

REHABILITATIVE SIGNIFICANCE ASCRIBED BY A SELECTED GROUP
OF PROFESSIONAL NURSES TO NURSING ACTIVITIES RELATED
TO THREE MEDICAL-SURGICAL CONDITIONS

by

Phyllis S. Gappa

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Phyllis S. Gappa

has been approved for the

Department of

Nursing

by

Patricia Vander Lest

Brad J. Hickey

Date Aug 4, 1960

Gappa, Phyllis S. (M.S., Nursing)

Rehabilitative Significance Ascribed by a Selected Group of Professional Nurses to Nursing Activities Related to Three Medical-Surgical Conditions

Thesis directed by Associate Professor Patricia VanderLeest

The problem was to determine if professional nurses recognized the relationship of nursing activities to the rehabilitation of patients with three selected medical-surgical conditions: colostomy, diabetes, and mastectomy.

The purposes of the study were: (1) to ascertain the opinions of a selected group of professional nurses as to the rehabilitative aspect of nursing activities performed in giving care to patients with selected medical-surgical conditions; (2) to analyze the data to determine the degree of rehabilitative significance ascribed to these activities; and (3) to provide data which could be used in planning curricula for nursing and for programs of in-service education.

Literature pertaining to nursing was reviewed to determine what authorities believed were the present concepts of rehabilitation and of the rehabilitative aspects of nursing care. Descriptive-survey method, with the closed-form opinionnaire as the data-gathering technique, was used in the study. The population of the study was comprised of twenty-five professional nurses who were currently enrolled in a graduate nurse baccalaureate program the first term of summer 1960 of a selected university in the Rocky Mountain area.

Data was analyzed by tabulation and a significant pattern of

response was identified. The analysis revealed that those nursing activities which had a direct relationship to the physical disorder pertaining to each medical-surgical condition were the activities which were ascribed unique in value for rehabilitation by the majority of respondents. The following relationship was noted: (1) nursing activities related to elimination and psychological aspects were identified as unique in value for rehabilitation of the patient with a colostomy; (2) nursing activities related to nutrition and activities directed toward dismissal from the hospital were identified as being unique in value for rehabilitation of the patient with diabetes; and (3) nursing activities related to exercise and prevention of deformities were indicated to be unique in value for rehabilitation of the patient with a mastectomy. On the basis of the data obtained, it was concluded that the participants in the study did not recognize the rehabilitative significance of all nursing activities for the three medical-surgical conditions.

This abstract of about 300 words is approved as to form and content. I recommend its publication.

Signed Patricia VanderLest
Instructor in charge of thesis

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CHAPTER I

INTRODUCTION

In light of continuing concern about the rehabilitative role of the professional nurse, nursing educators as well as practitioners have attempted to evaluate this role. As a result, one of the factors which has become apparent is the importance of recognizing that the goal of rehabilitation in nursing requires a point of view rather than a body of specific skills.¹ Professional nurses are now being urged to review the skills and knowledges already developed and available in nursing to determine if nursing activities are knowingly being employed because of their rehabilitative significance.²

Questions have been raised as to the contribution the nurse has to make in the rehabilitation of patients. Morrissey indicated that the contribution of nurses in rehabilitation are manifold. She stated that the three large manifestations of these contributions are demonstrated in the co-ordination of the service, the clinical teaching, and the basic bedside nursing which precludes any doubt as to the nurse's role.³ Rusk qualified the responsibility of the nurse in

¹ Florence Elliott, Viewpoints on Curriculum Development Expressed at the 1957 Curriculum Conference of the National League for Nursing (New York: National League for Nursing, 1957), p. 59.

² Helen Hartigan, "Nursing Responsibilities in Rehabilitation," Nursing Outlook, 2:651, December, 1954; Lazelle S. Knocke, "Role of the Nurse in Rehabilitation," The American Journal of Nursing, 47:241, April, 1947.

³ Alice B. Morrissey, "Rehabilitation Care for Patients," The American Journal of Nursing, 49:454, July, 1949.

rehabilitation by emphasizing that the principles of rehabilitation nursing must be made part of the total nursing care in every nursing situation.⁴

I. STATEMENT OF THE PROBLEM

The problem of this study was to determine if a selected group of professional nurses recognized the relationship of certain nursing activities to the rehabilitation of patients with selected medical-surgical conditions.

II. PURPOSES OF THE STUDY

The purposes of this study were: (1) To ascertain the opinions of a select group of professional nurses as to the rehabilitative aspect of nursing activities performed in giving care to patients with selected medical-surgical conditions; (2) to analyze the data to determine the degree of rehabilitative significance these nurses ascribed to these activities; and (3) to provide data which could be used in planning curricula for nursing and for programs of in-service education.

III. NEED FOR THE STUDY

It is the belief of many nurses that the rehabilitative process, as far as nursing is concerned, begins when the nurse first meets the patient and continues in all settings in which the nurse-

⁴Howard A. Rusk, Rehabilitation Medicine (St. Louis: The C. V. Mosby Company, 1958), p. 152.

patient relationship exists.⁵ Since a certain amount of disability accompanies every illness, the patient must be helped toward regaining health and well being. Morrissey stated that the person's return to the state of health and well being lies in the early recognition of the possibilities and powers of rehabilitative measures.⁶ It would appear that the nurse, while giving nursing care, can do much to promote rehabilitation. Although Hartigan, Knocke, Morrissey, and Rusk indicated the professional nurse not only has a role in rehabilitation, but also a responsibility to recognize the rehabilitative significance of activities she performs in giving nursing care to patients with all types of conditions, a major problem seems to be the lack of this recognition.⁷ The nursing literature reviewed indicated that although the importance of rehabilitation had been stressed, very little had been written about the rehabilitative significance of nursing activities for the patient who had a colostomy, diabetes, or a mastectomy. If, as Elliott said, a point of view rather than a body of specific skills is important to achieve the goal of rehabilitation in nursing, would it not be of value to nursing education and nursing service to know if this is being considered by professional nurses?

IV. DEFINITION OF TERMS

For the purpose of this study, the following terms were used.

⁵Elliott, loc. cit.

⁶Alice B. Morrissey, "The Techniques in Rehabilitation," The American Journal of Nursing, 49:551, September, 1949.

⁷Elliott, op. cit., p. 33.

Disability. A physical defect causing an actual restriction of activity or arouses a psychosocial prejudice.⁸

Professional nurse. A nurse who has completed a course of study in an accredited school of nursing and is currently licensed to practice nursing.

Graduate nurse baccalaureate student. A professional nurse who is enrolled in a course of study which leads to a baccalaureate degree in nursing upon completion of the requirements for graduation.

Rehabilitation. ". . . that state of physical and mental health which is the best that can be attained or maintained."⁹

Nursing activities. Activities performed or directed by the nurse which directly relate to total patient care.

Rehabilitative nursing activities. Those nursing activities which have rehabilitative aspects in a general hospital and do not include those activities carried out by the nurse in a rehabilitation center, home, school, or industry.

Components of patient care. Elements of patient care which are initiated by the nurse and which make a definite contribution to comprehensive patient care in rehabilitation.

⁸ Henry H. Kessler, Rehabilitation of the Physically Handicapped (New York: Columbia University Press, 1953), pp. 12-13.

⁹ Elliott, op. cit., p. 59.

V. SCOPE AND LIMITATIONS

The study was conducted at a selected university school of nursing in the Rocky Mountain area. The population was comprised of twenty-five professional nurses enrolled in the graduate nurse baccalaureate program the first term of summer 1960.

The limitations of the study were: (1) The size of the population negates the possibility of broad generalizations. A larger population might have yielded different data. (2) Three specific medical-surgical conditions were used. If other medical-surgical conditions, not usually seen in a rehabilitation center, had been selected, data obtained might have had different implications. (3) A selected number of nursing activities were used for each of the components of patient care.

VI. ORGANIZATION OF THE REMAINDER OF THE STUDY

Chapter II contains a summary of the literature that was reviewed to determine the present concepts of rehabilitation and the rehabilitative aspects of nursing. The method and technique used in the study is presented in Chapter III. A brief explanation of the population is also included in this chapter. The analysis and interpretation of the data is contained in Chapter IV. Chapter V includes a summary of the study and the conclusions and recommendations made as a result of the study.

CHAPTER II

REVIEW OF THE LITERATURE

Literature pertaining to nursing was reviewed to determine what authorities believed were the present concepts of rehabilitation and of the rehabilitative aspects of nursing.

The principal sources of literature were nursing, medical, and rehabilitation textbooks and periodicals reviewed from 1947-1960.

Fundamental beliefs about rehabilitation and the rehabilitative aspects of nursing identified by authorities as the concepts which should be incorporated into the phases of nursing care for patients were reported. The review of literature was divided into five sections: (1) the present concept of rehabilitation; (2) the patient and rehabilitation; (3) rehabilitation as a component of nursing; (4) the nurse as a member of the rehabilitation team; and (5) nursing activities and the rehabilitative process.

I. THE PRESENT CONCEPT OF REHABILITATION

The present beliefs about rehabilitation constitute a much broader concept than that which was described in the literature less than twenty years ago. At that time rehabilitation was thought of primarily in relation to orthopedics. The newer concept of rehabilitation is based on a philosophy that the ultimate objective of the health team is to help patients with all types of disability to attain and maintain their maximum potential of physical and mental

health.¹ Support of this concept was demonstrated by the definition advanced by the National Conference on Rehabilitation: "Rehabilitation means the restoration of the handicapped to the fullest physical, mental, social, vocational and economic usefulness of which they are capable."² This concept emphasizes ability rather than disability;³ and physical rehabilitation, which was the focus of attention a few years ago, is only one component in a comprehensive rehabilitation program.

Rehabilitation is a program designed to enable the individual who is physically disabled, chronically ill or convalescing to live and to work to the utmost of his capacity. It is an integral part of clinical, non-institutional and community responsibility in meeting the problems of chronic illness.⁴

It has been stated that the patient cannot reach the optimum of his potential usefulness by himself⁵ and it is further recognized that rehabilitation is a co-operative effort of various disciplines. The multidisciplinary approach to rehabilitation, which is comparatively recent, necessitates the co-operation of both professional and technical workers in order to restore a disabled person to the best

¹Alice B. Morrissey, Rehabilitation Nursing (New York: G. P. Putnam's Sons, 1951), p. xiv.

²Florence Jones Terry and others, Principles and Technics of Rehabilitation Nursing (St. Louis: The C. V. Mosby Company, 1957), p. 13.

³Howard A. Rusk, Rehabilitation Medicine (St. Louis: The C. V. Mosby Company, 1958), p. 7.

⁴Terry and others, loc. cit.

⁵Florence Elliott, Viewpoints on Curriculum Development Expressed at the 1957 Curriculum Conferences of the National League for Nursing (New York: National League for Nursing, 1957), p. 59.

possible state of physical and mental health.⁶ Each discipline has a unique contribution to make.

II. THE PATIENT AND REHABILITATION

Recognizing that there is for every patient an optimum level of comfort, satisfaction and capacity for accomplishment, a deep respect for individual differences is needed for successful rehabilitation teamwork.⁷ It is because individual differences are recognized that various disciplines may at times be brought together to study the individual and his total environment to help him face and solve his problems.⁸ Although this is true, the patient's goals should be considered when planning rehabilitation. Hartigan stated that a rehabilitation program would not succeed unless the patient wanted it to succeed.⁹ Deaver observed rehabilitation to be an educational process whereby "the patient must learn to use the capacities he has and to discount those which he may have lost."¹⁰

To develop and exercise qualities of patience, tolerance, and understanding enables the nurse to recognize the right of each individual to be different from others. Listening is an important part of nursing care if what is learned about the patient is used to develop an individual approach to the patient.¹¹ Jerome further indicated

⁶Rusk, op. cit., p. 151.

⁷Ibid.

⁸Terry and others, op. cit., p. 47.

⁹Helen Hartigan, "Nursing Responsibilities in Rehabilitation," Nursing Outlook, 2:649, December, 1954.

¹⁰George G. Deaver, Mary M. Jerome, and Winnifred E. Taylor, "Rehabilitation," American Journal of Nursing, 59:1278, September, 1959.

¹¹Ibid.

that establishing rapport and understanding the patient's personality in relation to his illness serves as a basis upon which all other aspects of rehabilitation develop.¹²

Deaver further explained the necessity of an understanding of the patient and his family if rehabilitation was to be accomplished in the following statement:

Fundamental to this process [rehabilitation] is the acceptance of the premise that to a large extent handicapped individuals are part of a family unit whose other members must be participants in the plan and process of the rehabilitation program and needs must be recognized and planned for is the ultimate goal to be reached.¹³

Adding to this, Gilbertson said that families need to know that the part they play in the patient's rehabilitation is vital and indicated that getting their support in an early stage usually insured their support in future plans.¹⁴

Terry pointed out an aspect of patient satisfaction or dissatisfaction which may have an influence on rehabilitation. She indicated the patient's emotional reaction to his illness and his family environment could significantly affect his reactions to hospitalization and to helping or hindering his progress.¹⁵ Gilbertson clarified these reactions by explaining:

Throughout life, everyone strives to find a comfortable solution to his dependent and independent drives. For most people this conflict is heightened during illness.¹⁶

¹²Ibid., p. 1279.

¹³Ibid., p. 1278.

¹⁴Alice B. Morrissey, Myrtle H. Coe, and Evelyn Gilbertson, "The Nurse and Rehabilitation," The American Journal of Nursing, 54: 1358, November, 1954.

¹⁵Terry and others, op. cit., p. 23.

¹⁶Morrissey, Coe, and Gilbertson, op. cit., p. 1359.

The personal worth and dignity of the patient should be basic to comprehensive patient care and therefore to rehabilitation in order that he may have opportunity to continue as a useful member of society.

III. REHABILITATION AS A COMPONENT OF NURSING CARE

The goal of rehabilitation, as stated by Rusk, was:

All members of the health team must work together harmoniously for the welfare of the whole patient and all must contribute their best efforts to the ultimate goal of complete or maximum independence for the patient.¹⁷

If this is a goal accepted by members of the health team, then rehabilitation is a goal of nursing. Hartigan stated that much of the rehabilitative process was implicit in good nursing.¹⁸ In a discussion of general nursing, Mullane further explained the goal of rehabilitation in nursing:

Nursing instructs patients how to care for themselves when they are able, it teaches the patients and family what good health is and how to maintain it. It shows what other health and welfare services the patient may require and attempts to bring their benefit into the planning of his care.¹⁹

Hartigan said the need existed to recognize the vital contribution a single nursing procedure made to the total rehabilitative process.²⁰ As well as stressing the need to recognize the rehabilitative significance of nursing activities, she strongly urged nurses to develop attitudes and approaches to the patient and his family which embody rehabilitative principles.²¹ Rehabilitation, then, requires an

¹⁷Rusk, op. cit., p. 150.

¹⁸Hartigan, op. cit., p. 650.

¹⁹Mary Kelly Mullane, "Has Nursing Changed?" Nursing Outlook, 6:323, June, 1958.

²⁰Hartigan, loc. cit.

²¹Ibid.

approach and a point of view, rather than a body of specific skills.

Morrissey stated that nursing care in rehabilitation is broadened and extended beyond the alleviation of the ills of the body to relief of the problems and needs of the whole person.²² She also stated that attention to the needs of the mind and spirit was as important in maintaining physical and mental health as was attention to physical needs.²³ Alcuin, too, emphasized the need to see the whole person: "You, the nurses of today, must be equal to the task of rehabilitation. You must see in each patient a whole person, a total personality and a complete individual."²⁴

Hartigan reiterated this and described a way to learn about the patient:

Successful nursing requires that we know each patient as a person not a case. This means having respect for the dignity of the human being, finding out his likes and dislikes, his opinions, what his hopes and plans were, and how he feels about his illness and its implications. It means visualizing his home, his family, and his community, and directing all our efforts to restoring him to his rightful place in them.²⁵

IV. THE NURSE AS A MEMBER OF THE REHABILITATION TEAM

The important, yet controversial, position of the nurse on the rehabilitation team²⁶ was defined by Morrissey. "Any rehabilitation program," she said, "needs a team of experts and there must be a nurse on this team."²⁷ She also attributed great importance to the nurse

²²Morrissey, op. cit., p. 59.

²³Ibid., p. 78.

²⁴Sister M. Alcuin, "The Nurse and Rehabilitation," Hospital Progress, 33:86, August, 1952.

²⁵Hartigan, loc. cit.

²⁶Elliott, op. cit., pp. 33-4.

²⁷Morrissey, Coe, Gilbertson, op. cit., p. 1354.

when she stated that the other members of the health team depended upon her to help promote the rehabilitation program.²⁸ Hartigan related how, through nursing care, the nurse promoted the rehabilitation program:

To her [the nurse] falls the unique responsibility of helping the patient to achieve and maintain that degree of health which will permit other members of the health team to add their special skills to his total recovery.²⁹

Rusk indicated that, because of the complexity of the role, it was difficult to define rehabilitation nursing. He explained, "In rehabilitation services the nurse is at once a practitioner of nursing arts, a nursing educator, and, at times, a nursing co-ordinator."³⁰

Nurse practitioner and rehabilitation services. Phillips discussed the nurse's unique opportunity for participating in rehabilitation from the commencement of the nurse-patient relationship until eventual termination of hospitalization:

What other members of the patient-care team have such an early and continued contact with the patient as do the generalized physician and nurse? And the staff nurse, indeed, spends by far the greatest number of hours at the patient's side early in the episode than does any other professional member of the team.³¹

The nurse assists, not only in the physical restoration of the patient by her skills, knowledge of nursing procedures and experience

²⁸Ibid.

²⁹Hartigan, loc. cit.

³⁰Rusk, op. cit., p. 149.

³¹Elisabeth C. Phillips, "The Role of the Nurse in Rehabilitation," Nursing Aspects in Rehabilitation and Care of Chronically Ill. The League Exchange No. 12 (New York: National League for Nursing, 1956), p. 30.

in caring for the acutely ill,³² but also in the psychological aspects of rehabilitation by utilizing principles of sociology and psychology.³³ Rusk, Hartigan and Deaver agreed that much of the nurse's time was spent giving physical care, and by no means was its importance underestimated; however, every activity must be directed toward the care of the whole person.³⁴

Nurse co-ordinator and rehabilitation services. The nurse has a role as a member of the rehabilitation team and, as such, understands and promotes the objectives of other disciplines. Rusk said that one of the first responsibilities of the nurse was to maintain good interpersonal relationships with other members of the rehabilitation team and further stated:

The rehabilitation team members may discover that the nurse can render valuable service to them in her role as co-ordinator. The term co-ordinator is used in the sense that the nurse may help unify the whole process of rehabilitation care. She may collect data and information from all team members and utilize their contributions so as to unite every facet of rehabilitation care that can be woven into the total nursing care of the patient. While she is participating actively on the team, attending conferences, and consulting with individual team members, she may learn much about her patient that is pertinent, advantageous, and applicable to the benefit of the patient, herself and the team.³⁵

Terry stated that the nurse must understand the functions and activities of other disciplines so that she can effectively integrate

³² Morrissey, op. cit., p. 57.

³³ Elliott, op. cit., p. 60.

³⁴ Rusk, op. cit., p. 152; Hartigan, op. cit., pp. 650-51; Deaver, Jerome, and Taylor, op. cit., p. 1278.

³⁵ Rusk, op. cit., p. 151.

her functions into the whole team activity.³⁶ She also advocated that the nurse know and observe the activities of special departments in order to understand whether the patient is following instructions and to follow through with the functions when the specialists are not available.³⁷

Hartigan stated that it would be well to review activities to determine if they were being used to their fullest extent and if the nurse worked fruitfully with other persons whose skills added to the total effectiveness of nursing.³⁸ Comprehensive nursing is only one part of the rehabilitation process and much of the effectiveness of what the nurse does depends upon her interchange with other services.

Nurse educator and rehabilitation services. Teaching is a fundamental responsibility in all areas of nursing but it has added importance in the rehabilitative aspects of nursing³⁹ because the objective is to help patients become as independent as they were previous to the disability. As Morrissey stated: "Learning to become independent presupposes teaching by persons who know methods and procedures. Of primary importance, then, in rehabilitation are knowledges and ability to teach."⁴⁰ She elaborated further on the importance of teaching by stating that most of the learners were patients but, because of recent developments in rehabilitation nursing, knowledge and skills had to be transferred to members of the nursing team as

³⁶Terry and others, op. cit., p. 72.

³⁷Ibid., pp. 69-70.

³⁸Hartigan, op. cit., p. 650.

³⁹Ibid.

⁴⁰Morrissey, op. cit., p. 61.

well.⁴¹ In this area the nurse educator was concerned with all levels of nursing personnel in very clinical area.⁴²

V. NURSING ACTIVITIES AND THE REHABILITATIVE PROCESS

Because nursing is responsible for continuous patient care for twenty-four hours of the day, it is the nurse who has the greatest opportunity to help a patient to make the early adjustment to his illness. Throughout this time, the goal of helping him regain and retain his independence in daily activities is her primary concern.⁴³ No patient is ever in need of only physical care or only psychological care. Therefore, the nurse needs the same abilities to perform nursing activities for all patients.⁴⁴ Nursing activities concerned with assessing, observing, teaching, and encouraging the patient toward that state of independence, regardless of his diagnosis, prepare him for transition from a relatively dependent hospital existence and for continuation of the rehabilitation process by other members of the health team.⁴⁵

The nursing activities related to components of patient care which are initiated by the nurse and make a definite contribution to rehabilitation as listed by Morrissey include: (1) personal hygiene, (2) elimination, (3) nutrition, (4) rest and recreation, (5) psychological aspects, (6) exercise and prevention of deformities, and (7)

⁴¹Ibid.

⁴²Rusk, op. cit., p. 150.

⁴³Bertha Harmer and Virginia Henderson, Textbook of Principles and Practice of Nursing (fifth edition; New York: The Macmillan Company, 1955), p. 523.

⁴⁴Ibid., p. 531.

⁴⁵Elliott, op. cit., p. 61.

activities directed toward dismissal from the hospital.⁴⁶

Personal hygiene. Nursing activities related to personal hygiene enhance both the patient's physical and psychological well-being. The nurse is in an excellent position of hygienist, teacher, supervisor, and administrator in relation to the attainment of good standards of cleanliness for her patient. Nursing activities based on a nurse's knowledge of anatomy, physiology, microbiology, and psychology protect the patient from environmental factors, such as pathogens, and contribute to his personal esteem.⁴⁷

Elimination. Principles pertaining to elimination of body wastes, it was noted, are significant in maintaining a high degree of physical and mental health in rehabilitation. In this respect, nursing activities are related to teaching elementary principles of proper dietary habits that are useful in establishing satisfactory bowel function. The objective of bladder and bowel hygiene, as part of total rehabilitation, enables the patient to become self-sufficient and independent. All patients need varying degrees of supervision in this phase of nursing care.⁴⁸

⁴⁶Morrissey, op. cit., pp. xiv-xv, 26-27, 54-61.

⁴⁷Ibid., pp. 68-70; Elliott, op. cit., p. 60; Terry and others, op. cit., pp. 88-96; Rusk, op. cit., pp. 152; Harmer and Henderson, op. cit., pp. 322-62; Amy Frances Brown, Medical Nursing (third edition; Philadelphia: W. B. Saunders Company, 1957), p. 48; Edward S. Stafford and Doris Diller, Surgery and Surgical Nursing (third edition; Philadelphia: W. B. Saunders Company, 1958), p. 91.

⁴⁸Morrissey, op. cit., pp. 75-76, 103-05, 117-23; Elliott, op. cit., p. 60; Terry and others, op. cit., pp. 93-6; Rusk, op. cit., pp. 153-55; Harmer and Henderson, op. cit., pp. 429-64; Brown, op. cit., p. 48; Stafford and Diller, op. cit., p. 91; Kathleen Newton Shafer and

Nutrition. Maintaining physical and mental health through optimal nutritional standards depends, to a great extent, on the nurse's understanding of the patient's nutritional needs and his emotional involvement, as well as her ability to teach him to be independent of others. Nursing activities related to nutrition were found to be numerous and specific. These included providing food attractively prepared, serving it cheerfully, assessing his physical ability to eat, and evaluating social and emotional problems which affected food intake. These responsibilities and the success of this phase of rehabilitation, it was stated, rests with the nurse.⁴⁹

Rest and recreation. The need for rest and recreation which provide relaxation and revitalization of the patient extends over the entire day and provision for these should be interspaced throughout it. A patient on a program of physical and mental activity needs time to rest and relax. Rehabilitation is promoted by a variety of diversional activities which the people in our culture expect. Sources of recreation which the nurse may utilize are many. Companionship of visitors, exchange of correspondence, materials for reading, radio and television for music and drama, variety in his dress, and a change of scene all contribute to rehabilitation if the nurse with interest and imagination incorporates them into daily nursing care. Nursing activities which not only provide an outlet for diversional needs but

others, Medical-Surgical Nursing (St. Louis: The C. V. Mosby Company, 1958), pp. 55-56.

⁴⁹ Morrissey, op. cit., pp. 70-73, 126; Elliott, op. cit., p. 60; Terry and others, op. cit., p. 96; Rusk, op. cit., p. 152; Harmer and Henderson, op. cit., pp. 366-424; Stafford and Diller, op. cit., p. 91; Shafer and others, op. cit., p. 55.

also promote rest, contribute significantly to physical and mental health.⁵⁰

Psychological aspects. Nursing activities which enable the patient to work through anxieties and apprehensions were recognized as being of paramount importance because to help the patient to meet his emotional needs is an essential part of nursing care. Psychological principles, correctly applied in all her contacts, assist a patient in gaining a positive and realistic attitude toward his disability, while teaching and encouraging self-care activities promote independence. Although social and emotional needs are known to vary with each patient, the nurse is urged to place greater emphasis on this area and to use opportunities to observe them to a high degree.⁵¹

Exercise and prevention of deformities. Even in acute illness, a certain amount of exercise, both physical and mental, is a fundamental need of the body. When exercise is instituted early in convalescence, it helps maintain muscle tone and strengthens the patient. Simple bed exercises help the patient to overcome many disabilities that result from prolonged illness. By encouraging and aiding the patient to move about, to become active and to exercise, the nurse

⁵⁰ Morrissey, op. cit., pp. 74-78; Elliott, op. cit., p. 60; Brown, op. cit., p. 56; Harmer and Henderson, op. cit., pp. 529-30; Shafer and others, op. cit., p. 56.

⁵¹ Morrissey, op. cit., pp. 37-56, 214-18, 233-36; Elliott, op. cit., pp. 59-60; Terry and others, op. cit., pp. 20-30, 200-01; Rusk, op. cit., pp. 152, 270-71; Brown, op. cit., pp. 46-47, 51; Stafford and Diller, op. cit., pp. 91-2; Shafer and others, op. cit., pp. 52-54; Morrissey, Coe, and Gilbertson, op. cit., pp. 1358-59; Deaver, Jerome, and Taylor, op. cit., pp. 1279-80.

becomes an able assistant to the doctor and therapist in utilizing the principles of exercise therapy. Therapeutic exercises that involve working with diseases and injured muscles are the function of the physical therapist but, it seemed, there are simple exercises which the nurse can undertake to do for the patient or teach the patient. The self-care activities such as dressing, moving from the bed to the wheelchair, combing the hair and brushing teeth are forms of bodily movement which involve exercising.

Nursing activities to prevent deformities were found to be based on understanding the fundamentals of good posture and correct body alignment. The nurse corrects faulty posture habits whether these occur when her patient is in bed, sitting in a chair, or walking. Activities which incorporate exercises and prevention of deformities are known to promote optimal muscle, blood and heart physiology, as well as reducing hospitalization and recurrence of illness.⁵²

Activities directed toward dismissal from the hospital. Nursing activities which are concerned with the patient's daily activities and with teaching him how to manage his condition in daily living are initiated when the nurse-patient relationship begins. The nurse with her knowledge of the patient's progress and community resources directs her activities to help assure continuation of the rehabilitative process. For the process to be successful, nursing activities are concerned with identifying the need for the patient's care to be continued

⁵² Morrissey, op. cit., pp. 73-4; 81-100; Elliott, op. cit., pp. 60-61; Rusk, op. cit., pp. 152, 270-71; Brown, op. cit., pp. 47, 51; Harmer and Henderson, op. cit., pp. 467-506; Shafer and others, op. cit., pp. 56-60; Morrissey, Coe, and Gilbertson, op. cit., p. 1354.

after hospitalization, planning for his continued care with other members of the health team, and implementing referrals between nursing groups.⁵³

VI. SUMMARY

The review of literature indicated that nursing authorities agreed in their beliefs that the rehabilitative process was an educative one which enabled the patient to attain or maintain the optimal state of physical and mental health. All authorities stated that rehabilitation was based on the ultimate objective that all patients with all types of disabilities should be assisted to achieve independence. The belief that rehabilitation was accomplished through a multidisciplinary approach and each discipline had a unique contribution to make was emphasized. Members of the nursing team recognized that much of the effectiveness of nursing activities depended upon the nurse's interchange with other disciplines.

The importance of considering the patient as an individual and a whole person who had individual needs and individual goals was acknowledged by nurses as well as other authorities throughout the literature. The importance of involving the patient's family in the rehabilitative process was frequently emphasized in more recent literature.

Nursing authorities concurred that rehabilitation is a goal of nursing and that attainment of this goal required a rehabilitative approach and attitude, rather than a specific body of skills. The literature reviewed also indicated that the nurse has a unique and complex role in the rehabilitative process. She was, authorities further

stated, a practitioner of nursing arts, a co-ordinator of the activities of all team members, and an educator to the patient and to all other members of the nursing team.

The literature also identified components of comprehensive patient care which were initiated by the nurse and which made definite contributions to rehabilitation. These included (1) personal hygiene, (2) elimination, (3) nutrition, (4) rest and recreation, (5) psychological aspects, (6) exercise and prevention of deformities, and (7) activities directed toward dismissal from the hospital. Nursing activities related to these components of patient care were, according to the literature, based on the nurse's background of sciences, her understanding of the patient's needs, and on her knowledge of community resources.

CHAPTER III

METHODOLOGY

The method of research which appeared to be the most appropriate way of determining if a selected group of professional nurses recognized the relationship of certain nursing activities to the rehabilitation of patients with selected medical-surgical conditions was descriptive-survey. This method of research is employed when the purpose of the study is that of "assessing the characteristics of a given situation."¹ Good indicated that the inclusive term, descriptive-survey study, was a study of present facts and current conditions concerning the nature of a group of persons or class of events and involved procedures of analysis, classification, enumeration, and measurement.² Good, Barr, and Scates further clarified the descriptive-survey method by stating, "It seeks to answer the question, 'What are the real facts with regard to the existing conditions?'"³ Therefore, the descriptive-survey method was selected for use in this study.

I. THE TECHNIQUE FOR COLLECTION OF DATA

Techniques available for use in descriptive-survey include the

¹Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations, Part I: Basic Processes (New York: The Dryden Press, 1951), p. 28.

²Carter V. Good, Introduction to Educational Research (New York: Appleton-Century-Crofts, Inc., 1959), p. 167.

³Carter V. Good, A. S. Barr, and Douglas E. Scates, The Methodology of Educational Research (New York: Appleton-Century-Crofts, Inc., 1954), p. 688.

questionnaire, interview, observation schedules, group behavior analysis as based on the concepts of group dynamics, and instruments of appraisal including tests, scales, score cards, check lists, and indexes.⁴ The technique utilized in the collection of data for this study was a questionnaire, which, since the reason for using it was to elicit opinions, can be referred to as an opinionnaire. Referring to this technique as a data-gathering device, Jahoda, Deutsch, and Cook stated that the questionnaire was a suitable means of learning about what a person "knows, believes, expects, or feels."⁵ Good and Scates stated:

The use of a schedule or questionnaire in descriptive-survey studies extends the investigator's powers of observation by serving to remind the respondents of each item, to help insure response to the same item for all cases, and to keep the investigator from collecting only the unique, exceptional, or unusual facts particularly interesting to him. The questionnaire or schedule tends to standardize and objectify the observations of different enumerators, by singling out particular aspects of a situation (regarded as significant to the purpose of the study), and by specifying in advance the units and terminology for describing the observations.⁶

For the purpose of this study, this particular research technique had an advantage over the interview as a data-gathering device.

Jahoda, Deutsch, and Cook indicated this advantage as:

Questionnaires can be administered to a large number of individuals simultaneously; an interview, on the other hand, necessitates as a rule that individuals be questioned separately.⁷

The questionnaire was used as the research technique because,

⁴Carter V. Good and Douglas E. Scates, Methods of Research (New York: Appleton-Century-Crofts, Inc., 1954), p. 688.

⁵Jahoda, Deutsch, and Cook, op. cit., p. 160.

⁶Good and Scates, op. cit., p. 606.

⁷Jahoda, Deutsch, and Cook, op. cit., p. 156.

by using it, it was possible to obtain the opinions of entire population, which was comprised of twenty-five professional nurses enrolled in the graduate baccalaureate program the first term of summer 1960.

Construction of the opinionnaire. Medical, nursing, and rehabilitation literature was surveyed from 1947 to 1960 to determine the components of patient care the nurse is concerned with when giving nursing care to the patient who has had a colostomy, diabetes, or a mastectomy. These components were identified as (1) personal hygiene, (2) elimination, (3) nutrition, (4) rest and recreation, (5) psychological aspects, (6) exercise and prevention of deformities, and (7) activities directed toward dismissal from the hospital. The components used in the study were adapted, with minor modification, from Elliott's Viewpoints on Curriculum Development Expressed at the 1957 Curriculum Conference of the National League for Nursing⁸ and from Morrissey's Rehabilitation Nursing.⁹

The survey of literature was also made to identify the nursing activities that pertain to the total nursing care of the patient who has had a colostomy, diabetes, and a mastectomy. The opinionnaire was constructed by listing each nursing activity under the appropriate component of patient care.

Form of the opinionnaire. A closed-form opinionnaire was used

⁸ Florence Elliott, Viewpoints on Curriculum Development Expressed at the 1957 Curriculum Conference of the National League for Nursing (New York: National League for Nursing, 1957), pp. 59-61.

⁹ Alice B. Morrissey, Rehabilitation Nursing (New York: G. P. Putnam's Sons, 1951), Chapters III, V, and IX.

in this study because it exercises a directive influence in securing responses and it is commonly used to secure categorized data.¹⁰ The closed-form opinionnaire is time-saving to administer and greatly facilitates the processes of tabulating and summarizing data.¹¹

In the opinionnaire three possible choices of responses were given for each nursing activity. The respondents were asked to indicate the choice which in their opinion best expressed the degree of rehabilitative significance they believed each nursing activity to have in relation to each of the three medical-surgical conditions: a colostomy, diabetes, or a mastectomy. The three choices were:

no value for rehabilitation
important but of no unique value for rehabilitation
unique in value for rehabilitation

A copy of the opinionnaire is contained in Appendix A.

The opinionnaire was administered to twenty-five professional nurses who were graduates of a diploma or junior college program and had had nursing experience. They were selected as participants in the study because of their availability and willingness to participate in the study, and because of their interest in nursing which was evidenced by enrollment in the graduate nurse baccalaureate program.

Pretesting of the opinionnaire. As Jahoda, Deutsch, and Cook stated:

The pretest is a tryout of the questionnaire to see how it works--whether changes are necessary before the start of the full-scale study. The pretest provides a means of catching and solving unforeseen problems in the use of the questionnaire, the phrasing and sequence of questions, the length of the questionnaire. It may indicate the necessity of additional subject matter or

¹⁰ Good and Scates, op. cit., p. 613.

¹¹ Ibid.

elimination of certain questions.¹²

The opinionnaire devised for use in the study was administered to five members of the group who participated in the study to determine if the data gathered could be successfully analyzed and to test the instrument for purposes of refinement and clarity. The participants in the pilot study were contacted personally and a time and place of meeting for the purpose of pretesting the opinionnaire was established. Since the pretest should be in the form of a personal interview,¹³ it was thought that each participant would spend more time in criticizing the opinionnaire and in answering it if it was administered at the time which was convenient to the individual. The investigator was present to answer any questions. The purpose of the study as well as the purposes of the pretest were explained to each participant. The group was asked to criticize and suggest changes relative to the directions, clarity, and construction of the opinionnaire. The opinionnaire was completed by the five participants in the same place and at the approximate time required to complete it was determined at this time.

The pilot study indicated that the opinionnaire yielded the necessary data required in the study and the data was amenable to analysis. No changes in directions, clarity of wording, or construction of the opinionnaire were suggested; consequently, it was approved for use in the study without any changes.

II. THE STUDY

The professional nurses who participated in the study were

¹² Jahoda, Deutsch, and Cook, op. cit., p. 429.

¹³ Ibid.

contacted personally to obtain their consent and cooperation. The purpose of the study was explained and a time and place of meeting for the purpose of completing the opinionnaire was agreed upon.

The population of the study included a total of twenty-five professional nurses enrolled in the graduate nurse baccalaureate program the first term of summer 1960 of a selected university in the Rocky Mountain area.

At the time previously established for the administration of the opinionnaire, all but two of the twenty-five students were present. They and the investigator arranged for another meeting. Five others who participated in the pilot study were not present. Since no revisions were necessary after the pilot study and since the five students who participated in the pilot were members of the total population, they were included in the study. In this manner a total of twenty-five professional nurses, or all of the population of the study, were contacted and completed the opinionnaire.

III. METHOD OF ANALYSIS

The method of analysis was that of tabulation, for which the essential element involved is counting to determine the number of cases which fall into the various categories.¹⁴ The number and percentage of responses in each of the three possible categories of answers were determined for each nursing activity and each medical-surgical condition.

¹⁴Ibid., p. 276.

IV. SUMMARY

The method used in this study was the descriptive-survey, with the closed-form opinionnaire as the technique. The opinionnaire contained activities performed by the nurse in relation to specific components of patient care established through a review of literature from 1947 to 1960. The opinionnaire was pretested by five professional nurses and was accepted for use in the study without any change. The population of the study, five of which comprised the pilot group, was made up of twenty-five professional nurses enrolled the first term of summer 1960 in a graduate nurse baccalaureate program at a selected university in the Rocky Mountain area. The total population responded to the opinionnaire. The method of analysis used was that of tabulation.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

The data collected for the study is presented and analyzed in this chapter. The data was collected by means of an opinionnaire given to a selected group of professional nurses to determine the degree of rehabilitative significance ascribed to nursing activities related to components of patient care. The three medical-surgical conditions selected for the study were: colostomy, diabetes, and mastectomy. The broad category, components of patient care, was subdivided into personal hygiene, elimination, nutrition, rest and recreation, psychological aspects, exercise and prevention of deformities, and activities directed toward dismissal from the hospital. The number and per cent of responses for each nursing activity in relation to the components of patient care for each of the medical-surgical conditions were determined. The data is presented in three sections. Each section is devoted to the analysis of one of the three selected medical-surgical conditions.

I. COLOSTOMY

Table I presents the degree of rehabilitative significance ascribed by twenty-five professional nurses to the nursing activities related to the care of the patient with a colostomy by number and per cent. There were four related nursing activities under each of the components of patient care.

TABLE I

THE DEGREE OF REHABILITATIVE SIGNIFICANCE ASCRIBED BY TWENTY-FIVE PROFESSIONAL NURSES TO THE NURSING ACTIVITIES RELATED TO THE CARE OF THE PATIENT WITH A COLOSTOMY, BY NUMBER AND PER CENT

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Personal hygiene</u>						
Encourage interest in personal hygiene and personal appearance	0	0	9	36	16	64
Teach importance of correctly fitting clothes	3	12	13	52	9	36
Encourage avoiding undue exposure to infection	4	16	18	72	3	12
Stress importance of skin care and the avoidance of injury and infection of the skin	3	12	18	72	4	16
<u>Elimination</u>						
Teach importance of good bowel elimination	0	0	6	24	19	76
Teach importance of noting and reporting character of the stool	0	0	5	20	20	80
Teach role of medication in bowel regularity	0	0	7	28	18	72
Encourage and assist patient with bladder training	13	52	5	20	7	28

TABLE I (continued)

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Nutrition</u>						
Teach importance of a well-balanced diet	0	0	15	60	10	40
Teach relationship of diet to disease process	7	28	13	52	5	20
Teach the role of medications in the treatment of the condition	11	44	13	52	1	4
Prevent or correct obesity	9	36	15	60	1	4
<u>Rest and recreation</u>						
Encourage patient to develop the art of relaxation	4	16	15	60	6	24
Provide periods of rest to avoid fatigue	8	32	13	52	4	16
Encourage return to as nearly the same routine of living as previous to onset of condition	0	0	11	44	11	56
Encourage recreation and diversion to promote mental hygiene	0	0	12	48	13	52

TABLE I (continued)

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Psychological aspects</u>						
Assist patient to gain a positive attitude toward the disease condition	0	0	8	32	17	68
Encourage patient to become increasingly independent	0	0	14	56	11	44
Involve the family in giving encouragement and support to the patient	0	0	10	40	15	60
Allow the patient to express negative feelings	1	4	9	36	15	60
<u>Exercise and prevention of deformities</u>						
As a patient is able, encourage self-care activities	1	4	8	32	16	64
Teach importance of good posture	6	24	16	64	3	12
Caution patient against heavy lifting	2	8	12	48	11	44
Encourage moderate and regular exercises	5	20	14	56	6	24

TABLE I (continued)

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Activities directed toward dismissal from the hospital</u>						
Inform patient of community resources	1	4	15	60	9	36
Teach importance of regular periodic medical consultations	1	4	14	56	10	40
Inform patient of possible complications and how to detect and prevent them	1	4	16	64	8	32
Assist patient in attaining an understanding of his condition and how it may be safely managed in daily living	0	0	11	44	14	56

Personal Hygiene

Over 50 per cent of the respondents indicated that three of the nursing activities related to personal hygiene were important but of no unique value for rehabilitation. These activities were concerned with (1) teaching importance of correctly fitting clothes, 52 per cent; (2) encouraging avoiding undue exposure to infection, 72 per cent; and (3) stressing importance of skin care and the avoidance of injury and infection of the skin, 72 per cent. The other activity related to encouraging interest in personal hygiene and personal appearance was indicated by 64 per cent of the respondents to be unique in value for rehabilitation. Only a few of the respondents indicated that activities related to personal hygiene had no value for rehabilitation.

Elimination

More than 70 per cent of the respondents indicated that three of the activities related to elimination were unique in value for rehabilitation. These activities were concerned with (1) teaching importance of good bowel elimination, 76 per cent; (2) teaching importance of noting and reporting character of the stool, 80 per cent; and (3) teaching the role of medications in bowel regularity, 72 per cent. None of the respondents indicated that these activities were of no value for rehabilitation; however, 52 per cent indicated that to encourage and assist the patient with bladder training was of no value for rehabilitation.

Nutrition

Over 50 per cent of the respondents indicated that the four activities related to the component of patient care, nutrition, were

important but of no unique value for rehabilitation. However, 40 per cent of the respondents indicated that to teach importance of well-balanced diet was unique in value for rehabilitation. Of the remaining responses, a greater number indicated that the other three activities were of no value for rehabilitation rather than unique in value for rehabilitation.

Rest and Recreation

No uniformity of responses was demonstrated in relation to the component of patient care, rest and recreation. Two nursing activities were indicated by more than one-half as important but of no unique value for rehabilitation. These were concerned with (1) encouraging the patient to develop the art of relaxation, 60 per cent; and (2) providing periods of rest to avoid fatigue, 52 per cent. There was a difference of opinion whether two other nursing activities were unique in value or important but of no unique value for rehabilitation. The activity related to encouraging return to nearly the same routine of living as previous to onset of the condition was indicated by 56 per cent to be unique in value and by 44 per cent to be important but of no unique value for rehabilitation. The activity concerned with encouraging rest and recreation to promote mental hygiene was indicated by 52 per cent to be unique in value, and by 48 per cent to be important but of no unique value for rehabilitation.

Psychological Aspects

Over 60 per cent of the respondents indicated that three nursing activities related to the component of patient care, psychological aspects, were unique in value for rehabilitation. These activities were

(1) assisting the patient to gain a positive attitude toward the disease condition, 68 per cent; (2) involving the family in giving support to the patient, 60 per cent; and (3) allowing the patient to express negative feelings, 60 per cent. One activity, to encourage the patient to become increasingly independent, was indicated as important but of no unique value by 56 per cent and unique in value for rehabilitation by 44 per cent of the respondents. Only one person indicated that any of the activities related to psychological aspects had no value for rehabilitation.

Exercise and Prevention of Deformities

The majority of respondents indicated that three of the nursing activities related to exercise and prevention of deformities were important but of no unique value for rehabilitation. These activities were concerned with (1) teaching importance of good posture, 64 per cent; (2) cautioning the patient against heavy lifting, 48 per cent; and (3) encouraging moderate and regular exercises, 56 per cent. There was a difference of opinion in regard to the activity concerned with cautioning the patient against heavy lifting. Although 48 per cent indicated it was important but of no unique value for rehabilitation, 44 per cent indicated that it was unique in value for rehabilitation. The nursing activity related to encouraging self care activities was indicated by 64 per cent to be unique in value for rehabilitation.

Activities Directed Toward Dismissal From the Hospital

Over 56 per cent of the respondents indicated that three nursing activities related to the component of patient care, activities directed

toward dismissal from the hospital, were important but of no unique value for rehabilitation. These pertained to (1) informing the patient of community resources, 60 per cent; (2) teaching importance of regular periodic medical consultations, 56 per cent; and (3) informing the patient of possible complications and how to detect and prevent them, 64 per cent. The activity, to assist the patient in attaining an understanding of his condition and how it can be safely managed in daily living, was unique in value for rehabilitation. Only a few of the respondents indicated that activities related to component of patient care, activities directed toward dismissal from the hospital, were of no value for rehabilitation.

Summary and Analysis

The majority of respondents indicated that a total of sixteen nursing activities were important but of no unique value for rehabilitation; eleven were unique in value for rehabilitation; and one was of no value for rehabilitation. This single activity was concerned with assisting the patient with bladder training. The greatest per cent of respondents indicated that nursing activities related to the components of patient care, elimination and psychological aspects, were unique in value for rehabilitation for the patient with a colostomy. The propensity to ascribe greatest value to these activities appeared to indicate the respondents' concern and awareness of the physical disability and, to a lesser extent, the psychological disability. This awareness may have resulted from the respondents' past educational and professional experiences, as well as from the recent emphasis placed on the psychological aspects of the nursing care. This inference is evidenced by

the tendency of the respondents to ascribe unique in value to nursing activities when they were listed under the obvious area of elimination and psychological aspects. Nursing activities related to nutrition, which bear a definite relationship to bowel regularity, were not recognized to be significant to rehabilitation. Nursing activities which had psychological implications but were listed under components of patient care other than psychological aspects were not recognized as being as significant for rehabilitation as those activities listed under the specific component of patient care, psychological aspects. It appeared that the respondents were not concerned with the significance of nursing activities for the rehabilitation of the whole individual, since activities related to other components of patient care were not ascribed the same degree of rehabilitative significance.

II. DIABETES

Table II presents the degree of rehabilitative significance ascribed by twenty-five professional nurses to the nursing activities related to the care of the patient with diabetes by number and per cent. There were four related nursing activities under each of the components of patient care.

Personal Hygiene

More than 75 per cent of the respondents indicated that two activities related to personal hygiene were unique in value for rehabilitation. These activities were concerned with (1) encouraging avoiding undue exposure to infection, 80 per cent; and (2) stressing importance of skin care and the avoidance of injury and infection of the skin, 76

TABLE II

THE DEGREE OF REHABILITATIVE SIGNIFICANCE ASCRIBED BY TWENTY-FIVE PROFESSIONAL NURSES TO THE NURSING ACTIVITIES RELATED TO THE CARE OF THE PATIENT WITH DIABETES, BY NUMBER AND PER CENT

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Personal hygiene</u>						
Encourage interest in personal hygiene and personal appearance	1	4	20	80	4	16
Teach importance of correctly fitting clothes	11	44	9	36	5	20
Encourage avoiding undue exposure to infection	0	0	5	20	20	80
Stress importance of skin care and the avoidance of injury and infection of the skin	1	4	5	20	19	76
<u>Elimination</u>						
Teach importance of good bowel elimination	6	24	15	60	4	16
Teach importance of noting and reporting character of the stool	18	72	5	20	2	8
Teach role of medication in bowel regularity	12	48	12	48	1	4
Encourage and assist patient with bladder training	11	44	9	36	5	20

TABLE II (continued)

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Nutrition</u>						
Teach importance of a well-balanced diet	0	0	4	16	21	84
Teach relationship of diet to disease process	0	0	3	12	22	88
Teach role of medications in the treatment of the condition	0	0	4	16	21	84
Prevent or correct obesity	0	0	7	28	18	72
<u>Rest and recreation</u>						
Encourage patient to develop the art of relaxation	5	20	16	64	4	16
Provide periods of rest to avoid fatigue	1	4	15	60	9	36
Encourage return to as nearly the same routine of living as previous to onset of condition	0	0	11	44	14	56
Encourage recreation and diversion to promote mental hygiene	1	4	16	64	8	32

TABLE II (continued)

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Psychological aspects</u>						
Assist patient to gain a positive attitude toward the disease condition	0	0	12	48	13	52
Encourage patient to become increasingly independent	0	0	12	48	13	52
Involve the family in giving encouragement and support to the patient	0	0	16	64	9	36
Allow the patient to express negative feelings	2	8	13	52	10	40
<u>Exercise and prevention of deformities</u>						
As a patient is able, encourage self-care activities	1	4	16	64	8	32
Teach importance of good posture	13	52	10	40	2	8
Caution patient against heavy lifting	17	68	6	24	2	8
Encourage moderate and regular exercises	5	20	15	60	5	20

TABLE II (continued)

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Activities directed toward dismissal from the hospital</u>						
Inform patient of community resources	3	12	14	56	8	32
Teach importance of regular periodic medical consultations	0	0	9	36	16	64
Inform patient of possible complications and how to detect and prevent them	0	0	5	20	20	80
Assist patient in attaining an understanding of his condition and how it may be safely managed in daily living	0	0	9	36	16	64

per cent. Another activity related to encouraging interest in personal hygiene and personal appearance was indicated by 80 per cent to be important but of no unique value for rehabilitation. There was a difference of opinion in regard to the activity concerned with teaching the importance of correctly fitting clothes. Although 44 per cent ascribed no value for rehabilitation, 36 per cent indicated that it was important but of no unique value for rehabilitation. Other than the activity related to teaching importance of correctly fitting clothes, very few of the respondents indicated that nursing activities related to personal hygiene had no value for rehabilitation.

Elimination

Very few of the respondents indicated that activities related to elimination were unique in value for rehabilitation. The nursing activity related to teaching importance of good bowel elimination was indicated to be important but of no unique value for rehabilitation. However, 70 per cent indicated that the activity related to teaching importance of noting and reporting character of stool was of no value for rehabilitation. There was a difference of opinion in regard to two nursing activities. The activity related to teaching the role of medications in bowel regularity was indicated by 48 per cent to be important but of no unique value and by 48 per cent to be of no value for rehabilitation. The activity concerned with encouraging and assisting the patient with bladder training was indicated by 36 per cent to be important but of no unique value and by 44 per cent to be of no value for rehabilitation.

Nutrition

More than 72 per cent of the respondents indicated that four activities related to nutrition were unique in value for rehabilitation. These activities were concerned with (1) teaching importance of a well-balanced diet, 84 per cent; (2) teaching relationship of diet to disease, 88 per cent; (3) teaching the role of medications in the treatment of the condition, 84 per cent; and (4) preventing or correcting obesity, 72 per cent. The remaining respondents indicated that these activities were important but of no unique value for rehabilitation.

Rest and Recreation

More than 60 per cent of the respondents indicated that three nursing activities related to rest and recreation were important but of no unique value for rehabilitation. These activities were concerned with (1) encouraging the patient to develop the art of relaxation, 64 per cent; (2) providing periods of rest and diversion to promote mental hygiene, 64 per cent; and (3) providing periods of rest to avoid fatigue, 60 per cent. Another activity, encouraging return to as nearly the same routine of living as previous to onset of condition, was indicated by 56 per cent of the respondents to be unique in value for rehabilitation. Only a few of the respondents indicated that activities related to rest and recreation had no value for rehabilitation.

Psychological Aspects

Although very few of the respondents indicated that the nursing activities related to psychological aspects were of no value for

rehabilitation, there was a difference of opinion whether the four related activities were unique in value or important but of no unique value for rehabilitation. Two activities, (1) assisting the patient to gain a positive attitude toward the disease condition, and (2) encouraging the patient to become increasingly independent, were indicated by 52 per cent of the respondents to be unique in value and by 48 per cent to be important but of no unique value for rehabilitation. The activity concerned with involving the family in giving encouragement and support was indicated by 64 per cent to be important but of no unique value and by 36 per cent to be unique in value for rehabilitation. The nursing activity concerned with allowing the patient to express negative feelings was indicated by 52 per cent to be important but of no unique value and by 40 per cent to be unique in value for rehabilitation. Only two persons indicated that nursing activities related to psychological aspects were of no value for rehabilitation.

Exercise and Prevention of Deformities

Over 60 per cent of the respondents indicated that two activities related to the component of patient care, exercise and prevention of deformities, were important but of no unique value for rehabilitation. These activities were concerned with (1) encouraging self care activities, 64 per cent, and (2) encouraging moderate and regular exercises, 60 per cent. Over 52 per cent indicated that the other two activities were of no value for rehabilitation. These activities were related to (1) teaching importance of good posture, 52 per cent, and (2) cautioning the patient against heavy lifting, 68 per cent. Only a few of the respondents indicated that activities related to exercise

and prevention of deformities were unique in value for rehabilitation.

Activities Directed Toward Dismissal from the Hospital

Over 64 per cent of the respondents indicated that three of the nursing activities related to the component of patient care, activities directed toward dismissal from the hospital, were unique in value for rehabilitation. These were concerned with (1) teaching importance of regular periodic medical consultations, 64 per cent; (2) informing the patient of possible complications and how to detect and prevent them, 80 per cent; and (3) assisting the patient in attaining an understanding of his condition and how it might be safely managed in daily living, 64 per cent. The other activity, informing the patient of community resources, was indicated by 56 per cent to be important but of no unique value for rehabilitation. Very few of the respondents indicated that activities directed toward dismissal of the patient from the hospital had no value for rehabilitation.

Summary and Analysis

The majority of respondents indicated that a total of twelve nursing activities were unique in value for rehabilitation; ten were important but of no unique value for rehabilitation; and five were of no value for rehabilitation. The greatest per cent of respondents indicated that nursing activities related to the components of patient care, nutrition and activities directed toward dismissal from the hospital, were unique in value for rehabilitation. The tendency to ascribe greatest value to nursing activities related to nutrition and activities related toward dismissal from the hospital appeared to be a focus of the respondents' awareness of the physical disability rather

TABLE III

THE DEGREE OF REHABILITATIVE SIGNIFICANCE ASCRIBED BY TWENTY-FIVE PROFESSIONAL NURSES TO THE NURSING ACTIVITIES RELATED TO THE CARE OF THE PATIENT WITH A MASTECTOMY, BY NUMBER AND PER CENT

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Personal hygiene</u>						
Encourage interest in personal hygiene and personal appearance	0	0	16	64	9	36
Teach importance of correctly fitting clothes	3	12	9	36	13	52
Encourage avoiding undue exposure to infection	13	52	10	40	2	8
Stress importance of skin care and the avoidance of injury and infection of the skin	12	48	12	48	1	4
<u>Elimination</u>						
Teach importance of good bowel elimination	19	76	4	16	2	8
Teach importance of noting and reporting character of the stool	21	84	3	12	1	4
Teach role of medication in bowel regularity	22	88	2	8	1	4
Encourage and assist patient with bladder training	22	88	2	8	1	4

TABLE III (continued)

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Nutrition</u>						
Teach importance of a well-balanced diet	15	60	9	36	1	4
Teach relationship of diet to disease process	20	80	5	20	0	0
Teach the role of medications in the treatment of the condition	21	84	4	16	0	0
Prevent or correct obesity	16	64	7	28	2	8
<u>Rest and recreation</u>						
Encourage patient to develop the art of relaxation	12	48	11	44	2	8
Provide periods of rest to avoid fatigue	12	48	12	48	1	4
Encourage return to as nearly the same routine of living as previous to onset of condition	0	0	15	60	10	40
Encourage recreation and diversion to promote mental hygiene	0	0	14	56	11	44

TABLE III (continued)

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Psychological aspects</u>						
Assist patient to gain a positive attitude toward the disease condition	0	0	10	40	15	60
Encourage patient to become increasingly independent	5	20	18	72	2	8
Involve the family in giving encouragement and support to the patient	2	8	12	48	11	44
Allow the patient to express negative feelings	1	4	13	52	11	44
<u>Exercise and prevention of deformities</u>						
As a patient is able, encourage self-care activities	2	8	9	36	14	56
Teach importance of good posture	1	4	8	32	16	64
Caution patient against heavy lifting	3	12	13	52	9	36
Encourage moderate and regular exercises	2	8	11	44	12	48

TABLE III (continued)

Nursing activities related to components of patient care	No value for rehabilitation		Important but of no unique value for rehabilitation		Unique in value for rehabilitation	
	No.	Per cent	No.	Per cent	No.	Per cent
<u>Activities directed toward dismissal from the hospital</u>						
Inform patient of community resources	7	28	14	56	4	16
Teach importance of regular periodic medical consultations	1	4	10	40	14	56
Inform patient of possible complications and how to detect and prevent them	3	12	16	64	5	20
Assist patient in attaining an understanding of his condition and how it may be safely managed in daily living	4	16	15	60	6	24

than on rehabilitation of the whole individual. In teaching, great emphasis continues to be placed on certain aspects of nursing care of the diabetic patient. These aspects include diet, administration of insulin, and the detection and prevention of symptoms of hypoglycemia and hyperglycemia. Nursing activities related to these aspects were identified by the respondents in this study to be most significant for rehabilitation of the person with diabetes.

III. MASTECTOMY

Table III presents the degree of rehabilitative significance ascribed by twenty-five professional nurses to nursing activities related to the care of the patient with a mastectomy by number and per cent. There were four related activities under each of the components of patient care.

Personal Hygiene

Of the nursing activities related to the component of patient care, personal hygiene, 52 per cent indicated that the activity concerned with teaching importance of correctly fitting clothes was unique in value for rehabilitation; 64 per cent indicated that to encourage interest in personal hygiene and personal appearance was important but of no unique value for rehabilitation; and 52 per cent indicated that the activity, encourage avoiding undue exposure to infection, was of no value for rehabilitation. There was a difference of opinion in regard to the activity concerned with stressing importance of skin care and avoidance of injury or infection of the skin. Forty-eight per cent indicated that it was unique in value, and 48 per cent

indicated that it was important but of no unique value for rehabilitation.

Elimination

Over 76 per cent of the respondents indicated that the four nursing activities related to the component of patient care, elimination, were of no value for rehabilitation. Of the remaining responses, a greater number indicated that these activities were important but of no unique value for rehabilitation rather than unique in value for rehabilitation.

Nutrition

Over 60 per cent of the respondents indicated that the four nursing activities related to the component of patient care, nutrition, were of no unique value for rehabilitation. Of the remaining responses, a greater number indicated that these activities were important but of no unique value rather than unique in value for rehabilitation.

Rest and Recreation

There was a difference of opinion in regard to nursing activities related to the component of patient care, rest and recreation. The difference in responses for two activities indicated that the respondents did not agree as to whether they were unique in value or important but of no unique value for rehabilitation. For the nursing activity, encourage return to as nearly the same routine of living as previous to onset of condition, 40 per cent indicated that it was unique in value and 56 per cent indicated that it was important but of no unique value for rehabilitation. The difference of opinion for two

other activities indicated that respondents did not agree whether activities were important but of no unique value or no value for rehabilitation. The nursing activity related to encouraging the patient to develop the art of relaxation was indicated by 44 per cent to be important but of no unique value for rehabilitation and by 48 per cent to be of no value for rehabilitation. The other activity, providing periods of rest to avoid fatigue, was indicated by 48 per cent to be important but of no unique value and 48 per cent to be of no value for rehabilitation.

Psychological Aspects

Very few of the respondents indicated that nursing activities related to the component of patient care, psychological aspects, were of no value for rehabilitation. Although the nursing activity related to encouraging the patient to become increasingly independent was indicated by 72 per cent to be important but of no unique value for rehabilitation, there was a difference of opinion concerning the other three activities. Of these activities, (1) assisting the patient to gain a positive attitude toward the disease condition was indicated by 60 per cent to be unique in value for rehabilitation and by 40 per cent to be important but of no unique value for rehabilitation; (2) involving the family in giving encouragement and support to the patient was indicated by 44 per cent to be unique in value and by 48 per cent to be important but of no unique value for rehabilitation; and (3) allowing the patient to express negative feelings was indicated by 44 per cent to be unique in value and by 52 per cent to be important but of no unique value for rehabilitation.

Exercise and Prevention of Deformities

More than 56 per cent of the respondents indicated that two activities related to exercise and prevention of deformities were unique in value for rehabilitation. These activities concerned (1) encouraging self care activities, 56 per cent, and (2) teaching importance of good posture, 64 per cent. There was a difference of opinion in regard to the nursing activity, encourage moderate and regular exercise. Forty-eight per cent indicated that it was unique in value and 44 per cent indicated that it was important but of no unique value for rehabilitation. The other activity related to cautioning the patient against heavy lifting was indicated by 52 per cent to be important but of no unique value for rehabilitation.

Activities Directed Toward Dismissal from the Hospital

Over 56 per cent of the respondents indicated that three nursing activities related to the component of patient care, activities directed toward dismissal from the hospital, were important but of no unique value for rehabilitation. These activities concerned (1) informing the patient of community resources, 56 per cent; (2) informing the patient of possible complications and how to detect and prevent them, 64 per cent; and (3) assisting the patient in attaining an understanding of his condition and how it might be safely managed in daily living, 60 per cent. There was a difference of opinion concerning the activity related to teaching the importance of regular periodic medical consultations. Fifty-six per cent of the respondents indicated that it was unique in value for rehabilitation and 40 per cent indicated that it was important but of no unique value for rehabilitation.

Summary and Analysis

The majority of respondents indicated that a total of ten nursing activities were of no value for rehabilitation; ten were important but of no unique value for rehabilitation; and six were unique in value for rehabilitation. An outstanding lack of agreement concerning the degree of rehabilitative significance ascribed to nursing activities was evident. The difference of opinion could be attributed, not only to a lack of understanding of rehabilitative significance of nursing activities, but also to the educational methods which influence these understandings. The greatest per cent of respondents indicated that nursing activities related to the component of patient care, exercise and prevention of deformities, were unique in value for rehabilitation. The propensity to ascribe the greatest value for rehabilitation to these activities seemed to indicate the respondents' immediate concern for the physical disability, and a lack of awareness of the significance of other nursing activities for the rehabilitation of the whole individual.

IV. SUMMARY

The number of nursing activities indicated to have unique value for rehabilitation were (1) eleven for colostomy, (2) twelve for diabetes, and (3) six for mastectomy. Only one nursing activity was indicated by over 50 per cent of the respondents to be unique in value for rehabilitation for all three medical-surgical conditions. This activity was concerned with assisting the patient to gain a positive attitude toward the disease condition and is probably the most nebulous nursing activity to appear in the opinionnaire. It is significant that

this activity was indicated as being unique in value for rehabilitation for all three conditions since it is concerned with physical disability, and the physical condition was the basis of the pattern of responses identified from the data. The nursing activities identified as being significant for rehabilitation were those which had direct relationship to physical disorder. This relationship is noted in the following summary. Activities which were ascribed unique in value for rehabilitation were related to (1) elimination and psychological aspects for colostomy, (2) nutrition and activities directed toward dismissal from the hospital for diabetes, and (3) exercise and prevention of deformities for mastectomy. The respondents indicated that they were not cognizant all nursing activities contributed to that state of health and well-being which is the best that can be attained or maintained.

It is inferred that the pattern of responses is due to a lack of (1) study of patients as individuals, (2) close and prolonged association with individual patients, and (3) planning of details of nursing care for each patient which is based on a thorough understanding of behavioral as well as physical sciences. It is further conjectured that, since it is the educational methods which influence the nurse's understanding and skill in giving total patient care, educational methods being used to teach rehabilitation are in need of investigation.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY OF THE STUDY

The problem of the study was to determine if professional nurses recognized the relationship of nursing activities to the rehabilitation of patients with three selected medical-surgical conditions: colostomy, diabetes, and mastectomy.

The purposes of this study were: (1) to ascertain the opinions of a select group of professional nurses as to the rehabilitative aspect of nursing activities performed in giving care to patients with selected medical-surgical conditions; (2) to analyze the data to determine the degree of rehabilitative significance ascribed to these activities; and (3) to provide data which could be used in planning curricula for nursing and for programs of in-service education.

Literature pertaining to nursing was reviewed to determine what authorities believed were the present concepts of rehabilitation and of the rehabilitative aspects of nursing care.

The method used was the descriptive-survey, with the closed-form opinionnaire as the technique for the collection of data. The opinionnaire consisted of selected nursing activities related to components of patient care: personal hygiene, elimination, nutrition, rest and recreation, psychological aspects, exercise and prevention of deformities, and activities directed toward dismissal from the hospital. These activities and components were identified through a review of

nursing literature. The participants in the study were asked to indicate whether in their opinion the nursing activity was (1) no value for rehabilitation, (2) important but of no unique value for rehabilitation, or (3) unique in value for rehabilitation for each medical-surgical condition.

The population of the study consisted of twenty-five professional nurses who were currently enrolled in a graduate nurse baccalaureate program the first term of summer 1960 of a selected university in the Rocky Mountain area.

The data were analyzed to determine the degree of rehabilitative significance ascribed to nursing activities performed in giving care to a patient with a selected medical-surgical condition as indicated by professional nurses. The total number and per cent of responses were determined for each nursing activity in relation to the component of patient care for each of the medical-surgical conditions as listed on the opinionnaire.

The data indicated that the number of nursing activities indicated to have unique value for rehabilitation were (1) eleven for colostomy, (2) twelve for diabetes, and (3) six for mastectomy. One nursing activity, assist the patient to gain a positive attitude toward the disease condition, was indicated by over 50 per cent of respondents to be unique in value for rehabilitation for all three medical-surgical conditions. Nursing activities identified as being significant for each medical-surgical condition demonstrated a pattern of responses. It was noted that those nursing activities which had a direct relationship to the physical disorder pertaining to each medical-surgical condition were the activities which were ascribed

unique in value for rehabilitation by the majority of respondents. The following relationship was noted: (1) nursing activities related to elimination and psychological aspects were identified as unique in value for rehabilitation of the patient with a colostomy, (2) nursing activities related to nutrition and activities directed toward dismissal from the hospital were identified as being unique in value for rehabilitation of the patient with diabetes, and (3) nursing activities related to exercise and prevention of deformities were indicated to be unique in value for rehabilitation of the patient with a mastectomy. The responses indicated that the participants were not aware of the rehabilitative significance of all nursing activities for the three medical-surgical conditions.

II. CONCLUSIONS

On the basis of the data obtained in the study, the following conclusions were made:

1. In reference to the medical-surgical condition, colostomy, the majority of professional nurses in the study believed that nursing activities related to elimination and psychological aspects had greater value for rehabilitation than nursing activities related to personal hygiene, nutrition, rest and recreation, exercise and prevention of deformities, and activities directed toward dismissal from the hospital.

2. In reference to the medical-surgical condition, diabetes, the majority of professional nurses in the study believed that nursing activities related to nutrition and activities directed toward dismissal from the hospital had greater value for rehabilitation than

nursing activities related to personal hygiene, elimination, rest and recreation, psychological aspects, and exercise and prevention of deformities.

3. In reference to the medical-surgical condition, mastectomy, the majority of professional nurses in the study believed that nursing activities related to exercise and prevention of deformities had greater value for rehabilitation than nursing activities related to personal hygiene, elimination, nutrition, rest and recreation, psychological aspects, and activities directed toward dismissal from the hospital.

4. A consensus of opinion of nursing authorities suggests that there is rehabilitative significance to a single nursing activity if it is performed with the intention of promoting rehabilitation. In view of this belief, the majority of professional nurses who participated in this study did not recognize the rehabilitative significance of all nursing activities for the three medical-surgical conditions. Those nursing activities which were recognized for their rehabilitative significance were directly related to the physical condition of the patient.

III. RECOMMENDATIONS

The following recommendations were made on the basis of this study:

1. The results of the study indicated that participants attributed a greater degree of significance for rehabilitation to nursing activities which had a direct relationship to the physical disorder than to all other nursing activities related to the care of patients

with the selected medical-surgical conditions. In light of this, the recommendation is made that the study be extended to obtain the opinions of other groups of professional nurses in order to determine if this pattern of response persists.

2. That a study be made to determine the relationship of nursing activities to the rehabilitation of patients with other medical-surgical conditions than those used in this study.

3. On the basis that only four nursing activities were selected for this study, it is recommended that another study be made to determine the degree of rehabilitative significance ascribed to the other nursing activities related to the selected medical-surgical conditions.

Other recommendations:

1. That a similar study be made and that the responses of the individual participant be compared with her knowledge of medical-surgical nursing and professional experience.

2. That a study be made to ascertain the opinions of other members of the health team to determine their awareness of the nurse's role in rehabilitation.

3. That a study be made to determine the extent to which the family is involved in rehabilitative nursing activities.

4. That nursing education and nursing practice place more emphasis upon the rehabilitative aspects of all nursing activities.

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APPENDIX

DIRECTIONS: Items listed on the left are nursing activities pertaining to the total nursing care of patients with selected medical-surgical conditions. The selected conditions are listed opposite each nursing activity. The conditions selected for this study are: (1) Colostomy, which is permanent in nature and the course of recovery is uncomplicated; (2) diabetes, which requires insulin for control but is without complications; and (3) mastectomy, which is a radical procedure for a malignant lesion for a female patient and the course of recovery is uncomplicated.

In each instance, indicate whether, in your opinion, the nursing activity is of:

- (1) No value for rehabilitation in the condition.
- (2) Important but of no unique value for rehabilitation in the condition.
- (3) Unique in value for rehabilitation in the condition.

If, in your opinion, the nursing activity is unique in value for the patient with a cerebrovascular accident, place a check in column 3.

If the activity is of no value for rehabilitation of the patient with an appendectomy, place a check in column 1. Do the same for your opinion of the rehabilitative significance of the activity for the fracture of the femur. Note that you are not asked to rank the activity as to the importance for the three conditions but to judge each one separately. The nursing activity may be judged as being of unique value or of no value for all three conditions.

EXAMPLE: The following is an illustration of the directions:

	<u>No</u> <u>value</u>	<u>Important</u>	<u>Unique</u>
1. Carry out passive exercises:			
cerebrovascular accident	_____	_____	_____
appendectomy	_____	_____	_____
fracture of the femur	_____	_____	_____

<u>I. PERSONAL HYGIENE:</u>	<u>No</u> <u>value</u>	<u>Important</u>	<u>Unique</u>
1. Encourage interest in personal hygiene and personal appearance.			
colostomy	_____	_____	_____
diabetes	_____	_____	_____
mastectomy	_____	_____	_____
2. Teach importance of correctly fitting clothes.			
colostomy	_____	_____	_____
diabetes	_____	_____	_____
mastectomy	_____	_____	_____
3. Encourage avoiding undue exposure to infection.			
colostomy	_____	_____	_____
diabetes	_____	_____	_____
mastectomy	_____	_____	_____
4. Stress importance of skin care and the avoidance of injury and infection of the skin.			
colostomy	_____	_____	_____
diabetes	_____	_____	_____
mastectomy	_____	_____	_____

II. ELIMINATION:

1. Teach importance of good bowel elimination.			
colostomy	_____	_____	_____
diabetes	_____	_____	_____
mastectomy	_____	_____	_____
2. Teach importance of noting and reporting character of the stool.			
colostomy	_____	_____	_____
diabetes	_____	_____	_____
mastectomy	_____	_____	_____

		No value	Important	Unique
3.	Teach role of medication in bowel regularity.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
4.	Encourage and assist patient with bladder training.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____

III. NUTRITION:

1.	Teach importance of a well-balanced diet.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
2.	Teach relationship of diet to disease process.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
3.	Teach the role of medications in the treatment of the condition.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
4.	Prevent or correct obesity.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____

IV. REST AND RECREATION:

1.	Encourage patient to develop the art of relaxation.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
2.	Provide periods of rest to avoid fatigue.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____

		<u>No</u> <u>value</u>	<u>Important</u>	<u>Unique</u>
3.	Encourage return to as nearly the same routine of living as previous to onset of condition.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
4.	Encourage recreation and diversion to promote good mental hygiene.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____

V. PSYCHOLOGICAL ASPECTS:

1.	Assist patient to gain a positive attitude toward the disease condition.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
2.	Encourage patient to become increasingly independent.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
3.	Involve the family in giving encouragement and support to the patient.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
4.	Allow the patient to express negative feelings.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____

VI. EXERCISE AND PREVENTION OF DEFORMITIES:

1.	As a patient is able, encourage self care activities.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____

		No value	Important	Unique
2.	Teach importance of good posture.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
3.	Caution patient against heavy lifting.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
4.	Encourage moderate and regular exercises.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
VII. ACTIVITIES DIRECTED TOWARD DISMISSAL FROM THE HOSPITAL:				
1.	Inform patient of community resources.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
2.	Teach importance of regular periodic medical consultations.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
3.	Inform patient of possible complications and how to detect and prevent them.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____
4.	Assist patient in attaining an under- standing of his condition and how it might be safely managed in daily living.			
	colostomy	_____	_____	_____
	diabetes	_____	_____	_____
	mastectomy	_____	_____	_____