must obtain this information by means of effective questioning. To ask significant questions, the nurse needs to give each question time and thought. In relation to this Mabel A. Wandelt stated:

...without appropriate questions, we can only guess what the patient

\(^3\) Abdellah and others. *op. cit.*, p. 51.


already knows, what he wants and needs to know, and how he feels about
the topics we are planning to introduce.6

The questions should be asked by the nurse in such a way that the
patient will be led to tell her what he knows or how he feels. This in
turn could help to motivate him in thinking about his problem, and arousing
interest in his own progress. Hildegard Peplau stated:

The way in which a patient views a problem determines how he will
react in attempting to solve it. Attitudes of the patient are made up
of needs and feelings, or emotion; in order to aid a patient toward un-
derstanding a problem it is necessary to permit the patient to reveal
in his own words how he feels about the problem.7

"Teaching is more than telling—it must be planned. It must be
adapted to each individual's needs."8 Within this planning the nurse needs
to assist the patient in progressing from dependency to independency. She
needs to recognize that each patient differs in his reaction to illness.
All these aspects enter into how effectively the nurse will teach the
patient and how well the patient will accept this teaching, that is, how
well he will learn. Peplau states that, "...nursing is an educative instru-
ment. The nursing process is educative and therapeutic when the nurse and
patient as persons can share in the solution of problems."9

The family also has an important role in the rehabilitation scheme.


7Peplau. op. cit., p. 249.

8Christine MacArthur. "We Teach—Do Our Patients Learn?", Canadian

9Peplau. op. cit., p. 249.
Family understanding and support should be encouraged. They should know how the patient is progressing; what goals are being proposed; and at what level these goals may be achieved. The nurse should help the family to learn how they can best help the patient to help himself; and to understand what their function will be when the patient goes home.

Mary L. Hayden has quoted Dr. Karl Menninger as saying:

There is only one way that the rehabilitation worker can find out how the patient and his family perceive his handicap—and that is getting to know them, coming to understand their problems, talking to them, and above all listening to them.10

The Committee on Functions, Standards, and Qualifications for Practice as prepared by the General Duty Nurses Section, American Nurses Association, gives the following responsibilities of the head nurse within the area of rehabilitation. They are:

   a. Recognizes individual patient’s needs for health teaching.
   b. Plans within the concept that patient rehabilitation is influenced by contacts and activities occurring from day of admission.
   c. Plans for maximum utilization of teaching opportunities.
   d. Assists in orientation of the patient toward active and effective cooperation in therapy and rehabilitation.11

For the general duty nurse they are:

6. Interprets to the patient that he himself is the most effective resource in promoting successful therapy and rehabilitation.

C. Performs therapeutic measures prescribed and delegated by medical authority.


1. Recognizes the need for and participates in the interpretation of treatment to the patient, especially forms of therapy which may seem radical or unusual to the patient or family.

E. Assists in patient education and rehabilitation, including the promotion of mental and physical health.12

These responsibilities of the head nurse and the general duty nurse are incorporated with their roles as they carry out their functions related to patient care. Benne and Bennis have defined "role" as, "...the cluster of functions that come to be expected of a given class of workers within positions that they typically occupy in the organization of social systems in which they work."13 The four principal sets of expectations which determine the character of the nurse's role are: 1) official expectations that stem from the institution in which the nurse works; 2) expectations of the nurse's immediate colleagues, subordinates, and peers in the working situation; 3) reference groups outside the nurse's immediate work situation—church, school of nursing, organizations; and 4) the nurse's self-expectations—what she thinks a nurse should be and do.14

Lesnik and Anderson have described seven independent functions within nursing that require no prior medical order for their validity. These nursing functions were identified as authoritative sources upon which nursing practice acts and other legislation could be based; primary aids to

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14Ibid., p. 196.
the courts in the construction and interpretation of laws in all types of legal proceedings; fundamental sources upon which courts could rely in interpreting the scope of functions within areas of control; and to serve to establish standards.15

Faye G. Abdellah has defined a nursing function as:

...a group of nursing activities so related to each other that each activity contributes to the solution of the same nursing problem. These activities involve helping the individual meet his health needs so that he can benefit from the therapy which has been ordered for him, and assisting him to adjust to his health problem(s), whether in a hospital, home or community.16

This study was limited to one independent nursing function—"Direction and Education for Physical and Mental Care".

Patients who are acutely ill react psychologically to illness by regressing to a state of complete dependence. It is important in this phase for the nurse to meet the physical needs of the patient; to guide and direct the patient to a maximum degree of self-care within the limits of his illness; and to so plan the teaching that as the patient progresses he will be able to sustain or maintain the level of health and independence that he eventually acquires as his maximum state of health. This is rehabilitation and the nursing function—"The Direction and Education for Physical and Mental Care"—is part of the framework necessary in order that it may be effective.

Nursing is an educative instrument, a maturing force, that aims to

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16Abdellah and others. op. cit., pp. 9-10.
promote forward movement of personality in the direction of creative, constructive, productive, personal and community living.\textsuperscript{17}

B. The Problem Area

At the present time many chronically ill patients have returned to their homes and communities unprepared for the adjustment that they must make toward the limitations their illness has created. Families have felt confused, frustrated and helpless in not knowing what their responsibilities were in caring for the patient.

Studies made have indicated some reasons why nurses have failed in carrying out their function within this area. Some of these are:

One, schools of nursing have often been to blame for emphasizing the physical care of the patient and placing less stress on skills which contribute to the mental health of the patient. Once the criteria for meeting the physical needs of the patient were foremost in nursing. Now with the advancement in medicine and the delegation of added responsibilities in nursing, this kind of care is no longer adequate. With the new phase in nursing which stresses the care of "the patient as a whole"—physical, mental, spiritual—nurses educated in these schools are not prepared to meet the needs of the patient essential for effective rehabilitation.

Two, hospital administration often placed such demands on the nurse that she found she was placed further away from the actual care of the patient. This too prevented her in being able to identify the needs of

\textsuperscript{17}Peplau. \textit{op. cit.}, p. 16.
each patient and to help them become as self-reliant as possible.

Three, patients who are acutely ill react psychologically to their illness and may regress to a state of complete dependence. It is possible that nursing has drawn people who like to respond to dependency in others and thus meet their own needs. If this is true, then it would be difficult for these nurses to teach patients to become less dependent or to care effectively for patients who are convalescent and becoming independent.

C. The Problem

The focus of this study was an attempt to determine the nurse's role in the rehabilitation of the hospitalized patient as it relates to one of the independent nursing functions—"the direction and education for physical and mental care".

D. The Purpose of this Study was:

1. To define the independent nursing function in direction and education for physical and mental care as it pertained to the rehabilitation of the hospitalized patient.

2. To determine what the role of the nurse was in the rehabilitation of hospitalized patient within this nursing function.

3. To determine whether there was a correlation between the nurse's performance within this function, as it related to the rehabilitation of the patient, and the patient's knowledge and progress because of the nurse's performance.

E. The Limitations to this Study

This study was conducted by means of a structured interview. Because of the human element present within the interaction between two people and
the inexperience of the investigator in conducting such interviews, the
validity and reliability of the data was limited in some areas.

The interviews were limited to four patients with the diagnosis
of myocardial infarction and to four nurses who were responsible for the
direct care of these patients. The interviews were structured around
thirteen questions to the patients and fifteen questions to the nurses.
Thirty minutes was allowed for each interview. The patients interviewed
were in various phases of their rehabilitation—recently admitted, mid-
convalescence, and pre-dismissal.

No distinctions were made as to the level of education and amount
of experience the nurse had previous to the interview. That she was re-
sponsible for the direct care of the patient was the only requirement.

The nurse's concept of her role was not dealt with in this study.

F. Methodology of this Study

To obtain the required data for this study, the interviews were with
patients who had approximately the same diagnosis of myocardial infarction
but were in different phases of rehabilitation. Two were in the pre-
dismissal phase of their rehabilitation and participating in maximum ac-
tivities within the limitations of their illness; one was in the mid-
convalescent rehabilitative phase and ready to enter the pre-dismissal
phase; and one had just passed the acute phase and was beginning the mid-
convalescent phase with a moderate amount of activity.

The questions to the patients were focused on the education and
direction the patients had received within their present phase of rehabili-
tation. The questions directed to nurses within this area were planned to determine the nurse's knowledge of how much the patient understood his disease and what education and direction was given the patient within his present rehabilitative phase.

A pilot study was conducted prior to the study reported to determine the adequacy of the structured questions. As a result, some of the questions were changed and a few additions made. Mr. M. E. Brookhart from the Testing and Counseling Department, Montana State College, was a consultant in helping the investigator prepare the interview. This assistance was an attempt to insure increased validity, reliability and objectivity in securing the data.

Four interviews (two nurses and two patients) were conducted at the Bozeman Deaconess Hospital, Bozeman, Montana, during winter and spring quarters, 1961. The other four interviews (two nurses and two patients) were conducted at the Montana Deaconess Hospital, Great Falls, Montana, during spring quarter, 1961. Letters were sent to the Directors of Nursing Service at each hospital asking for permission to conduct the interviews. A copy of the letter was sent to each hospital administrator.

G. Definition of Terms

1. Rehabilitation—the process by which a person is restored to optimum functioning within the limitations of his illness or disability.

2. Nurse—a graduate registered professional nurse.

3. Role—the functions which are expected of a person in a given position.

4. Nursing function—a group of related nursing activities and
responsibilities directed toward the solution of the same nursing problem.

5. Independent nursing function—a function in which the nurse determines when and how the function shall be carried out without the necessity of a physician's order.

H. Organization of the Remainder of this Study

The remainder of this study was arranged into three chapters. Chapter II consists of a review of literature related to the area of rehabilitation and the independent nursing function developed in this study. Chapter III presents an analysis and interpretation of data obtained from the interviews. Chapter IV contains the summary, conclusions and recommendations.
There has been a great deal of literature written concerning the role of the nurse in rehabilitation because of her increasing responsibility in this area. Limited literature was found in relation to independent nursing functions because the assumption of professional responsibilities in these areas are comparatively recent. Many components of the independent nursing function dealt with in this study were found incorporated within various writings, although not specifically identified.

A. Principles of Education within Rehabilitation

Rehabilitation is a continuous educational process involving the nurse as the teacher, the patient, as the learner. For the teaching-learning process to be effective, the nurse must find out what the patient knows about his illness, determine his readiness to perform self-help activities, and estimate his degree of motivation, interest and understanding of long and short term goals.

Ralph W. Tyler has stated:

Education is an active process. It involves the active efforts of the learner himself. ...the learner learns only those things which he does. ...it is essential to see that education provides opportunities...to enter actively into, and to deal wholeheartedly with, the things which interest him, and in which he is deeply involved, and to learn particularly how to carry on such activities effectively.¹

From a report of a work conference on nursing in long-term chronic disease and aging published by The League Exchange, it was stated:

Pertinent teaching which includes cooperative planning and effective utilization of the teaching-learning process is essential in achieving the immediate and long-range goals of patients with chronic disease.

With recognition of rehabilitation as a continuous educational process for the patient, patient teaching is paramount, and simplified principles of patient teaching should be adhered to by all.2

To understand more fully what is involved within the teaching-learning process, we must consider some of the components active within the learning process. Cronbach has described the seven concepts central to the learning process as follows:

a. Goal. The goal of the learner is some consequence he wishes to attain. The goal directs his efforts.

b. Readiness. A person's readiness consists of the sum-total of response-patterns and abilities he possesses at any time. His readiness limits what he can do.

c. Situation. The situation consists of all the objects, persons and symbols in the learner's environment.

d. Interpretation. Interpretation is a process of directing attention to parts of the situation, relating them to past experiences, and predicting what can be expected to happen if various responses are made.

e. Response. A response is an action or some internal change that prepares the person for action. The response is often a provisional try intended to reach the goal.

f. Consequence: confirmation or contradiction. Some events that follow the response are regarded by the learner as the consequences of the response. These either confirm or contradict his interpretation.

g. Reaction to thwarting. Thwarting occurs when the person fails to attain his goals. He may react adaptively or nonadaptively.3

The nurse must help the patient in planning attainable goals. She must help him understand what his limitations and assets are within the level of his functioning. In relation to this Field has said:

Whatever the ultimate objective may be, the immediate goal must at all times be on a realistic level...sufficiently high to have the patient feel that reaching it will represent an achievement and yet not so high as to expose him to possible failure and frustration. This implies that at no time can we think of rehabilitation goals as being static and definitely predetermined, but that they must be advanced gradually, as the patient meets one challenge after another.4

Cantor also stated in regards to a person's goals: "A person learns best when he has his own purposeful goals to motivate and guide his learning activity."5

Mabel A. Wandelt has said in regard to the teaching goals for patients:

Our goals in teaching patients are, first, to impart information and, second, to motivate the patient to a particular kind of action as a result of that information. To accomplish the first objective and ignore the second is fruitless, and it is practically impossible to achieve the second without the first.6

Faye G. Abdellah has said:

Nurses tend to make false assumptions about what the patient knows or understands. If he is a chronically ill patient, they assume that


his nursing problems are static.  

As has been previously stated, rehabilitation is a teaching process. Wandelt has stated in regards to teaching:

When we discuss teaching patients, we often speak about what to "tell" them. Doctors who do not wish to have their patients taught by anyone else almost invariably say, "I tell my patients all they need to know".  

By "telling" patients, how much can we determine what he knows or needs to know about his illness? Wandelt has further stated:

We must ask questions...so that we can discover what the patient knows and then relate our instructions to his present knowledge. A fundamental principle in teaching is to determine where the student is in the learning process and to start our instruction there.

We should remember that an individual does not receive meaning from words, but rather, he puts meaning into words according to his own experience. The semantic aspect of communication should alert us to the need not only to introduce our teaching with significant questions, but also to intersperse our instructions with questions, so that we can check the patient's understanding before we consider taking up another point.

The didactic way of unloading information by telling is undoubtedly a timesaver. Perhaps this is why all too often when the nurse has a teaching job to do, she proceeds in the most direct manner to "tell" the patient what he should know. Thus the job gets done and the nurse has fairly complete control of the time involved.

If a continuous re-evaluation of the teaching-learning process is made to determine the growth and progress the patient has made toward his goals, the nurse should be able to plan more effectively with the patient.

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8Wandelt. *op. cit.*, pp. 625-626.

the activities which could assist him in reaching the goals upon which his rehabilitative efforts are focused.

B. The Independent Nursing Function Dealt with in this Study

This study was limited to one independent nursing function—the direction and education of the patient in ways which would secure physical and mental care and the relationship of this care to nursing standards applicable in the rehabilitation of hospitalized patients.

Direction and education for sustaining and preventive care is a growing activity within the nursing field. Public health nurses have made large contributions in this area. Nurses in hospital situations are finding this to be an increasing part of their responsibility in their care of the mounting numbers of chronically ill.

Lesnik and Anderson have described seven independent nursing functions and one dependent nursing function. In relationship to the nursing function dealt with in this study they said:

The increasing scope of nursing instruction and observation understandable by lay persons, prenatal and maternal care, the adaptation to and assumption of responsibilities by patients enduring lengthy and chronic illnesses, the education of family and associates of patients in environmental adaptation and in hygienic matters relating to health, require a lay, legal and professional re-evaluation.10

Nurses not only must meet the physical needs of the patient, but the psychological needs as well during the illness.

Lesnik and Anderson further stated:

Although psychological needs may well be considered as involving the process of adaptation by the patient to the illness, and hence be classified as within the area of supervision, such needs also may involve, and perhaps more frequently, nursing education and direction of the patient.

Direction and education embracing the sciences upon which professional nurses are trained, which are limited to hygienic care, prevention of disease and illness, adaptation and the like, are nursing functions. So long as those functions are limited to nonremedial means and avoid the implementation of therapeutic and positive remedies, they are nursing functions. This is an area in which professional nursing is destined to contribute greatly to the social and healthful welfare of the public.\textsuperscript{11}

With the increasing responsibilities the nurse has had to accept over the years, the problem of defining nursing and recognizing the independent nature of the practice, has been the focus of extensive studies of nursing activities by the nursing profession. Lyle Saunders, a sociologist at the University of Colorado's School of Medicine, who is well acquainted with nurses and their problems, has stated in relation to nursing functions:

Where the nursing function was once performed typically by relatives to the sick, in his home, and with recourse only to such knowledge and skill as was available to all normal adults in the community, it now is increasingly carried on in institutions by a number of variously trained persons with a variety of specialized skills, who draw upon several bodies of theoretical and practical knowledge, and who work under conditions of delegated and divided authority and responsibility.

The shift from kinship to professional responsibility...has made necessary the development and evolution of professional standards for evaluating and improving training and performance, professional codes of ethics—all of which in turn have contributed to the growth of a sense of cohesion and common purpose among members of the profession.\textsuperscript{12}

\textsuperscript{11}\textit{Ibid.}, pp. 275-276.

With the changing responsibilities of nursing, it has been important to define nursing and to determine what its functions are in relation to standards, legal aspects and legislative control.

The Educational Administrators, Consultants and Teachers Section of the A.N.A. have defined a nursing function as: "...a function is a nucleus of activities, responsibilities, and duties so homogenous in character as to fall logically into units for purposes of execution."\(^{13}\)

_The American Journal of Nursing_ in discussing nursing functions and activities stated:

Activities vary according to the hospital's routines and the doctor's preferences. The patient's personality and his family affect the activities, but they do not change the function.

...nurses all perform independent nursing functions and dependent nursing functions. In an independent nursing function the nurse makes the decision as to when and how the function shall be carried out; for a dependent function she must have an order from the physician.\(^{14}\)

Mariam M. Johnson and Harry W. Martin have also stated:

Compared to the activities of the doctor, the nurse's activities are not directly related to the external problem of getting the patient well, but are designed... to establish a therapeutic environment. This may include a variety of specific behaviors from creating a comfortable, pleasant physical setting to the more directly nurturant activities of explaining, reassuring, understanding, supporting and accepting the patient.

...the patient, both by virtue of being ill and by virtue of being in the hospital, needs more than does the normal adult, reassurance, support, acceptance, understanding and meaningful explanations. Because of the patient's regressed state of mind and the threatening unfamiliarity of the hospital, if the purely instrumental aspects of

\(^{13}\) Nursing Functions and Activities, _The American Journal of Nursing_, Vol. 57, January, 1957, p. 79.

\(^{14}\)Ibid., pp. 79-80.
restoring him to health, are not balanced by tension-reducing expressive mechanisms, a great strain is put on the patient's ability to "take it". ...if his tension is built up to intolerable heights his illness may be intensified. The nurse, then in playing the expressive role, serves the important function of maintaining the motivational equilibrium of the patient as he moves from illness to health.

The nurse in her activities of caring for the patient can give him immediate gratification by her explanation, reassurance and comforting ministration and thus reduces his tensions.¹⁵

Johnson and Martin have stated that the nurse also:

...serves as a kind of intermediary between the doctor and the patient by interpreting the doctor and his activities to the patient. Thus while the doctor, as instrumental specialist, leads the system, the nurse, as expressive specialist, integrates it.¹⁶

All functions and activities in nursing are ultimately directed toward the prevention of illness and improvement and sustainment of health for all individuals.

C. The Role of the Nurse in the Rehabilitation of Patients with Myocardial Infarctions and Chronic Illness

One of the wards of the Veterans Administration Hospital in Los Angeles, California, has developed a well-planned teaching program as part of a comprehensive care program for patients with cardiac disease, especially those who have myocardial infarcts.

The objectives of their program were:

1) assisting the patient and his family to develop an understanding of the former's illness;
2) motivating the patient to take an active part in his recovery program;


¹⁶Ibid., pp. 375.
3) assisting him in accepting his illness with its restrictions;
4) helping him to make realistic plans for the present and future
   so that he may continue as a contributing member of his family
   and community;
5) giving him mental and physical support and guidance throughout
   his convalescence; and
6) supporting and fortifying the program of care for the patient
   as outlined by the doctor and other members of the health team,
   and in this way, providing for continuity of care.  

As a first step in teaching a 3 by 5 card is given the patient which
lists some do's and don'ts of cardiac care. This is especially helpful
to the patient during the early part of his hospitalization in explaining
what specific activities he is allowed. The nurse explains the instruc-
tions at the time she gives him the card.

The following illustrates what is on the card:

Some Do's & Don'ts for the Heart Patient

1. Don't stretch yourself by reaching for objects.
2. Don't throw yourself about in bed. Move slowly and deliber-
   ately.
3. Do request your nurse or aide to leave your bedside stand close
   to your bed with the drawer open.
4. Do move your legs about in bed but not vigorously.
5. Do lie as quietly in bed as you can.
6. Do inform your nurse if you become nervous or upset.
7. Don't get out of bed and onto the commode except when an aide
   is present with you.
8. Do ask the aide or nurse to leave your call light within easy
   reach.
9. Don't strain with bowel movements. Tell the nurse or aide if
   you are constipated.
10. Do ask the aide or nurse for any assistance you wish.  

The patient is not in a mental or physical condition at the time of

17Geraldine Skinner, Evelyn Bateman, and Kathleen Nichols. "To
Nurse Is To Teach", The American Journal of Nursing, Vol. 58, January,
1958, p. 92.

18Ibid., p. 92.
admission to comprehend adequately any direct teaching. It was felt, however, that giving the do's and don'ts card as soon after admission as possible gave the patient a guide to his activities and helped to prevent further damage.

As soon as the patient's physical condition improved, more active teaching was started. A sheet titled, "Your Recovery Program" was given the patient. The information on the sheet had been previously approved by the medical staff. Geraldine Skinner stated:

...the paper tells the patient something about his plan of care, the importance of rest, diagnostic tests, and how his progress is checked.

Experience has shown that much of the information has to be taught and retaught over a period of time before it can be fully accepted by the patient, mainly because emotional factors greatly detour the learning process.

As the patient convalesces, the teaching is expanded to include the patient's family whenever possible. We try to make them feel that this is a family plan rather than one made by others for them. In this, the services of the medical social worker, the dietitian, the public health nurse, the doctor and other health workers are utilized.19

This teaching plan for cardiac patients takes into consideration all the components within the nursing function of "direction and education for physical and mental care", directed toward sustaining and preventive care. It is also directed toward rehabilitation which is an educational process by which a person is restored to optimum functioning within the limitations of illness or disability.

Minna Fields has stated in regard to the level of functioning of

19Ibid., p. 92.
the patient:

In our efforts to determine the level of functioning the patient can aspire to attain, it is important to keep in mind that the degree of disability involved is not in itself an indication of the extent of the handicap. The way the patient feels about his impairment, and the frustration it imposes, is of the greatest importance. There are differentials in the impact of disability upon people. We all know people who make astonishing progress in the face of what appear to be almost unsurmountable physical difficulties, while others continue a vegetative existence, even though the degree of physical impairment is minimal. There are those who prefer to wear out, and others who would rather rust out. Unless we learn to estimate the importance of the patient's emotional readiness to move from dependence to self-sufficiency, we may find that all the recent expanded community facilities will be of little avail in achieving the goal toward which our rehabilitation efforts are bent. Whether the patient will avail himself of the opportunity to learn more adequate functioning lies in the meaning illness has for him and the way in which we can help to reinforce positive attitudes and overcome negative ones.  

Field further stated:

We must understand the factors which have a bearing on the patient's reaction to any step leading to greater self-responsibility and remember that the individual functions as an integrated total personality. His disability is only a part of him. Besides the missing limb, the blind eye, the deaf ear, the injured lung, the tired heart, there is a human being with the rest of the body undamaged and a mind which remains unaffected by the disease process.

For the rehabilitation effort to be effective, must there be a good relationship between patient and nurse as well as cooperative effort between all members of the health team? Skinner and others have stated in regard to this: "Good communications between the patient, nurse and other members of the health team are essential to good teaching."

\[\text{Field, op. cit., p. 187.}\]
\[\text{Ibid., p. 186.}\]
\[\text{Skinner and others. op. cit., p. 93.}\]
In a report of a work conference in long-term chronic disease it was stated:

Communication is an essential component influencing the effectiveness of all nursing activity and is interwoven as an integral part in concepts relating to chronic disease and long-term illness nursing.

Basic to professional communication are skills in systematic observation, trained perception, clinical listening and disciplined objectivity. Intelligent communication requires the ability to understand and use the professional language.  

Lydia Rapoport said in relation to the team:

The art of healing is now recognized as a social activity involving the joint endeavor of numerous disciplines. Diagnosis, treatment, planning and rehabilitation are all processes requiring a team approach. This is especially true in work with the chronically ill patients, the disabled, the mentally ill.

To work effectively in a collaborative process there needs to be:  
1) a solid identification with a respect for one's own profession or discipline; 2) knowledge and respect for other disciplines; 3) acceptance of authority invested in whoever has superior knowledge, skill and designated responsibility; and 4) a deep conviction that through joint endeavors we can do things better than we could alone.

Minna Field's statement in regard to this:

Teamwork in rehabilitation implies the recognition on the part of all participants that there exists a problem requiring attention, a desire to solve it by active participation, a recognition by each member of his inability to solve it singlehanded, a clear understanding of one's own function, and appreciation of, and respect for, the function of other team members and the contribution they can make, a flexibility in adjusting one's own part in the process, a willingness to share in the helping process on a give-and-take basis and to arrive at a common solution with the primary goal of the patient's welfare as the


The working together of the nurse, doctor, dietitian, physical therapist, public health nurse, and other members of the health team, should provide continuity of care and faster progress of the patient toward recovery.

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Chapter III

ANALYSIS AND INTERPRETATION OF DATA

Structured interviews were obtained from four patients who had approximately the same diagnosis of myocardial infarction but were in different phases of rehabilitation. Four nurses, who were responsible for the direct care of these patients, were interviewed.

Patients A and B were in the pre-dismissal phase of their rehabilitation and participating in maximum activities within the limitations of their illness; Patient C was in the mid-convalescent rehabilitative phase and ready to enter the pre-dismissal phase; Patient D had just passed the acute phase and was beginning the mid-convalescent phase with a moderate amount of activity. No patient was interviewed during the acute phase of his illness, that is, when oxygen therapy or analgesics for pain were required. Permission to conduct the interview was obtained from each patient's doctor prior to the interview.

Nurse A was an assistant charge nurse, relieving the charge nurse on her days off and otherwise functioning as a medications and treatment nurse within the functional method of nursing care. Nurse D was a charge nurse within the functional method of nursing care. Nurses B and C were team leaders within the team method of nursing care. Each of these nurses had the direct responsibility for the nursing care of one of the patients. For ease in reference, Nurse A cared for Patient A, Nurse B for Patient B, Nurse C for Patient C, and Nurse D for Patient D.
A. Interviews with Patients

Each interview with a patient consisted of thirteen items. The focus of these questions was to determine the education and direction the patient had received within his present phase of rehabilitation. The objectives of these were: 1) to determine how much the patient felt he had learned about his condition; 2) to find out which person or persons had taught him the most; and 3) to estimate what value he considered the nurse to be in this area. The questions were written in a manner to elicit the responses the investigator was hoping to achieve without suggesting a response to those interviewed.

Questions 1 and 2 were asked by the investigator to determine to what extent the patient understood his present illness. All the patients interviewed responded with some mention of heart involvement with indications of pain and nausea prior to the onset of the illness.

Items 3, 4 and 5 were asked by the investigator to determine what questions, if any, the patient had concerning his condition when admitted to the hospital, such as, who answered these questions for him, and what answers were given. None of the patients interviewed stated that he had asked any questions about his condition when first admitted to the hospital. When the investigator probed to determine whether questions were asked about their conditions at a later time, only Patient B stated she had asked any questions about her condition. These questions she asked of her doctor. This patient had the mildest heart involvement of those interviewed. It was the opinion of the investigator that failure to ask questions concerning their condition could have been attributed to the fact
that they were too acutely ill at the time and were experiencing a great deal of pain and apprehension. This apprehension could have hampered them asking questions for fear of what they might learn. The investigator, however, did not pursue these aspects in the study. Most of the patients stated that they just waited to be told about their condition rather than ask any questions.

Questions 6, 7 and 8 were asked to help the investigator determine what the patient felt that he had learned about his condition since admission to the hospital; what persons were helpful to him in learning more about his condition; and what was done by these people that the patient considered valuable in better understanding his condition. Patient A stated he had learned that he must not eat fatty foods high in cholesterol. Patient B stated that she had learned she must rest for several weeks because of the possibility of the recurrence of this condition. Patients C and D stated they had learned nothing about their condition since admission to the hospital. Patient C said, "I guess its just like cancer, they don't like to talk to anyone that they have cancer and I guess its the same with heart trouble." Patient D said, "Nothing. They don't tell me nothing and if they do, I don't understand their words". All four patients mentioned the doctor as being helpful in understanding their condition. Patient A felt the nurses had been more helpful in understanding his condition but could not be specific in what ways they had been of value. Patient C, although she mentioned the nurse as also being helpful, later said, "The nurses, they don't say much, they won't tell you nothing, but I don't care". When Patient B was asked whether she had asked the nurse
any questions to help her better understand her condition she said, "No, I didn't. I didn't think the nurses were probably told". Patient D stated that although the doctor and nurse had tried to help her understand her condition, she couldn't understand their long words. Their reassurance that she was getting better and their advice that she rest was what she felt was most valuable.

Questions 9 and 10 were structured to determine what the patient understood about the treatment he had received as well as which of the persons concerned with his care had helped him to better understand his treatment. Most of the patients referred to the medications they had received and the need for rest as their treatment. Patients B, C and D referred to their doctors while explaining their treatment and Patient A was not specific but referred to "they". Patient A, when asked whether he had received any explanation about his treatment later said, "Vaguely, but not much. The only one who would tell me was the doctor because nurses never discuss things like that". Patient C said, "The nurses seemed to know what was the matter with me". When the investigator pursued this issue further she said, "No, they just bathed me and put me in the chair". (Here the patient could have been referring to the non-professional personnel as "nurse"). "They don't even tell me what pills I'm getting". This patient felt her doctor had helped her in understanding her treatment, but said, "He explained it to me, but I can't understand those big words, so I don't really know what it's all about".

Question 11 was asked to determine if the patient realized the continuity between what he had learned about his condition and treatment in
the hospital and what would need to be continued when he went home. Generally, the patients stated they would need to rest, follow a diet and take their medications after their dismissal from the hospital.

Question 12 was asked to determine how much the patient felt his family knew about his condition and treatment. Patients A, B and C considered that their families understood their condition and treatment well, and referred to their doctors as being helpful, while answering this question. Patient D stated she felt her family knew nothing about her condition. During the interview, this patient referred several times to family discord present at home. She said that she felt her family was responsible for this present illness because of the work they had caused her. She stated that the doctor was supposed to have talked to her husband and "really give him a bawling out". The investigator did not attempt to investigate this problem.

Question 13 was asked to determine what adjustments the patient felt he would need to make when he went home as a result of this illness. The purpose of this question was to determine whether the patient was aware of some of the limitations his illness would create. Patient A was concerned because he didn't have any hobbies and wouldn't know what to do with his time. Patients B, C, and D referred to limited activity and rest as adjustments they would need to make. Patients B and C had had previous heart conditions prior to admission to the hospital, however, none of the patients had ever experienced a known myocardial infarction prior to their admission to the hospital for the present illness. Patient C felt she would continue as she had previously at home. She had had someone to come
in and do her cleaning and she had been following a diet. Patient B con-
sidered rest of prime importance.

Each interview required approximately thirty minutes to complete. The investigator attempted to obtain the data required from the patient with as few questions as possible so as to allow adequate time for the patient to respond and yet not extend the interview so that it would be tiring to the patient.

B. Interviews with Nurses

The interview with the nurse consisted of fifteen items. The focus of these questions was to determine the nurse's knowledge of how much the patient understood his condition and what education and direction was given the patient within his present rehabilitation. These questions were also written in a manner to elicit the responses the investigator was hoping to achieve without suggesting a response to those interviewed. The investigator did not want to place the nurse interviewed into a defensive position by implying that something should have been done. The objective was to determine what was done.

Question 1 was asked to determine the nurse's knowledge of how much the patient knew about his condition on admission to the hospital. Nurse A stated she wasn't on duty when the patient was admitted and didn't know whether he knew what his condition was on admission. Nurses B, C and D felt that their patients knew what had happened to them.

Question 2 was asked to determine whether the nurse was on duty when the patient was admitted. If the nurse answered "yes" to question 2,
she was asked question 3 which was structured to determine what the patient asked about his condition when first admitted to the hospital. If the nurse answered "no" to question 2, then question 4 was asked to determine if the patient had asked about his condition soon after he was admitted to the hospital. Of the four nurses interviewed, only Nurse C was on duty when the patient was admitted. When asked if the patient had asked any questions when first admitted to the hospital, she stated her patient hadn't asked any questions. She said, "I think many times the patient is too apprehensive to ask questions. They're afraid to find out."

Nurses A, B and D were asked question 4 to determine whether the patient had asked any questions soon after he was admitted to the hospital. Nurse D stated her patient didn't question anything; Nurse B said her patient inquired about her blood pressure; Nurse A stated her patient had asked several questions concerning: 1) "prostate trouble", 2) certain medications, 3) a feeling of heaviness in his chest and 4) bedrest.

Questions 5 and 6 were structured to determine who answered these questions for the patient and what was said. These questions were omitted for Nurses C and D because Nurse C had stated that the patient hadn't asked any questions when first admitted to the hospital, and Nurse D that the patient hadn't asked any questions soon after admission to the hospital. Nurse B stated she "vaguely" answered the patient that her blood pressure was "all right" when the patient questioned her about this. Nurse A said she had answered the patient as to why he had to be on strict bedrest. This same patient had refused to take a Cardilate tablet because he hadn't felt it was doing him any good. With Nitroglycerine he had obtained relief
in a short time. In regard to this Nurse A stated,

This Cardilate business happened on P.M. shift (the patient's refusal to take the medication) so they didn't give the pill to him. I told the doctor the next morning and he explained the action of the drug...the slower action of it in relation to Nitroglycerine.

The nurse related that the patient then felt better about this. The doctor also explained to the patient the reason for his urinary difficulty.

Questions 7 and 8 inquired as to which areas the nurse felt the patient needed special teaching and direction to better understand his condition; and why she felt these areas needed special attention. Nurse A felt the patient hadn't been in the hospital long enough to determine these areas. She said, "...I don't know how serious the doctor thought he was. How much he would be restricted, ... If he'd been here longer, might have been able to do this." (This patient had been in the hospital for two weeks and both patient and nurse were interviewed the day of the patient's dismissal from the hospital). Nurses B and C felt there were no areas in which the patient needed special teaching and direction about his condition. Nurse C stated the doctor had been quite frank in discussing the patient's condition with the patient. This nurse stated, "I didn't feel I needed to reassure her. She complained of some chest pain, but she acted as if it was nothing at all. She wasn't a problem at all."

Nurse D stated that she had trouble with helping her patient to understand her diet and had asked the dietitian to also talk to the patient concerning this. Diet was the only area this nurse felt needed special attention.

Question 9 was asked to determine what the nurse did to help the
patient understand his condition. Nurse A stated she explained to her patient the importance of bedrest and that he would need to limit his former activity. Nurse B stated her patient had asked her about her blood pressure and she felt she helped her patient better understand her condition by reassuring the patient that her blood pressure was "all right". Nurse C stated she hadn't spent any time in helping her patient better understand her condition. Nurse D felt that the patient understood her condition and that the doctor had been good about explaining the patient's condition to the patient. This nurse stated, "She knows the "why" about this that and the other thing. She never questions it—she seems to know the reason for it."

Questions 10 and 11 were structured with the same purpose in mind as questions 7 and 9 but were related to care and treatment. Nurses A and B felt there were no specific areas in which their patients needed special direction and teaching about their care and treatment. Nurse C thought her patient was more active than her condition warranted. Nurse D stated that her patient had asked the reason why blood had to be drawn from her arm each day. The doctor had explained to the patient the reason why the prothrombin time had to be taken each day. The patient had disliked having her arm "stuck" for this procedure. The patient had also asked to be permitted to be up in a chair as her condition improved. Permission was granted by the doctor. Nurse A couldn't think of anything she had done to help the patient better understand his care and treatment. She said, "I can't think of anything. The girls (practical nurses) in bathing him probably explained the different procedures—feeding time and
Nurse D said she had done nothing to help her patient understand her care and treatment except "talk to her and listen to her". The nurse wasn't specific about what she had talked to the patient about care and treatment. She said, "There's really very little she's questioned about treatment and care. Oh, the diet business again, but I haven't gotten anywhere". Nurse B said that she helped her patient understand her care and treatment by explaining to the patient that the doctor had left orders for the patient to walk from the bed to a chair and back to bed again to improve her circulation. Nurse C, who felt her patient was over-active, said she had explained to her patient that it would be better for her to be quiet and that they (the nurses) would help her in turning about in bed rather than for the patient to do it herself. She said she also requested the patient to ring her bell when she wanted a drink of water rather than the patient trying to help herself.

Question 12 was asked to determine whether there were some areas in which the nurse felt the patient was not able to accept or understand what had been taught him about his condition and treatment. None of the nurses felt their patients had any difficulty in understanding what had been taught them.

Question 13 was structured to determine what treatment was stressed to the patient as important to continue when he went home. Nurse A said, "Well, I don't know, I never said anything. The doctor, I know, told him what to do on the train... He was instructed to take his Nitroglycerine for heaviness in his chest and Miltrate." Nurse B said she didn't know what the doctor had stressed for the patient to continue after dismissal.
Nurse C said that her patient was to limit her activity to what her doctor had prescribed for her. She said, "You know, Dr. G. sends a book home on this, (their condition and treatment) but I don't know whether she has gotten it or not." Nurse D said that nothing particular had been stressed to her patient except rest.

Question 14 was asked to determine how much the nurse thought the patient's family understood his condition and treatment. Nurse A thought her patient's wife understood his condition and treatment quite well. Nurse B said, "I don't think I even saw her family. I think I saw her husband, but I don't know." Nurse C said she didn't think her patient had any family (the patient had stated she had a sister). Nurse D said that she didn't know except that the husband had appeared quite frightened the first few days when his wife had been in critical condition. The nurse also stated that her patient's daughter had talked to her mother about family problems which the nurse felt the daughter wouldn't have discussed had she really understood her mother's condition.

Question 15 was structured to determine what adjustments the patient would have to make as a result of his illness. Nurse A said her patient would have to watch his diet and that she felt it would be especially hard for him since he enjoyed rich foods. She also felt that his impending prostate operation would be another "adjustment". Nurses B and C felt their patients would need to make few adjustments because they had had previous cardiac involvement. Nurse D felt her patient would need to slow down in her activities, not have as many visitors and follow her diet.

The nurse interviews ranged from ten to thirty minutes in duration.
The investigator had attempted to formulate the items so that the inter-
views would not extend beyond thirty minutes. The investigator felt that
if the interviews lasted longer than thirty minutes, this would be too
time-consuming for the nurse and she would be more likely to answer less ac-
curately. The time arranged for the interview was made at the convenience
of the nurse. The investigator informed those interviewed that approximately
thirty minutes was required for the interview so that the nurse could plan
her time accordingly.

C. Analysis of Data

The investigator felt that for the nurse to help the patient in his
rehabilitation and to adequately carry out the independent nursing function
dealt with in this study, she would first need to know to what extent the
patient understood his condition so she could evaluate his needs, plan
her nursing care so she could help the patient to understand his disease,
to adjust to his new situation, and to gain self-reliance. Nurse A answered
question 1 that she didn't know whether her patient understood his condi-
tion when first admitted to the hospital. Nurses B, C and D felt their
patients understood what their conditions were when first admitted to the
hospital. The patients when interviewed with questions 1 and 2 all appeared
to understand their present illness was due to some heart involvement and
were also aware of some symptoms prior to admission to the hospital.
Whether the patient understood what his condition was when first admitted
to the hospital was answered indirectly with question 3. Patients A and C
stated they knew it was their hearts that were involved. Patient B said
she didn't know what was happening when the pain started and Patient D said she was "plumb out". The answers of Nurse C and Patient C seemed to indicate a correlation. Of the four nurses, only Nurse C was on duty when her patient was admitted. This factor could have contributed to the failure of the other three nurses to answer correspondingly with their patients.

Question 2 for the nurses had been structured because it was thought that if the nurse was not on duty when the patient was admitted to the hospital, this could have some bearing on how she answered question 1 and also whether she answered questions 3 or 4.

Parallel questions (questions 3 and 4 for the patient and questions 3, 4, 5 and 6 for the nurse) were structured because the investigator wished to see whether there was an agreement between what was said by the patient and the nurse. The investigator wanted to determine whether the patient had asked any questions about his condition but because of the physical and psychological factors present during the acute phase of his illness, could not remember these.

All of the patients answered question 3 that they had not asked any questions about their condition when first admitted to the hospital. When asked if they'd asked any questions later, Patient B said she had asked her doctor about her condition, but the others had not. Patients A and D stated they had waited to be told. It was the opinion of the investigator that this indicated some of the psychological regression to dependency that many patients experience when acutely ill. The investigator also felt that this failure to ask questions was due to the pain and apprehension the patient's condition created during the early period of his
hospitalization. This apprehension could have prevented him in asking questions for fear of what he might be told about his condition and thus be an even greater threat to his security. Patient B, the least physically ill of all the patients interviewed, was the only one to ask questions and this she did after she had been in the hospital for a time.

Nurse C was the only nurse on duty when her patient was admitted. Both Nurse C and Patient C correlated in their answers that no questions were asked when Patient C was admitted to the hospital. Nurse D and Patient D correlated in their answers that no questions were asked by Patient D at a later time about her condition. Nurse B said Patient B questioned her about her blood pressure and she had "vaguely" answered that it was "all right". Patient B had not mentioned this during the interview. Nurse A stated Patient A had asked several questions concerning urinary difficulties, medications, feelings of heaviness in his chest, and bedrest. Patient A had not mentioned this in the interview but stated he hadn't asked any questions. Nurse A stated she had answered Patient A's questions concerning bedrest and that the doctor had answered the questions concerning Patient A's urinary difficulties and medications. The patient's feeling of heaviness in the chest was answered indirectly with the explanation of the action of the medications the patient had questioned. Patients A and B appeared to have asked questions which they apparently did not remember asking. Patient B may not have mentioned this question to the nurse because of the vagueness of the answer she had received. Patient A's failure to remember asking questions may have indicated that he was not ready to accept what was told him and that further reinforcement seemed indicated in
these areas. This aspect was not investigated.

When Patients A, B and C were asked question 6, they all stated they had learned something about their conditions since admission to the hospital. This included diet, rest and symptomology related to their conditions. Patient D was the only one who stated she had learned nothing about her condition since admission to the hospital because she couldn't understand the terminology used. The patient, although she expressed confusion over the terminology used, answered subsequent questions in the interview with some understanding of her condition. This patient was in a rather depressed state at the time of the interview and had just recently passed the acute phase of her illness, which could have accounted for her statement.

Patients B, C and D, in answering question 7 felt their doctors helped them understand their conditions. Patient A felt the nurses had been most helpful in this area but could not be specific in question 8 as to what they had done to be of value. Patients C and D also mentioned that the nurses helped them in understanding their condition, but Patient C later contradicted herself in question 8 by saying that nurses "don't say much, they won't tell you nothing". Patient B did not consider the nurse helpful to her in understanding her condition by stating, "I didn't think nurses were probably told".

Questions 7 and 8 for the nurse were structured to determine which areas she felt the patient needed special teaching and direction to better understand his condition; and why she felt these areas needed special attention. The investigator hoped to determine if there was a correlation
between the answers the patients had given concerning what they had learned about their conditions since admission to the hospital and the areas the nurse considered needed special teaching and direction in regard to their conditions. The investigator found some agreement and some differences in this area. Nurses A, B and C recognized no special areas that needed direction and teaching. Nurse D felt her patient needed special teaching and direction to accept her diet restrictions. Although Patient D hadn't mentioned learning about her diet as being helpful in understanding her condition, she had mentioned the nurse as being helpful in other areas in learning about her condition. Patients A, B and C could not identify specific areas in which the nurses had been helpful in understanding their conditions and Nurses A, B and C had not recognized special areas for teaching and direction, which, in the opinion of the investigator, seemed an indication that they were not as valuable to their patients as they could have been.

The investigator also wanted to determine with questions 7 and 8 whether there was a correlation between the nurse's answers to these questions and her answer to question 1. Questions 7 and 8 would involve the independent nursing function dealt with in this study—"The Direction and Education for Physical and Mental Care". Question 1 would be where the nurse determined what the patient would need to know and understand to adjust to his condition and its limitations. From this knowledge, she could then determine what areas needed special teaching and direction. This would be an indication whether the rehabilitation process had been begun when the patient entered the hospital. If the nurse was unable to
answer question 1 adequately for various reasons, questions 7 and 8 would be a cross-check to determine whether the nurse was able to recognize at a later date how much the patient understood his condition and could then plan her nursing care to help him meet his physical and emotional needs and adjust to his new situation. These nurses, except for one, had felt their patients had understood their conditions on admission to the hospital. Nurse D was the only nurse to recognize later an area concerning the patient's condition needing special teaching and direction. Nurse C felt the doctor had explained the patient's condition to her fully but this patient later stated she wasn't able to understand the terminology used so knew very little. Therefore, it was the impression of the investigator, that Nurse C did not have a good understanding of her patient's knowledge or needs. Patient B gave the doctor credit for what she had learned and Nurse B stated she had not recognized any areas in which the patient needed special teaching and direction. Nurse A did not define any areas where she gave help although the patient said she had helped him, but could not be specific as to how or what.

With question 9 for the nurse, the investigator hoped the answers to this question would give further insight into how the nurse planned so that the direction and education of the patient would be most effective. The investigator again wanted to see whether there was a correlation between what the nurse did to help the patient better understand his condition and what the patient considered to be helpful. Nurse A said she explained the importance of bedrest and limited activity. Patient A indicated an understanding of this instruction although he had not specified this as
especially helpful. Nurse B said she had helped her patient better understand her condition by reassuring her about her blood pressure but Patient B did not give the nurse credit for being helpful. Nurse C stated she hadn't spent any time with her patient in helping her understand her condition. Patient C stated she knew very little about her condition and later agreed that the nurse hadn't told her anything. Again, it was the impression of the investigator that Patient C's needs did not appear to have been met. Nurse D felt her patient had understood her condition from explanations given to her by the doctor. Patient D stated she didn't understand her condition because of the terminology they used when explaining things to her. Nurse D also appeared to have failed in adequately estimating the needs of her patient so as to effectively plan her teaching and direction to help the patient better understand her condition.

Questions 10 and 11 were structured for the nurse with the same objectives in mind as questions 7 and 9, but were related to care and treatment. Parallel questions 9 and 10 were asked the patient to determine what the patient understood about the treatment he had received as well as which persons concerned with his care had helped him to better understand his treatment. Generally, to the first of these two questions, the patients referred to the medications they had received and the need for rest as their treatment.

Nurses A and B felt there were no specific areas in which their patients needed special direction and teaching about their care and treatment. Patient A did not credit the nurse as being helpful in this area, but mentioned the doctor. Patient B stated the nurses, dietitian and doctor
had been "wonderful". The investigator felt, however, that the patient had interpreted treatment as being "treated with kindness", not as something specific to her condition. Nurse C had thought her patient was more active than her condition warranted and felt this was an area which needed special teaching and direction. Patient C mentioned limitation of activity as part of her treatment, but gave the doctor and not the nurse credit for instruction in this area. Nurse D was not specific in what areas she had given her patient special teaching and direction about her care and treatment. The nurse later mentioned that Patient D disliked the procedure for removing blood for daily prothrombin times and that the doctor had explained the reason for the procedure. She also mentioned that her diet was a problem. Patient D gave credit both to the nurse and the doctor in helping her understand her care and treatment.

None of the nurses in answer to question 12 felt there were any areas in which the patient did not appear to accept or understand what had been taught them. The investigator included this question because of the need for nurses to recognize that each patient differs in his reaction to illness. If there were areas in which the patient could not accept or understand what was taught him about his condition and treatment, this would affect how the nurse would plan her teaching to make it more effective. The investigator felt that in some areas in which there were discrepancies in what the nurse and the patient stated as having been taught or learned could have been attributed to this factor.

Question 11 to the patient and question 13 to the nurse were parallel questions to determine what treatment had been stressed as important
for the patient to continue when he went home. The investigator hoped
to determine whether there was a correlation between what the nurse felt
had been stressed as important to continue and what the patient felt he
would need to continue after dismissal from the hospital. This would also
determine, it was hoped, whether the teaching the patient had received
was potentially motivating him to a particular kind of action as a result
of what he had learned about his condition. The patient, after dismissal
from the hospital, may not have continued what he had learned without con¬
tinued reinforcement. At the present, it would indicate he had been moti¬
vated enough to be aware that there were areas of treatment which he would
need to continue to sustain or maintain the level of health which would
eventually represent his maximum state of health. Generally, the patients
stated they would need to rest, follow a diet and take their medications
after their dismissal from the hospital. Patient A mentioned diet, medi¬
cations and limited activity as important; Nurse A mentioned the doctor
had stressed he take his medications. She said she had stressed nothing.
Patient B mentioned rest and limited activity; Nurse B said she hadn't
stressed anything and she didn't know what the doctor had stressed as im¬
portant to continue. Patient C mentioned limited activity, medications
and diet; Nurse C mentioned limited activity. Patient D mentioned rest,
diet, vitamins and no visitors; Nurse D mentioned rest. Generally, what
the patient mentioned in question 9 as to what he understood about his
treatment during hospitalization, correlated with what he felt he would
need to continue when he went home. The patients appeared to understand
that what they had learned about their care and treatment should be
continued after they went home. The nurses, however, appeared to feel that this was the doctor's responsibility and that their role in this area of teaching was limited.

Question 12 to the patient and question 14 to the nurse were parallel questions to determine whether there was a correlation between what the patient and the nurse thought the patient's family understood about his condition and treatment during hospitalization. The investigator hoped to gain insight into whether the family had been included in the rehabilitative scheme and if the nurse recognized any responsibility in this area. Patients A, B and C felt their families understood their conditions and treatments. Patient A felt his family knew much about his condition and the nurse's response agreed. Nurses B and C hadn't seen the patient's family or known whether the patient had a family. If they had been aware of a responsibility in including the family within the rehabilitation of the patient, it was the opinion of the investigator that they would have answered the question more completely. Nurse D agreed somewhat with Patient D that the family did not appear to have a good understanding of the patient's condition or treatment. However, she did not mention doing anything to relieve this situation and did not indicate in answering the question, an awareness of this being one of her responsibilities.

Question 13 to the patient and question 15 to the nurse were parallel questions to determine what adjustments the patient would need to make at home as a result of his illness. The investigator hoped to determine whether there was a correlation between what the patient and the nurse considered these adjustments to be. Patient A expressed concern
that he had no hobbies with which to occupy his time. Patients B, C and D referred to limited activity and rest as adjustments they would need to make. Nurse A felt the patient's diet would create a problem; Patient A did not mention this. Nurse B didn't think her patient would have much of an adjustment because she had been a previous cardiac patient; Patient B mentioned rest. Nurse C also felt, because her patient had had a previous cardiac condition, would have few adjustments to make; Patient C's answer agreed with this. Nurse D mentioned limited activity, no visitors and her diet as adjustments to be made; Patient D's answer correlated as to limitation of activity and visitors. She did not mention diet.
Chapter IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to examine the nurse's role in the rehabilitation of the hospitalized patient as it relates to one of the independent nursing functions—"the direction and education for physical and mental care".

The hypothesis was: to be an effective practitioner in the rehabilitation of the hospitalized patient, the nurse needs to know: a) what her role and responsibilities are in the direction and education for physical and mental care in rehabilitation and b) what the patient's expectations are as they relate to the role and responsibilities of the nurse in rehabilitation.

The objectives of the study were: 1) to define the independent nursing function in the direction and education for physical and mental care as it pertained to the rehabilitation of the hospitalized patient; 2) to determine what education and direction the patient had received within his present phase of rehabilitation; and 3) to determine whether there was a correlation between what direction and education the nurse had given the patient, and the patient's knowledge and progress because of this.

Basic assumptions of the investigator were: 1) Rehabilitation is an educational process by which a person is restored to optimum functioning within the limitations of his illness or disability. 2) Rehabilitation is a teaching-learning process and to be effective, the nurse must find
out: a) what the patient knows about his illness, b) how to evaluate his readiness to perform self-help activities, c) how to estimate his degree of motivation, and d) how to determine his interest and understanding of long and short term goals. 3) All functions and activities in nursing are ultimately directed toward the prevention of illness and improvement and sustainment of health for all individuals.

A structured interview technique was used to collect the data for the study. Four patients, who had approximately the same diagnosis of myocardial infarction, were interviewed, and the four nurses who were responsible for the direct care of these patients were also interviewed. The patients were in various phases of rehabilitation—recently admitted, mid-convalescent and pre-dismissal. These patients and nurses were from two different hospitals in Montana. The items in the interview were formulated to limit the time required to thirty minutes.

The thirteen questions to the patient were formulated to determine the education and direction the patient had received within his present rehabilitative phase. The objectives of these were: 1) to determine how much the patient felt he had learned about his condition; 2) to find out which person or persons had taught him the most; and 3) to estimate what value he considered the nurse to be in this area.

The focus of fifteen questions to the nurse was to determine her knowledge of how much the patient understood his condition and what education and direction was given the patient within his present rehabilitation.

At the time of the interview all the patients appeared to understand their present illness was due to some heart involvement. None of the
patients stated they had asked any questions about their conditions when first admitted to the hospital. Two of them said they did not know what was happening to them during the acute onset of their illness. One patient admitted asking questions about her condition after she had been in the hospital for a time. These she asked of her doctor. This patient had the least heart involvement of all the patients interviewed.

Three of the nurses thought their patients understood what their conditions were when first admitted to the hospital. One nurse didn't know. Only one of the nurses was on duty when her patient was admitted which could account for some of this discrepancy.

Two of the nurses stated their patients had asked questions about their conditions and two stated they had not. Two patients appeared to have asked questions which they apparently did not remember asking. This failure to remember may have indicated that the patient was not ready to accept what was told him and that further reinforcement seemed indicated in these areas. Also, the answers received from their questions may not have been meaningful to them and therefore forgotten. These aspects were not investigated in the study.

Three of the patients felt their doctors had helped them understand their conditions. One patient gave the nurses credit in this area, but could not be specific as to what they had done to be helpful.

One nurse recognized an area for special teaching and direction to help the patient better understand her condition. Her patient did not identify this area but did credit the nurse in helping her to better understand her condition. The other three nurses recognized no areas needing
special teaching and direction to better understand their conditions. The patients of these nurses correspondingly could not identify areas in which they felt the nurses were helpful to them in understanding their conditions. One of the patients didn't think the nurse had been told about her condition and another said the nurse knew what her condition was, but wouldn't tell her anything. Here it appears that patients have different role expectations concerning the nurse and her function.

Two of the patients had stated they didn't know what their conditions were when admitted to the hospital. One patient stated that even after her condition was explained to her, she couldn't understand the terminology used. Another patient, even though she knew she had some heart involvement when admitted to the hospital, felt she had learned little about her condition since her admission. Generally, it appeared to the investigator, that these nurses did not have a sufficient understanding of their patients' needs or what their responsibilities were within the independent nursing function. There appeared to be a need for some type of inservice education to help nurses understand their role and function.

Two nurses felt there were no areas in which their patients needed special teaching and direction to better understand their care and treatment. One of these nurses, however, mentioned that she had "talked and listened" to her patient. This seemed to indicate that the nurse was aware of the importance of getting to "know" the patient and helping the patient feel important and accepted. The nurse's patient credited her as being helpful in understanding her care and treatment even though the nurse could not identify any areas specifically requiring education and
direction. The other patient interpreted treatment as being "treated with kindness" and not as something specific to her condition and gave the nurse credit for this.

Two nurses identified areas needing special teaching and direction to help their patients better understand their care and treatment. These patients identified these areas of special instruction as part of their care and treatment, but only one gave the nurse credit for this. All four patients included their doctors as being helpful in better understanding their care and treatment.

None of the nurses felt there were any areas in which the patient did not appear to accept or understand what had been taught them. However, two of the patients mentioned an inability to understand the terminology used by those explaining their conditions or treatments to them.

What the patient understood concerning his treatment agreed with what he felt he would need to continue when he went home. Two of the nurses had not stressed to the patient which treatments needed to be continued after hospitalization. Two of the nurses mentioned rest and limited activity. All the nurses, however, appeared to feel that this was the doctor's responsibility to stress areas of continued treatment and that their role in this area was limited.

Three of the patients felt their families understood their conditions and treatments. One nurse agreed with the patient; one nurse did not know whether the patient had a family; and one did not remember seeing the family. None of the nurses indicated that the inclusion of the family in the planning of the rehabilitation program for the patient was one of
their responsibilities.

Conclusions:

1) The patients generally considered the doctor the most important person in helping them understand their condition and treatment. The patient's concept of the nurse's role in education and direction required in this area may have been a contributing factor.

2) The nurses did not appear to have a sufficient understanding of their responsibilities in the direction and the education of patients as it related to rehabilitation. There appeared to be a need for inservice education to help the nurse better understand her function in this area. The philosophy of the school in which the nurse was educated may contribute to her varying skill in carrying out this independent nursing function. The philosophy of the institution in which she works also may affect her effectiveness in this area. These latter aspects were not investigated.

3) Nurses appeared to attribute more responsibility to the doctor in the education and the direction of the patient rather than interpreting this responsibility as a cooperative effort among members of the health team. Improved doctor-nurse relationships and more effective communications between members of the health team appeared to require consideration.

4) Two patients mentioned an inability to understand the terminology used by those explaining their conditions and treatments. The development of skills in interpretation to patients' levels of understanding seem to be indicated.

5) The inclusion of the family as part of the rehabilitation plan for the patient did not appear to be considered important. In the opinion
of the investigator, more emphasis needs to be placed upon the fact that the patient is a member of a family and the family must be included as an integral part in the rehabilitation of the patient.

Recommendations for further study:

1) A study on the human relations aspects, including communication skills, in doctor-nurse relationships to determine the roles of the doctor and the nurse in the teaching of patients.

2) A study of the nurse's concept of her role as it relates to independent nursing functions and the rehabilitation of patients.

3) A study to determine what relationship the philosophy of the hospital or institution in which the nurse was educated influences her ability to carry out her independent nursing functions.

4) A study to determine whether the age and the experience of the nurse influences how effectively she carries out independent nursing functions.
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Mrs. Mildred Flanigan, R.N.
Director of Nursing Service
Bozeman Deaconess Hospital
Bozeman, Montana

Dear Mrs. Flanigan:

I am a student in the master's program in nursing at Montana State College and am doing a study which requires some information from nurses and patients. I would like permission during this Winter quarter, 1961, to conduct interviews within the Bozeman Deaconess Hospital.

This will require the study of two patients with the same diagnosis of myocardial infarction. I plan to interview the patients and two nurses who are responsible for the care of these patients.

This study is focused on the direction and education the patients have received within the present phase of their rehabilitation. No names will be identified in the study.

Thank you very much.

Sincerely,

(Mrs.) Dorothy Foss, R.N.

DF/blh
CC: Mr. Ivan Corner

The faculty and staff from Montana State College School of Nursing appreciate your assistance as this study should improve understanding of the concepts of patient care in the rehabilitation of hospitalized patients.

Anna Pearl Sherrick, R.N., Ed. D.
Director, School of Nursing
Miss Phyliss Carr, R.N.
Director of Nursing Service
Montana Deaconess Hospital
Great Falls, Montana

Dear Miss Carr:

I am a student in the master's program in nursing at Montana State College and am doing a study which requires some information from nurses and patients. I would like permission during Spring quarter, 1961, to conduct interviews within the Montana Deaconess Hospital.

This will require the study of two patients with the same diagnosis of myocardial infarction. I plan to interview the patients and two nurses who are responsible for the care of these patients.

This study is focused on the direction and education the patients have received within the present phase of their rehabilitation. No names will be identified in the study.

Thank you very much.

Sincerely,

(Mrs.) Dorothy Foss, R.N.

AF/pm
CC: Mr. C. K. Shiro, Administrator
    Miss Virgina Felton, Educational Director

The faculty and staff from Montana State College School of Nursing appreciate your assistance as this study should improve understanding of the concepts of patient care in the rehabilitation of hospitalized patients.

Anna Pearl Sherrick, R.N., Ed. D.
Director, School of Nursing
STRUCTURED INTERVIEW QUESTIONS

To the patient:

1. As you understand it, what is the nature of your illness?

2. Did you have any indication that you might have this illness before it did occur?

3. What questions did you ask about your condition when you were first admitted to the hospital?

4. Who answered these questions for you?

5. As you recall, what answers did you receive from these questions?

6. Since your admission, what have you learned about your illness?

7. What persons or person do you feel have helped you to better understand your condition?
   a. Have you asked the nurse any questions to help you better understand your condition? (To be asked if doesn't specify nurse in the above question.)

8. What did (he, she, they) do that you considered helpful?
   a. What did the nurse do that you considered helpful? (To be asked if doesn't include the nurse in the above question.)

9. As you understand it, what treatment have you received for your illness?

10. What persons or person do you feel have helped you to understand the treatment you have received for your illness?

   a. Did the nurse help you in any way to understand your treatment? (To be asked if doesn't include the nurse in the above question.)

11. What parts of your treatment during hospitalization do you feel you will need to continue when you go home?

12. From your own observations, how much do you feel your family knows about your illness and the treatment you have received?

13. When you go home, what adjustments do you feel you will have to make as a result of your illness?
STRUCTURED INTERVIEW QUESTIONS

To the nurse:

1. As you recall, how much did the patient know about his condition on admission to the hospital?

2. Were you on duty when the patient was admitted? (If "no", see question 4.)

3. What questions did the patient ask about his condition when first admitted to the hospital?

4. What questions did the patient ask about his condition soon after (he, she) was admitted to the hospital?

5. Who answered these questions for the patient?

6. As you remember, what answers did he receive from these questions?

7. In what areas did you feel the patient needed special teaching and direction to better understand (his, her) condition?

8. Why did you feel these areas needed special attention?

9. What did you do to help the patient better understand his condition?

10. In what areas did you feel the patient needed special teaching and direction to better understand his care and treatment?

11. What did you do to help the patient better understand his care and treatment?

12. Were there any areas in which the patient did not appear to accept or understand what was told (him, her) about his condition and treatment?

13. What treatment has been stressed to the patient as important to continue when (she, he) goes home?

14. From what you have observed, how much does the patient's family understand his condition and treatment?

15. As a result of his illness, what adjustments do you feel the patient will have to make when he goes home?
APPENDIX B
Structured Interviews from Patients and Nurses

Patient A interviewed March 1, 1961.

He was admitted February 14, 1961 and discharged March 1, 1961.

Questions:

1. As you understand it, what is the nature of your illness?
   "Well, I would say, I must have a little heart condition. You see it was coming on about three weeks before I came to the hospital. So you see, that must have been it."
   (Could you explain further about this heart condition?)
   "I found myself with a "pressing" feeling in my heart region and it was a little hard to breathe. I didn't go to the hospital. A fellow I knew at a motel in Idaho Falls said, 'P., you look a little pale', and I told him of my "pressing" feeling in my chest. I drove from Idaho Falls to Butte. There I went to the Murray Clinic and they gave me some pills, but I continued to drive myself—wouldn't quit." (Did you know what was wrong with your heart?) "They told me in Butte that my heart was damaged and to take care of myself and rest, but I didn't till I hit the hospital."

2. Did you have any indication that you might have this illness before it did occur?
   "I had this "pressing" feeling in my chest and was hard to breathe. This I suppose came on just before the final. Coming into this high altitude area could have affected me. Although, today it doesn't affect me and I'm right here in the high altitude. I think what I really should have done is not work so hard and did more resting in the last six weeks."

3. What questions did you ask about your condition when you were first admitted to the hospital?
   "I didn't ask any questions. I knew it must have been the heart and I couldn't think of anything else. I wasn't in a position, you know." (Were there questions later?) "No, I just waited for them to tell me. I didn't know. Usually speaking, you leave it to the doctor cause they diagnose the case and a common layman doesn't know."

4. Who answered these questions for you? (omitted)

5. As you recall, what answers did you receive from these questions? (omitted)

6. Since your admission, what have you learned about your illness?
   "Well, I have learned one thing about it, that when it comes to eating foods, I must not eat any fat foods—anything that gives
cholesterol. In fact, I eat sparingly because I don't think that is good for you in solid food. Because I'm not working, I don't feel I need it—I drink skim milk and juices and I feel better. I don't get any pressure in my chest when I don't eat heavily. When ate heavily, I'd feel flushed, get a pressure in my chest and my left hand would feel heavy." (Anything else you've learned?) "No, none of us really know anything. I know it's something when you're real sick and you have to accept what they tell you."

7. What persons, or person, do you feel have helped you to better understand your condition?
   "I'll tell you, I feel the friendliness around me was very satisfactory. Nurses don't discuss your condition with you, but they were very friendly. Of course not all of them—some were a little bit sour." (The question was again repeated.) "The nurses mostly. After all, the doctor after several days, gave me some pill and I didn't like him because he'd given me the same pills in the hotel and I'd collapsed. But we got together after awhile. The little ways are what counts. I haven't had too much experience with hospitals so I guess I could say I've had pretty good health."

8. What did (he, she, they) (nurses) do that you considered helpful?
   "I couldn't put my hand on it. It was the little things they did. They still have to follow doctor's orders. As a class, they have poise and I think this is a pretty nice place."

9. As you understand it, what treatment have you received for your illness?
   "At the beginning, I don't know what it did, but for twenty-four hours they gave me those "intervening" bottles and they had something in it to keep my blood pressure going. That was tough in all that time with that thing going and in the oxygen. I'd get finished with one bottle and I'd think I was all through with it, and they'd add another one on. "I got pills, but don't really know what they were for. Yet all the time they told me my blood pressure is fine and my heart is fine and they've taken cardiographs. There must be something there because it wouldn't have happened."

10. What persons or person do you feel have helped you to understand the treatment you have received for your illness?
    "Well, I take it as all done for the best. It wouldn't have anything to do with any particular person." (Did you have any explanation from anyone about this treatment?) "Vaguely, but not much. The only one who would tell me was the doctor because nurses never discuss things like that. Nobody does."

11. What parts of your treatment during hospitalization do you feel you will need to continue when you go home?
"Diet would be the most important thing and some of those pills, if its necessary. What I understand—this whole illness—as we get older, it's time to slow down whether you're rich or poor. I've made up my mind I'm through working. You can't ride the highways and by ways and face the Montana blizzards and 40 degree below zero weather."

12. From your own observations, how much do you feel your family knows about your illness and the treatment you have received?
   "Well, my family, I suppose, would know more than the average because my wife has been right here. Secondly, she has a sister who is a pharmacist and they discuss back and forth. I guess I could have done more reading about this because I never knew what "thrombosis" is. When you're sick you think about doing all these things and then when you start feeling well again it doesn't seem so important."

13. When you go home, what adjustments do you feel you will have to make as a result of your illness?
   "The biggest trouble with my adjustment—I don't have any particular hobbies—fishing, hunting, etc. There is a possibility I might work in the office part of the time and go home early. This all depends on how my health continues. You know, today you feel well and tomorrow you're deadly ill. If I had a lot of money, I'd like to travel and see the world, but I'll settle down like all good men. I don't have to worry that I'll go hungry."

Nurse A interviewed the day Patient A was dismissed, March 1, 1961. She was an assistant charge nurse relieving the head nurse on her days off.

Questions:

1. As you recall, how much did the patient know about his condition on admission to the hospital?
   "Gee, I don't know. I wasn't on when he was admitted. I know he passed out at the Bozeman hotel. P. was on so I really don't know. She's the charge nurse—I'm relieving her while she's gone.
   "I know he was quite irritable at first, but that is typical for people who have had heart attacks, I think. Couldn't accept he had to stay quiet. Was hard for him, I think, because he has always been quite active and now found himself restricted."

2. Were you on duty when the patient was admitted? (If "no", see question 4.)
   "No."

3. What questions did the patient ask about his condition when first admitted to the hospital? (omitted)
4. What questions did the patient ask about his condition soon after (he, she) was admitted to the hospital?

"He asked—I guess he has had prostate trouble and wondered why he couldn't void at night when he wanted to. Wondered about his Cardilat pill—refused it because he didn't think it was doing him any good because he'd had Nitroglycerine and they took effect right away. It was explained to him that Cardilat took four doses to take effect. He felt better about this then.

"Let's see—wondered about heaviness in his chest after he ate and why his arms were so tired. He'd wave his arms as he talked about them feeling this way. You probably noticed that when you talked to him—how he waves his arms about? (yes). Wondered why he had to stay in bed. Why he became so tired after shaving."

5. Who answered these questions for the patient?

"I answered the questions why he had to be on strict bedrest.

"This Cardilat business happened on P.M. shift so they didn't give the pills to him. I told the doctor the next morning and he explained the action of the drug. The doctor also explained the reasons for his urinary difficulties."

6. As you remember, what answers did he receive from these questions?

"I explained that he was a busy man and would have to slow down. I explained he'd have to wait for the doctor's permission to shave. I think it's hard for these people to understand because they can't see their apparent injury.

"The doctor explained about the Cardilat—the slower action of it in relation to Nitroglycerine. Also, why the enlarged prostate would hinder his urinating. Mr. P. had a depressed attitude when first admitted and then developed a positive attitude that he would get well. Never complained much—only about the heaviness in his chest. He's a traveling salesman and has always been a very active person who has worked hard. This slowing down is hard for him to take."

7. In what areas did you feel the patient needed special teaching and direction to better understand his condition?

"I don't know except—I don't know how serious the doctor thought he was. How much he would be restricted, etc. If he'd been here longer, might have been able to do this. There's pamphlets available that could have given some information. I don't know—maybe about his traveling and things like that. The doctor said he'd need a prostate operation when he was well again."

8. Why did you feel these areas needed special attention?

"I didn't feel the patient was here long enough to be able to determine any areas."

9. What did you do to help the patient better understand his condition?
"I explained bedrest. Maybe in just talking to him." (What did you say in talking to him?) "I can't think of anything except that he couldn't be as active as he was. We had to explain when he first got up—he wanted to go further than was ordered and I explained that he was to start out a little at a time—not to over do. He also found when he tried to shave he could only give a couple strokes to his cheek and found he was tired. He then let one of the aides finish shaving him."

10. In what areas did you feel the patient needed special teaching and direction to better understand his care and treatment?

"He had special nurses for about four or five days so they probably told him about the oxygen and that sort of thing, but I couldn't say specifically if the nurse did it or not. He had Levophed when he first came and he was quite serious. You could tell he was quite worried after he was out of the tent. We always take everything for granted in hospitals, but I don't know how much he knows about hospitals."

11. What did you do to help the patient better understand his care and treatment?

"I can't think of anything. The girls (practical nurses) in bathing him probably explained the different procedures—feeding time and all."

12. Were there any areas in which the patient did not appear to accept or understand what was told (him, her) about his condition and treatment?

"No, I think he accepted them fairly well. He might have been hesitant at times, but he did accept them. He is definitely a very strong man—really bosses his wife around. Tells her just where she can sit down, etc. when she is in the room." (Hesitant at times—could you explain that further?) "Well, shaving—at first he was quite insistent. He said, 'I can do it, I know I can do it.' and I told him why he'd have to wait for the doctor's permission. So he said, 'Alright, alright.' and waited till the doctor came to give him permission."

13. What treatment has been stressed to the patient as important to continue when (she, he) goes home?

"Well, I don't know. I never said anything. The doctor, I know, told him about what to do on the train and what his wife was to do. A doctor is to meet them at the train when they reach Seattle and will probably continue his care. He will probably determine what activity he'll continue. He was instructed on taking his Nitroglycerine for heaviness in his chest and Miltrate."

14. From what you have observed, how much does the patient's family understand his condition and treatment?
"I think the wife understood very well. I think she'll not let him get up. For the doctor said to don't let him get up to the diner and she said, 'Oh, no. I'll see he stays put.' and she asked about his diet, and whether to use butter, or butter substitutes, how heavy he should eat and about salad dressings. She told the doctor, 'He can't wait till he can have a baked potato with lots of butter.' The doctor told her he shouldn't have much butter or fats—to use vegetable oils such as corn oil. I think she understood real well."

15. As a result of his illness, what adjustments do you feel the patient will have to make when he goes home?

"I'm sure there are a number of adjustments. It depends on how serious it is, don't you think? Anyway, he loves to eat—you can tell by the pouch on his tummy. And he likes butter and rich foods. Sweats. He's from a Jewish background, who likes good food. Might have to watch that. He'll have to have his prostate removed so that too will be an adjustment."

Patient B interviewed March 30, 1961

She was admitted March 17, 1961, and discharged April 1, 1961.

Questions:

1. As you understand it, what is the nature of your illness?
   "A mild occlusion." (Could you explain that further?) "A closed blood vessel, the doctor says. Must not be closed now, though, ha."

2. Did you have any indications that you might have this illness before it did occur?
   "No, I really didn't. I had heart trouble and was under Dr. G.'s care for five years for angina pectoris, it was. The pain was so severe, I really didn't know what was happening when this started."

3. What questions did you ask about your condition when you were first admitted to the hospital?
   "Well, I didn't ask anything. I was in a great deal of pain. I came in the hospital once, and they didn't find anything on the cardiogram and they gave me a hypo and the pain left. Then I left home the next day to my daughter's house. That evening the pain came on again and Dr. G. came to the house and gave me a hypo and the next day I had a "burning" in my chest and was nauseated and then I had sharp pains and the folks called Dr. G. again and sent me to the hospital again."
   (Did you have any questions then?) "There were things I wondered about, but I didn't ask. I just wanted to sleep." (As you felt better, were there some questions?) "Oh, yes. They took so many
blood counts and I wanted to know what that was and how I was coming and so on."

4. Who answered these questions for you?
   "My doctor."

5. As you recall, what answers did you receive from these questions?
   "He answered me just as the circumstances were." (Could you explain that further?) "I asked if there was a danger of it coming back again and he said there was with further activity. So I was quiet—didn't do any bathing or anything like that."

6. Since your admission, what have you learned about your illness?
   "I have learned that I must rest for several weeks when I get home." (Do you know why?) "One reason I have to rest is because I asked Dr. G. if there was a possibility of this returning and he said there was a possibility. Since I've had this heart illness, I've read up on heart illness, so I think I understand about my condition. When I read something, I ask Dr. G. if that is it and he says, 'Yes, that is it.' and I know what he's talking about."

7. What persons, or person, do you feel have helped you to better understand your condition?
   "My doctor and my doctor book." (Where did you get this "doctor book"?) "Oh, I had it so many years. It's an old book I've had around the house. It has a little bit of everything in it—about all diseases."
   a. Have you asked the nurse any questions to help you better understand your condition?
      "No, I didn't. I didn't think the nurses were probably told."

8. What did (he, she, they) do that you considered helpful?
   "Well, he explained how it was. I don't really know what to say. He said to take my medicines regularly and to rest my heart. I guess I have to have a lot of rest."

9. As you understand it, what treatment have you received for your illness?
   "Several different kinds of pills. Periodic check-ups by the doctor." (Anything else?) "I guess that's all I can say about it. Dr. G. says this is about the mildest form of occlusion he's had."

10. What persons, or person, do you feel have helped you to understand the treatment you have received for your illness?
    "All the nurses, I think, have been wonderful. My dietitian has been feeding me well. And my doctor—he comes first. I have a lot of confidence in him—all the confidence and faith in the world."

11. What parts of your treatment during hospitalization do you feel you will need to continue when you go home?
"Well, I haven't been advised yet, but I think pills. I don't know what all they are. Oh, yes, no normal activities for some time and he doesn't want me to be alone. Rest is what he stressed the most. I'll be going home to my daughter's for a while. I guess I'll be going in a few days."

12. From your own observations, how much do you feel your family knows about your illness and the treatment you have received?
"They know every thing I do because I've told them every thing. And of course, Dr. G. talked to my husband and explained things to him. He's having a conference with my daughter and husband today."

13. When you go home, what adjustments do you feel you will have to make as a result of your illness?
"Nothing for some time but rest. Then after that I guess it will be Dr. G.'s instructions as to further activity, I guess."

Nurse B was interviewed on April 1, 1961. She was a team-leader responsible for the nursing care of this patient.

Questions:

1. As you recall, how much did the patient know about her condition on admission to the hospital?
"Well, when she came in, she came in to fourth floor." (How long was she in when you saw her?) "Oh, I think she'd been in probably maybe a week." (How much did she seem to know at that time?) "She gave me the impression that she knew quite a bit. Not from anything she specifically said, but from her attitude."

2. Were you on duty when the patient was admitted? (If "no", see question 4.)
"No."

3. What questions did the patient ask about her condition when first admitted to the hospital? (omitted)

4. What questions did the patient ask about her condition soon after (he, she) was admitted to the hospital?
"First thing I remember, she was concerned about her blood pressure." (Anything else?) "See, she wanted to know if her blood pressure was alright. I gave her a vague answer that it was alright and she said it was the first time it had been normal in years. She did develop a sore throat while she was here, but I can't remember her asking questions about it."

5. Who answered these questions for the patient?
"I did vaguely, but I suppose the doctor."

6. As you remember, what answers did she receive from these questions?
   "I just vaguely said it was alright." (Was it?) "Yes. It seems to me it was around 120 or 130."

7. In what areas did you feel the patient needed special teaching and direction to better understand her condition?
   "No, not any that I can think of. She seemed to follow orders very well."

8. Why did you feel these areas needed special attention? (omitted)

9. What did you do to help the patient better understand her condition?
   "Well, I tried to reassure her." (In what way?) "Well, I tell you, this other woman was a hypertensive and this is why she was so concerned about her blood pressure. We had to take this other woman's at various intervals and that is why she was concerned about hers." (Anything else that you can think of?) "No."

10. In what areas did you feel the patient needed special teaching and direction to better understand her care and treatment?
    "None that I can think of."

11. What did you do to help the patient better understand her care and treatment?
    "Let's see. Oh, he had ordered her to walk a little bit before she sat in the chair and then to walk back to bed. I told her this was to improve her circulation." (Anything else?) "Not that I can think of."

12. Were there any areas in which the patient did not appear to accept or understand what was told her about her condition and treatment?
    "Not that I know of. She seemed very intelligent and willing to cooperate."

13. What treatment has been stressed to the patient as important to continue when she goes home?
    "No doubt she was, but I don't think I was there so I don't know what he told her."

14. From what you have observed, how much does the patient's family understand her condition and treatment?
    "I don't think I even saw her family. I think I saw her husband, but I don't really know."

15. As a result of her illness, what adjustments do you feel the patient will have to make when she goes home?
    "Probably very little because I think she has been a cardiac quite
Patient C interviewed April 25, 1961

She was admitted April 8, 1961, and was discharged May 1, 1961.

Questions:

1. As you understand it, what is the nature of your illness?
   "Heart trouble, honey." (Could you explain that further?) "The first two times it was the muscles of my heart, but this time it was a thrombosis, I think you call it. If he hadn't given me the medicine he had, it could have been fatal."

2. Did you have any indication that you might have this illness before it did occur?
   "No, not that I know of, honey. Saturday morning I got up and it was there and I came to the hospital." (What indications did you have?) "Well, my jaws ached and I had a sharp pain in my chest. When I got to the hospital, they gave me a shot in the hip and it relieved it. I took two Nitroglycerine tablets at home like the doctor said and if they didn't help to come to the hospital, so I did. The doctor said I was just completely wore out."

3. What questions did you ask about your condition when you were first admitted to the hospital? (Were there any?)
   "No, I knew what it was—a heart attack. Dr. G.—they called him and he gave me a shot and it helped right now. It wasn't like before, it was different, but I knew what it was. I knew it was a heart attack. (Did you have some questions later?) "No, I didn't ask them anything. I knew what it was and I was just too sick."

4. Who answered these questions for you? (omitted)

5. As you recall, what answers did you receive from these questions? (omitted)

6. Since your admission, what have you learned about your illness?
   "They haven't told me anything, honey. Except if the same thing happens again I'll get to hurting in my jaws and in my arms. I guess its just like cancer. They don't like to talk to anyone that they have cancer and I guess its the same with heart trouble."

7. What persons, or person, do you feel have helped you to better understand your condition?
   "The doctor and the nurses, too. All of them have been awfully good. I take thirteen pills a day and he said if I hadn't taken
them, it would have been fatal, but he's warded it off."

8. What did they do that you considered helpful?
   "The doctor told me what it is—that it's quite serious. He said
   it wasn't the same as I had. So I listened good, I didn't say a
   thing. The nurses, they don't say much, they won't tell you nothing.
   They won't tell, but I don't care."

9. As you understand it, what treatment have you received for your ill¬
   ness?
   "Well, the only treatment was three hypo treatments and I don't
   know what that is. And a little green pill and I don't know what
   that is. I never asked him." (Anything else?) "The doctor said,
   'do as I told you.'" The first week I didn't move—not even my
   arms. I was afraid he was going to make them feed me, but he did
   let me feed myself, but I couldn't cut my meat or anything. He said
   now to get up three times a day and walk to the sunparlor and sit
   up for twenty minutes."

10. What persons, or person, do you feel have helped you to understand
    the treatment you have received for your illness?
    "What persons? The nurses all seemed to know what was the matter
    with me. I tried to get on the "throne" by myself and they said,
    'don't do that!', so they scooted me on it so I wouldn't use my arms."
    (Did they explain why?) "No, they just bathed me and put me in the
    chair. They don't even tell me what pills I'm getting. Oh, and I
    think my doctor has helped me. He tried to explain it to me, but I
    can't understand those big words. So I don't know what its all
    about."

11. What parts of your treatment during hospitalization do you feel you
    will need to continue when you go home?
    "Well, just not do anything—not lift or reach. I'll have a woman
    come in twice a day so she can do that for me. He particularly
    stressed that." (Anything else?) "Oh, just take my medicine and
    I'm on a strict diet—no salt or sugar and I have to lay down one-
    half hour after each meal. That's all I'm supposed to do."

12. From your own observations, how much do you feel your family knows
    about your illness and the treatment you have received?
    "Well, honey, I haven't got any family—only a sister and she knows
    all about it. I've told her and the doctor explained it all to her
    husband so she knew what I had to do before I did."

13. When you go home, what adjustments do you feel you will have to make
    as a result of your illness?
    "Well, honey, I never did anything before I came in here. I
    never wash, dust, iron, clean—anything like that. I have a lady
    who does that. My husband died three weeks ago and everyone thinks
that lifting him—that was what done it. Doctor said I'd become completely run down in body and spirit. It won't change my eating habits—I have a book which tells me what to eat and I'll just have to follow it. I have to buy fresh fruit and cook them. I can't buy canned fruits—have too much sugar. Guess I'm on a 1200 calorie diet. I used to weigh 171 pounds and now I weight 125 pounds. I'll not do a thing. Just let that little woman do it for me."

Nurse C was interviewed April 25, 1961
She was a team leader and responsible for the direct nursing care of this patient.
Questions:

1. As you recall, how much did the patient know about her condition on admission to the hospital?
   "I think she knew what was happening to her. She has been under Dr. G.'s care for a heart condition. I believe, if I remember right, that she's had these before. She didn't seem too alarmed by it—a little apprehensive about it, but that's all. I know she'd been on Digitalis before. When she first came in, P. asked me to ask her what medications she'd been taking before and she said she'd been taking a "blood thinner".

2. Were you on duty when the patient was admitted? (If "no" see question 4).
   "Yes."

3. What questions did the patient ask about her condition when first admitted to the hospital?
   "I don't think she asked any questions at all. I think many times the patient is too apprehensive to ask questions. They're afraid to find out."

4. What questions did the patient ask about her condition soon after she was admitted to the hospital? (omitted)

5. Who answered these questions for the patient? (omitted)

6. As you remember, what answers did she receive from these questions? (omitted)

7. In what areas did you feel the patient needed special teaching and direction to better understand her condition? (Were there any?)
   "I don't think so. The doctor came and talked real frank and she seemed to understand. She knew why she was getting the oxygen."
All the nursing care she seemed to accept. No problems in wondering why it was being done. Her husband had died just before she came in so she had gone through all this with him, because I think he died of a coronary, too."

8. Why did you feel these areas needed special attention?
   "I didn't feel I needed to reassure her. She complained of some chest pain, but she acted as if it was nothing at all. She wasn't a problem at all."

9. What did you do to help the patient better understand her condition?
   "I didn't spend any time as far as that area goes."

10. In what areas did you feel the patient needed special teaching and direction to better understand her care and treatment?
    "I thought she was a little over-active, she moved about in bed too much. I don't think there was anything else."

11. What did you do to help the patient better understand her care and treatment?
    "I just told her it would be better for her to be quiet. That we should be helping to turn her rather than her doing it herself. I know once she tried to get out of the oxygen tent to get a drink of water and I told her to ring her bell and we'd get it for her. That she wasn't to move about in bed so much."

12. Were there any areas in which the patient did not appear to accept or understand what was told her about her condition and treatment?
   "No."

13. What treatment has been stressed to the patient as important to continue when she goes home? (Has there been any?)
    "Only that she limit her activity to what her doctor has prescribed for her. She's progressing in her activity now. You know Dr. G. sends a book home with them on this, but I don't know whether she has gotten it or not."

14. From what you have observed, how much does the patient's family understand her condition and treatment?
    "I don't think she has a family. Her husband just died and friends brought her in. I don't know whether she has children or not."

15. As a result of her illness, what adjustments do you feel the patient will have to make when she goes home?
    "I don't think actually it will be any different then when she came in. She'll need to limit her activity more, but otherwise her living habits will be the same. Emotionally I don't think there should be much adjustment."
Patient D was interviewed June 5, 1961

She was admitted on May 17, 1961, and the date of discharge was undetermined.

Questions:

1. As you understand it, what is the nature of your illness?
   "Heart attack. I think that's what he called it." (Could you explain further?) "I know it went all to pieces. He says it's all damaged. My daughter said I didn't come out of it for four days—I was terribly sick."

2. Did you have any indication that you might have this illness before it did occur?
   "No. In fact, Dr. H., took a cardiogram and didn't find anything." (Could you explain further?) "I went in here the 6th of April and went home the 15th—I had had surgery. On the 17th, I had pain across my shoulders and that's when Dr. H. took the cardiogram and found nothing. And on May 17th is when it hit me. And I have a funny feeling I'm not going to come out of it, either. I remember, I got sick to my stomach and passed out and then Dr. H. came and they took me in the ambulance."

3. What questions did you ask about your condition when you were first admitted to the hospital?
   "I didn't ask anything. I was plumb out. I didn't know anything for four days. I know they had the oxygen going full blast." (Did you have any questions later?) "No. I waited til my doctor told me."

4. Who answered these questions for you? (omitted)

5. As you recall, what answers did you receive from these questions? (omitted)

6. Since your admission, what have you learned about your illness?
   "Nothing. They won't tell me nothing and if they do, I don't understand their words. But I don't care—what happens will happen and there's nothing I can do about it. He uses too long a words, but he's sure a good doctor. He knows I want to go see my dad—I haven't seen him for so long."

7. What persons, or person, do you feel have helped you to better understand your condition?
   "Oh, Dr. H. That's my right arm. It's all Greek to me, but he's tried to help me. And P., I've known her a long time, and she's tried to help me, but I still don't know those long words."
8. What did they do that you considered helpful?
   "They told me I was getting a little better, slow but sure, but
   not to exert myself whatsoever. It just takes time—no excitement,
   just be quiet. He said he'd kick all the neighbors out and I wished
   he would."

9. As you understand it, what treatment have you received for your ill-
   ness?
   "I don't know. What would I have besides oxygen, pills, shots
   and vitamins. I've had about thirty of them shots. They take blood
   out of my arm every day. They have to examine it every day so it
   wouldn't get too thin, he said, so I wouldn't hemorrhage." (Any
   thing else?) "Just to be real quiet and not to raise my hands above
   my head. Not to exert myself whatsoever."

10. What persons, or person, do you feel have helped you to understand
    the treatment you have received for your illness?
    "All these nurses. They're all good to me. And Dr. H. They're
    all good to me."

11. What parts of your treatment during hospitalization do you feel you
    will need to continue when you go home?
    "Rest, diet and take vitamins, I guess, and everything I do here
    except oxygen. I might have to take a mask home. And no visitors.
    He doesn't want me to have any visitors."

12. From your own observations, how much do you feel your family knows
    about your illness and the treatment you have received?
    "Nothing. I don't think they know what's the matter with me.
    Except they know I've worked hard all my life and it's their fault.
    But they're helping me now. The doctor might have talked to them.
    He said he'd talk to my hubby and really give him a bawling out. He
    has it coming."

13. When you go home, what adjustments do you feel you will have to make
    as a result of your illness?
    "No noise at all. I'm going to have my phone disconnected for
    a couple weeks. I was to have company for a couple weeks, but I'm
    not to have anyone." (Anything else?) "Find a different house all
    on one floor. I can't go up and down stairs. I can only use an
    automatic washer and I'll have to get a dryer. I can't do any
    ironing or housework, so I'll have to round up my friends. I can't
    drive a car either and that's all I've been doing for a while."

Nurse D was interviewed June 5, 1961

She was the charge nurse within the functional method of nursing care.
Questions:

1. As you recall, how much did the patient know about her condition on admission to the hospital?
   "Well, of course, she came in on my days off. I can't remember if she came in on the day before I was on or two days. I think she said she had this pain in her shoulders while watching television and then the doctor came. She seemed to know what had happened."

2. Were you on duty when the patient was admitted? (If "no", see question 4.)
   "No, she came in on the evening shift."

3. What questions did the patient ask about her condition when first admitted to the hospital? (omitted)

4. What questions did the patient ask about her condition soon after she was admitted to the hospital?
   "The first few days she said she lost them. She questioned nothing. She was kept pretty snowed under for the first few days. She's never questioned anything. I get sort of the impression that I don't know whether she really wants to get over this. I can't tell if it's her condition or her attitude. She's had a lot of trouble in her family so that could be part of the whole thing."

5. Who answered these questions for the patient? (omitted)

6. As you remember, what answers did she receive from these questions? (omitted)

7. In what areas did you feel the patient needed special teaching and direction to better understand her condition?
   "Gosh, I don't know. She feels she's going to have to rest. I think she sort of blames her family for this. She had this surgery and was supposed to rest and didn't and blames her family for this. We've had trouble with her diet. She's on a 1000 calorie and she doesn't understand it. I've tried to get the dietitian to talk to her. There's a lot of things she doesn't like to eat. I've known her a long time and if she gets something in her head, you can't get it out. She's awfully good hearted. She doesn't seem to have any particular problems. As far as rest she seems to realize she needs to have it."

8. Why did you feel these areas needed special attention?
   "If someone could talk to her. She doesn't like hard meat and hard potatoes on her diet, but doesn't go for sweets either. She doesn't have much appetite, and a 1000 calorie isn't particularly appealing at best."
9. What did you do to help the patient better understand her condition?

"I think she understands. She's talked about it herself—about what she's going to have to do. Dr. D. is real good about explaining her condition to her. He's a lot better than a lot of doctors about that and she seems to understand. Her family makes noise—you know how teenagers are—and she knows she needs quiet. She knows the why about this, that and the other thing. She never questions it—she seems to know the reason for it."

10. In what areas did you feel the patient needed special teaching and direction to better understand her care and treatment?

"She hates to get her blood drawn for prothrombin times and she says she hates to even have the lab technician come in any more. She mentioned this to the doctor and he told her it was to watch how her blood was thinning. She didn't seem to question it, she just didn't like to have her arm stuck." (Anything else?) "She asked finally if she could get up. She asked him a couple days ago if she could get up in the chair. She hasn't pushed it. Actually, she hasn't felt like it until now. Her temperature has been up to 100 and 101 and that makes you feel lousy and she has a pleural effusion which he doesn't know if it's due to cardiac insufficiency or what."

11. What did you do to help the patient better understand her care and treatment?

"Nothing more than talk to her and listen to her. At first, she was short of breath and couldn't talk much. There's really very little she's questioned about treatment and care. Oh, this diet business again, but I haven't gotten anywhere. She's a person who once gets her head set on something, you can't budge it. Not that she isn't agreeable."

12. Were there any areas in which the patient did not appear to accept or understand what was told her about her condition and treatment?

"No, I don't believe so. She seemed to accept everything as far as I know."

13. What treatment has been stressed to the patient as important to continue when she goes home?

"Nothing particular except rest. She herself knows this and has mentioned it. She feels her family is to blame for her having a coronary because they didn't let her rest. They didn't realize how much she needed it."

14. From what you have observed, how much does the patient's family understand her condition and treatment?

"Well, I don't know. Johnny (her husband), I think, I know he was up one of those first days—one of those days she wasn't very good and he was really frightened. And with teenagers you can't tell and
her daughter, I think has caused her mother quite a bit of trouble. She doesn't get along with her husband and she came up the other day and told her mother about her husband beating her and she shouldn't have told her—had she really understood her mother's condition. That she shouldn't be bothered with this now."

15. As a result of her illness, what adjustments do you feel the patient will have to make when she goes home? "Well, she certainly is going to have to slow down. Of course, I think she had done this somewhat, having just come home from surgery. I think both she and her husband will have to make adjustments if she's going to get along very well." (Anything else?) "Well, I don't think she'll have as much trouble with her diet once she gets home as she has in the hospital. She knows what she'll have to eat and what she can't, but she might have more variety. Also, she knows a lot of people and it'll be a problem keeping so many people from dropping in."