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A study of the need for the incorporation of rehabilitation aspects of nursing in an inservice education program for registered nurses.

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Boston University
A STUDY OF THE NEED FOR THE INCORPORATION
OF REHABILITATION ASPECTS OF NURSING
IN AN INSERVICE EDUCATION PROGRAM FOR REGISTERED NURSES

By

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(B.S., Florida A. and M. University, 1956)

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CHAPTER I
INTRODUCTION AND OVERVIEW OF THE STUDY

The changing role of the registered nurse, new administrative practices, and scientific advances including rehabilitation used in the medical treatment of patients, have increased the need for a type of nursing which requires a great variety of skills and a wide range of knowledge. Although rehabilitation offers some of the oldest therapies utilized by medicine, it is the newest specialty recognized by the Council on Medical Education and Hospitals of the American Medical Association. Because of the increasing emphasis on rehabilitation it is important for the registered nurse to keep abreast of advancements. These factors have heightened the nurse's need for continuous in-service education. She needs assistance if she is to remain sufficiently flexible to meet the challenge of changing patterns of patient care.

Statement of the Problem

This study was directed toward ascertaining the need for the incorporation of rehabilitation aspects of nursing in an inservice education program for registered nurses.
employed in a rehabilitation hospital.

In order to study this problem answers to the following questions were sought:

1. What has been included in former inservice education programs for registered nurses at a rehabilitation hospital?

2. What rehabilitative aspects of nursing do the registered nurses think should be included in their inservice education programs?

3. What do other rehabilitation team members think should be included in an inservice education program, based on their opinion of the function of the graduate nurse on the rehabilitation team?

Justification of the Study

Because "rehabilitation is a goal of comprehensive patient care and as such is an integral part of good nursing," the opinions of the professional nursing staff of a hospital, whose primary purpose is rehabilitation for the chronically ill, might be evaluated to ascertain if the principles and techniques of rehabilitative aspects of nursing should be incorporated into an inservice education program for registered nurses.2

2"Teaching the Rehabilitative Aspects of Nursing" (National League of Nursing Report of Work Conference Committee Meeting, N.Y., October 15-17, 1956).
As a result of this study, certain conclusions might be drawn from an analysis of the tabulated data, that would warrant making recommendations or suggestions for the inclusion of newer aspects of rehabilitation nursing in the inservice education programs for registered nurses in general hospitals.

**Scope and Limitations of the Study**

The study was conducted in Hospital X, a six hundred bed state hospital located in the metropolitan area of a large city. It was designed to provide specialized facilities for the diagnosis and treatment of all cases of medical and surgical patients with chronic diseases, (other than communicable and mental diseases), that may potentially benefit from a planned program of rehabilitation. This hospital maintains a large rehabilitation service for the disabled and chronically ill and includes research in improved methods of rehabilitation. Inservice education programs for graduate nurses have been conducted at Hospital X during 1957-1958, and records of these programs were available for study. It is within the scope of this particular study to make a detailed evaluation of the rehabilitation aspect of inservice education programs presented at this hospital. For the benefit of this study, data were obtained from fifty-five graduate, general duty
nurses employed on 14 thirty bed nursing units of Hospital X. Data did not include opinions from all nursing personnel. Practical nurses, nurse's aides, and personnel employed for supervisory or administrative positions were not included. Data were also obtained from four other rehabilitation team members. This did not include all members of the rehabilitation team, but was limited chiefly to the director and supervising therapists from the Department of Physical Medicine and Rehabilitation. The findings of this study may or may not be applicable to other hospital inservice education programs. It is within these limitations that the data was collected and analyzed for this study.

Definition of Terms

Registered Nurse.--The registered nurse is a graduate of a state approved school of professional nursing, who has satisfactorily fulfilled all requirements of the State Board of Registration in Nursing and has been issued a certificate of registration. The terms professional nurse and registered nurse were used synonymously in this study.

Comprehensive Nursing Care.--Comprehensive nursing care is a plan organized and administered by the nurse giving care to the individual patient, based on the fundamental scientific principles, and applying the skills of nursing techniques to the patients' physical, mental, emotional, spiritual and economic needs for the purpose of insuring his
return to health and aiding him to solve his future health adjustments so that he may return to society at his optimum capacity.3

Rehabilitation.--This word has become quite familiar to people since World War II. Because it is used loosely by many individuals, the meaning may vary with individual philosophy. The National Conference on Rehabilitation has defined rehabilitation as follows:

Rehabilitation means the restoration of the handicapped to the fullest physical, mental, social, vocational and economic usefulness of which they are capable.4

Rehabilitation Team.--This concept arises from the organization of various disciplines—medicine, nursing, psychology, sociology, etc., and is usually under the leadership of the physician or director of the Department of Physical Medicine and Rehabilitation.

Inservice Education.--

In a hospital nursing service, inservice education becomes the process of helping to make the nursing service employee's ability to carry out work functions commensurate with her service obligations to patients.5

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5Mary Annice Miller, Inservice Education for Hospital Nursing Personnel (N.Y.: Dept. of Hospital Nursing, National League for Nursing), p. 1.
Hospital X is used throughout this study to represent the hospital where the data were collected.

**Preview of Methodology**

A review was made of the past inservice nursing education programs that had been conducted at Hospital X to determine what rehabilitative aspects of nursing had already been presented to the graduate nurse. Questionnaires were distributed to fifty-five registered nurses employed at this hospital for general duty, in an effort to obtain factual information regarding their opinions concerning the incorporation of rehabilitation in a hospital inservice education program. Focused interviews with rehabilitation team members were utilized to ascertain their opinion as to what rehabilitation skills and techniques should be included in an inservice education program for nurses.

**Sequence of Presentation**

Chapter II is concerned with the theoretical framework of the study which includes a review of literature and is followed by the bases and statement of the hypothesis. Chapter III contains a detailed description of the setting, sample and tools used for the collection of data, along with the method of presentation. Chapter IV contains the findings of the study which are discussed and analyzed. This study is completed by Chapter V which presents the summary,
conclusions and recommendations based upon the analysis of the data.
CHAPTER II
THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

Literature reviewed as a background for this study involves an investigation of the concept of rehabilitation, the relationship of rehabilitation to the changing role of the professional nurse, rehabilitative aspects of nursing, and inservice education for general duty nurses.

The history of medical care for the disabled reveals that society's attitude toward handicapped persons has passed through various stages, culminating in the modern concept that rehabilitation is a definite part of the medical and nursing care of the total patient, whose needs are met within the hospital through the integrated services of specialists on the rehabilitation team. According to Morrissey, the stages in the evolution of this modern concept of rehabilitation are:

1. Extinction by primitive society,
2. Banishment from the tribe for economic reason,
3. Permission by law to beg for alms,
4. Care in monastic and charitable institutions and
5. Re-education and rehabilitation.¹

¹Morrissey, loc. cit., p. 27.
This is substantiated by the opinion of Leone, that the fundamental health needs of people do not change; it is the perception of these needs and the expectation of meeting them, that changes.²

Since World War II, the word "rehabilitation" has been popularly used to describe the process of the restoration of a person who has become handicapped by disease or accident. President Dwight D. Eisenhower urged, in his State of the Union Message in January, 1954, the strengthening and expansion of the nation's resources for the rehabilitation of handicapped people.³ In August, of the same year, Congress enacted the Vocational Rehabilitation Act of 1954 (Public Law 565, 83rd Congress) which was designed to carry out the President's recommendation. Because of such emphasis many individuals who, in the past, would have been relegated to a life of uselessness are not only able to give their own care but are living productive lives and participating in community affairs. Appreciation of such a possibility led to the formation of the American Congress of Physical Medicine and Rehabilitation and to the


establishment of rehabilitation centers, of which there are 96 in 26 states.\(^4\) As a result of the recent advances made in this field, rehabilitation and its effect on the patient and society are coming into universal recognition and favor. There has been mounting community interest in the crippled child and the injured worker, while the disabled veteran group has received tremendous benefits from planned, coordinated programs of rehabilitation.\(^5\) A review of the foregoing literature reinforced the belief that the changed perception of patients' needs and the expectation of meeting these needs points out a necessity for re-evaluating the professional nurse's understanding of the present concept of rehabilitation.

As the concept of rehabilitation has changed, so the role of the professional nurse is changing. The beginning statement in Public Health Service Publication No. 528, is: "Nursing as a profession is undergoing many changes, some of them radical in nature, as it attempts to meet the nursing needs of today's society."\(^6\) We need only to look back a few


years to discover that many of the functions which are performed by the professional nurse of today were performed by other personnel in the past. Gebig, as project director, noted that new skills have been recently delegated in whole or in part to the graduate nurse. 7 Such rehabilitative techniques as the education of patients and families, the use of special devices, and the encouragement and participation in interdepartmental communications could also be included. The team method of providing care to patients requires the professional nurse, one of the key members of the team, to learn the principles of leadership. Formerly, her duties consisted mainly of receiving orders and executing them. Today, the registered nurse is expected to take part in planning and administering all the activities of the unit in which she works. 8 It would appear then that modern professional nursing is no longer strictly bedside activity but encompasses a wide range of functions and services in a rehabilitative setting.

Rusk stated,

The practice of the arts and skills of nursing in a rehabilitation department does not differ in an appreciable degree from the practice of nursing in any


8Ibid.
department of a hospital. The same standards must be met, hospital policies enforced, and nursing service maintained.\textsuperscript{9} This statement is a confirmation of the fact that rehabilitation nursing is the total, or comprehensive nursing care of any patient. Rusk further points out that, It is difficult to define rehabilitation nursing with absolute exactness, because the role of the rehabilitation nurse is a complex one. It may be said that nursing care in a specialized rehabilitation department is broadened partly because the nurse may find many opportunities here to render a high type of comprehensive patient care and partly because she may work in close proximity with a number of rehabilitation workers who are motivated as she is, by the concept of total patient care.\textsuperscript{10}

Since the rehabilitative components of nursing care can be associated with any patient, regardless of his diagnosis, and does not require a special setting, what then are the specific rehabilitative aspects of nursing? Basic beliefs regarding the rehabilitation aspects of nursing as formulated by the Work Conference Committee on Teaching the Rehabilitative Aspects of Nursing, were adopted in this study as the rehabilitation aspects of nursing.\textsuperscript{11} A copy of the beliefs appear in Appendix A.


\textsuperscript{10}Ibid., p. 149.

\textsuperscript{11}Report of Work Conference Committee Meeting, "Teaching the Rehabilitative Aspects of Nursing," loc. cit.
The typical nursing staff in hospitals today, because of the availability of modern methods of travel, includes registered nurses from different geographic locations who possess various professional education and cultural backgrounds. "Too many times the nurse as a member of the patient-care team has not been aware of the role that she should play, nor have many of the other members of the team felt that the nurse's part was at all vital." In order to attain a clear and unified understanding of comprehensive nursing care or rehabilitation, such a heterogeneous group should be afforded a well planned program of inservice education.

The fundamental need for continuing education for everyone is readily recognized in a dynamic society. Part of the responsibility for this on-going education has been assumed by employers in industry and hospitals, who have developed programs which assist employees to find their proper place in the organization, learn new skills needed in carrying out their job responsibilities, and develop their capabilities to the fullest. "Industrial organizations


13 Mary Annice Miller, Inservice Education for Hospital Nursing Personnel, National League for Nursing, N.Y., 1958, "Introduction" by Margaret Griffin.
have had somewhat of a head start on hospitals in this field. No doubt this has been influenced by the fact that during the first fifty years of nursing in this country, major emphasis was given to pre-service preparation."

"Broadly conceived, inservice education includes all activities engaged in by the professional personnel during their service and is designed to contribute to improvement on the job."15 "In a hospital nursing service, inservice education becomes the process of helping to make the nursing service employee's ability to carry out work functions commensurate with her service obligations to patients."16

The primary objective of a hospital inservice education department is to fulfill the main objective of its program—the promotion of optimum care for all patients. A League Exchange bulletin lists the following as contributory objectives to an inservice education program:

1. Develop an effective orientation program for all personnel of the nursing department.

2. Provide an environment conducive to learning and to increase job satisfaction.

14 Ibid.


16 Mary Annice Miller, op. cit., p. 1.
3. Motivate each member of the staff toward self-development.

4. Promote effective relationships with all allied groups within the hospital and the community.

5. Understand, participate in, and support all research and study being conducted in nursing and allied fields.

6. Assist each member of the nursing staff to:
   
   A. Improve his ability to establish constructive relationships with patients and their families, as well as with his co-workers.
   
   B. Increase his knowledge and understanding of scientific principles basic to intelligent nursing care, and to gain increased skill in using the techniques in the care and treatment of the patient.
   
   C. Understand better his relationship to all members of the health team
   
   D. Utilize for his own growth the knowledge and resources available from educational programs and professional groups in the hospital and community.17

The participants at a workshop at Boston University School of Nursing agreed that, if an inservice education program is to be successful, "a need must exist and the program must meet the needs of the group."18 Particular needs of a group can be determined by expressions from personnel for suggested content of inservice education.

17Drusilla Poole, "In-Service Education: Department, University of Utopia Hospital, Manna, U.S.A.," The League Exchange No. 11, National League for Nursing, N.Y., 1956, pp. 7, 8.

18"Report of Workshop on In-Service Education," Boston University School of Nursing, Boston, Mass., p. 3 (SN 610.7307 B65).
It would appear that, if one considered the above factors, the inservice nursing education program would assist each individual to develop intellectually, professionally and personally, so that he could more capably meet the physical, emotional, spiritual, and social needs of each patient in his care.

**Bases of the Hypothesis**

The premise of this study is that the professional, general duty nurse, whose main functions are directly concerned with the patient undergoing rehabilitation, has unmet needs of her own, which ultimately prevent her from performing comprehensive nursing care. Contributing factors to this assumption included the review of literature, conversations with professional nurses, and the writer's personal experience.

**Statement of the Hypothesis**

This study was based on the supposition that, even though registered nurses are working, by choice, in a hospital geared to the modern concept of rehabilitation, they will feel the need for new and continuing rehabilitation education. It was also hypothesized that upon request, these nurses would express such a need.
CHAPTER III
METHODOLOGY

The problem undertaken in this study was to ascertain if there was a need for the incorporation of the rehabilitative aspects of nursing into an inservice education program for registered nurses.

Selection and Description of Sample

The hospital chosen as a setting for this study, referred to as Hospital X, is a state institution of 600 beds, located in the Metropolitan area of a large, northeastern city. It was designed for the medical and surgical care of all patients with chronic disease (other than communicable or mental diseases) that may be benefitted by a planned rehabilitation program. This hospital was also designed to serve as a center for the development of preventive, educational, and research aspects of chronic disease. Patients are not accepted for custodial, domiciliary, or terminal care. However, a special effort is made to admit those people who suffer from chronic illness in order to properly treat and preclude the progress of such illness so that each person may at least make himself self-sufficient in daily activities of living and hopefully return to a status of economic usefulness.
The upper ten floors of Hospital X are devoted to nursing facilities. Central elevators from the main lobby divide these floors into north and south nursing units which accommodate thirty to thirty-one patients. At the time of this study, fourteen of the thirty-bed units were open. A typical nursing unit has ten single rooms and five four-bed rooms, each of which has radio earphones, buzzer call system and vocal call intercommunication between the nurse's station and the patient. Most of the single rooms are piped for suction and oxygen. Each bed is a manually operated Simmons Hi-lo Bed, which eliminates the necessity of foot stools, and is equipped with an air foam mattress. The patient unit also consists of a bedside stand with necessary equipment, a clothing closet, an over-bed stand, and a chair.

Each nursing unit contains a detention room, in addition to a room, next to the nurses' station, that is sound conditioned and equipped with a vision panel for frequent observation of the patient. The nurses' station is centrally located and contains ample desk space, a portable chart rack, a roomy drug cabinet, a medication refrigerator, a vocal call system control box, and a pneumatic tube communication system. The conveyor system carries supplies to and from Central Service. Units have either an employee's lounge or visitors' waiting room. On each unit ambulatory patients are encouraged to eat their meals in the large
solarium that contains a television set and a radio loud speaker. The remainder of the nursing unit is composed of the usual utility, examining, treatment, storage, and service rooms that constitute a modern hospital ward.

Every nursing unit is under the direct supervision of one or more doctors, and on some services there are also resident doctors. The nursing staff consists of:

1. Supervisor of north and south units
2. Head nurse
3. Assistant head nurse
4. Registered nurses
5. Licensed practical nurses
6. Attendant nurses (male and female)
7. Attendant nurse (who performs secretarial duties)

In addition, each unit has:

1. Maid service for cleaning
2. Porter service for heavy cleaning
3. Usher service from Physical Medicine and X-Ray Departments for patient transportation.
4. Dietary aides for food serving.

Hospital X serves as a center of training in chronic diseases. It is a teaching hospital affiliated with three medical schools, a school of public health, two collegiate schools of nursing, one diploma school of nursing, two
schools of physical therapy, and one school of occupational therapy. This hospital operates a school for practical nurses from which the first class was graduated in November, 1957.

As an active research center for the study of chronic diseases, research projects have been in operation which were financed by grants from the National Institute of Cancer, U.S. Public Health Service, Massachusetts Heart Institute, U.S. Army, American Cancer Society and the National Institute of Neurological Diseases and Blindness. In addition, the Massachusetts State Legislature granted funds to this hospital for research in the study of arterial hypertension.

A large rehabilitation service for the disabled and chronically ill is maintained within this hospital. This department includes research in improved methods of rehabilitation and professional training for doctors, nurses, physiotherapists and other personnel in this field. The Chief of the Department of Physical Medicine is a physician who is a specialist in Physical Medicine and Rehabilitation. This department is composed of three therapeutic specialties: Physical Therapy, Occupational Therapy and Speech Therapy. Each of these specialties has its own supervisor and physical set-up with a complete stock of necessary equipment.
The Occupational Therapy Unit consists of a large work area and a woodworking shop. The Physical Therapy Unit consists of an exercise room, an electrotherapy room, a hydrotherapy room and a therapy pool room. The Speech Therapy Unit consists of a comfortably furnished room with testing materials and visual aids. Approximately one-half of all patients admitted to Hospital X receive physical, occupational, and speech therapy as part of their total care. Upon completion of hospitalization, patients are referred back to their own physicians, other institutions or clinics for follow-up services.

**Tools Used to Collect Data**

In order to investigate the problem, reports, by the Nursing Committee on Education at Hospital X, of the meetings held in 1957-1958 were studied. This committee consisted of seven registered nurses, one licensed practical nurse and one hospital attendant. The chairman of the committee was the director of the School for Practical Nurses, which is operated by this hospital. A review of the reports of these meetings was done in order to determine what rehabilitative nursing aspects had already been presented to the registered nurses in their inservice program in order to know whether such a program had an influence on this study. The following goals of inservice education for 1957-1958 were set up by the Nursing Committee on Education:
1. To develop further the concept of good nursing care
2. To promote effective inter-personal relationships
3. To learn what is going on in other departments as a part of total care
4. To stimulate the nurse's awareness of trends in nursing, medicine and research
5. To participate in good relationships with the public in regard to patient care.

As stated in a League Exchange pamphlet, "The main objective of the inservice education program is to promote optimum care for all patients." The goals set-up at Hospital X seem to be in accord with this objective.

A poll-type questionnaire was distributed to all (fifty-five) graduate nurses employed as staff nurses at Hospital X, in order that their opinions of the need of rehabilitation nursing in an in-service education program could be obtained and tabulated. This type of questionnaire was chosen as a tool by the writer because of its applicability to the study of highly structured opinions, and its ability to be administered to large numbers of individuals simultaneously. It was made as brief as possible in order to assure response and was also designed to ensure some

\footnote{Drusilla Poole, \textit{loc. cit.}, p. 7.}
uniformity of measurement with its standardized wording, standardized order of questions, and standardized instructions. The questionnaire with its accompanying letter of explanation appears in Appendix B. It was composed of three sections. The first section was divided into two parts, each of which contained seven suggested topics of a rehabilitative nature. The recipients were given the opportunity to number, by preference, specific nursing techniques and lecture-group discussion topics that they felt should be included in an in-service education program. The second section allowed opportunity for personal suggestions for other in-service education topics. The third section was concerned with the procurement of background information about the registered nurse involved in the study. The nurses were not asked to identify themselves by name; however, because it might have had some bearing on their choices, they were asked to state their positions, their tour of duty, professional education, and any post-graduate, refresher, or rehabilitation courses they had taken in the past. Only the registered, general duty nurses were invited to participate in this study; practical nurses, nurse's aides, and the nursing personnel employed for supervisory or administrative positions were not included. The writer limited the selection of registered nurses to those employed as general duty nurses because they were directly
involved with the bedside nursing care of patients. The Nursing Service Department of Hospital X gave permission to distribute the questionnaires to each of the general duty nurses on the staff and was most generous and helpful in assisting the writer with the procurement of data. A stamped, addressed envelope accompanied each questionnaire. Of fifty-five questionnaires distributed, twenty-five were returned.

The final tool used to secure data was the focused interview. Interviews were conducted with four members of the rehabilitation team at Hospital X. They were the Director of the Department of Physical Medicine and Rehabilitation, the supervisor of physical therapy, the supervisor of occupational therapy, and the head nurse of the orthopedic unit. This particular head nurse was selected as an interviewee because there was no supervisor of rehabilitation nursing designated as such at Hospital X; therefore, in the writer's opinion, the most logical person to represent nursing was the head nurse of the orthopedic unit who sees as much, if not more rehabilitation being performed daily, as is found on any other unit. The other three members selected from the rehabilitation team for participation in the focused interview, were, in the opinion of the writer, those very closely associated with the rehabilitative aspects of nursing care. The supervisor of speech therapy, a very
important member of the rehabilitation team, was unable to participate because she was on a leave of absence from Hospital X. The focused interview, based on an interview guide, was conducted in order to determine what rehabilitative nursing skills members of the rehabilitation team thought should be included in an in-service education program for registered nurses. This tool was used to gain data to test the hypothesis that even though registered nurses are working by choice in a hospital geared to rehabilitation, they will feel a need for new and continuing education in rehabilitation.

The writer in choosing the focused interview as a tool and in constructing the guide, kept in mind the following characteristics of the focused interview as outlined by Merton and Kendall:

1. The persons interviewed are known to have been involved in a particular concrete situation.

2. The hypothetically significant elements, patterns and total structure of the situation have been previously analyzed by the investigator.

3. On the basis of this analysis, the investigator has fashioned an interview guide, setting forth the major areas of inquiry and the hypotheses which locate the pertinence of data to be obtained in the interview.

4. The interview itself is focused on the subjective experiences of persons exposed to the pre-analyzed situation.

The interview guide consisted of four questions directed toward gaining further information regarding the general duty nurses' knowledge of the newer concept of rehabilitation and what should be included in an inservice education program for nurses that ensures a continuity of the rehabilitative aspects of patient care. Opportunity was provided for the interviewees to make additional comments pertinent to the study.

Each interview was conducted in a comfortable, private office in a relaxed atmosphere and with minimum interruptions. Each interview averaged approximately twenty to thirty minutes. The total time spent by the writer in interviewing was approximately five and one half hours. Only brief notes were taken during the interview, and in order to ensure accuracy in recall, the full report was written immediately after each interview. A copy of the interview guide appears in Appendix C.

The data, from all the above methods described, were analyzed, tabulated, and is presented in Chapter IV.
CHAPTER IV
FINDINGS

Presentation, Analysis, and Discussion of Data

This chapter is concerned with the presentation, analysis, and discussion of data obtained from the review made of a past in-service nursing education program at Hospital X, data obtained from an analysis of a questionnaire distributed to fifty-five registered nurses employed at Hospital X for general duty, and data from an analysis of focused interviews held with members of the rehabilitation team from this hospital.

A Review of the Nursing Education Inservice Program, 1957-1958, at Hospital X

Reports by the Nursing Committee on Education at Hospital X, of the meetings held in 1957-1958 were studied in order to ascertain which aspects of rehabilitative nursing were extended to registered professional nurses in an in-service education program. The Nursing Committee on Education is presided by the Director of the School of Practical Nurses, and is composed of seven registered nurses, one licensed practical nurse and one hospital attendant. Four meetings were held during the year. At the first meeting, held on November 7, 1957, the goals of 1957-1958
for inservice education were formulated. As has been stated previously, these were in accord with the over-all objective of inservice education—the promotion of optimum care for all patients. In the review by the committee of inservice education programs already in progress at that time, it was noted that the registered nurses were being instructed in the use of Respirator Unit Equipment. A Disaster Nursing Program was planned for registered nurses in the future. It was decided at this meeting to construct a questionnaire for distribution to all the nursing personnel of Hospital X, in order to find out what they would like included in their inservice education program. Before distributing the questionnaire, it was decided that a general meeting would be held for the interpretation of the questionnaire, the committee objectives, and future plans.

The second meeting held on December 26, 1957 was devoted to the organization of a questionnaire of suggestions for the Inservice Education Program of 1958. It was decided that the following items and headings were to comprise the questionnaire:

I. Nursing Techniques
   Achieving Maximum Self-Help and Independence
   Activities of Daily Living
   Appliances and Equipment
Assisting with Ambulation
Bladder and Bowel Training
Communicating with the Aphasic Patient
Getting A CVA Patient In-Out of Bed
Nursing Implications of Deep Radiation Therapy
Nursing Care of the Patient with Tuberculosis of the Lung
Orthopedic Surgical Nursing Care
Techniques of Teaching Patients and Families

II. Specific Conditions
Arthritis
Cancer
Cerebral Vascular Accident
Cirrhosis of the Liver
Lung Diseases
Multiple Sclerosis
Parkinson's Disease
Respiratory Poliomyelitis

III. General Discussion
What is good nursing care?
What does it mean to be sick a long time?
What makes up good interpersonal and interdepartmental relationships?
What do the workers do in other departments?
What are the latest trends in the care of the long-term patient?
How can we promote good relationships with the public?

What goes into good orientation for new nursing personnel?

The third meeting of the Nursing Committee on Education was held on January 16, 1958 and was devoted to tabulating the results of the questionnaire which were as follows:

I. Nursing Techniques
   1st choice--Nursing Implications of Deep Radiation Therapy
   2nd choice--Achieving Maximum Self-Help and Independence; communicating with the Aphasic Patient
   3rd choice--Appliances and Equipment

II. Specific Conditions
   1st choice--Cancer; Cirrhosis of the Liver
   2nd choice--Arthritis
   3rd choice--Multiple Sclerosis

III. General Discussion
   1st choice--What Are the Latest Trends in the Care of Long-Term Patients?
   2nd choice--What Makes Up Good Interpersonal and Interdepartmental Relationships?
   3rd choice--What Goes Into Good Orientation for New Nursing Personnel?

At the fourth committee meeting, held January 28, 1958, discussion centered around planning for the first three sessions of the newly-organized inservice education program.
The following topics were presented in conference as an Inservice Education Program at Hospital X, in 1958:

1. Purposes, Functions and Philosophy of the Hospital
2. Appliances and Equipment (Stryker Frame, Cast Care, Colostomy Irrigation Equipment, Hoyer Lift)
3. Cirrhosis of the Liver (use of Sengstaken Tube)
4. Cancer
5. Nursing Implications of Deep Radiation Therapy
6. Interpersonal Relationships
7. Maximum Self-Help and Independence
8. Pulmonary Disease
9. Value of Intake and Output with Reference to Electrolyte Balance
10. Demonstration of Mist Tent, Oxygen Tent, Nasal and Mask Oxygen
11. Demonstration of Wall and Portable Suction
12. Film: Immediate Post-operative Care
    Film: Use of Heparin

Data concerning the attendance at these meetings was not available for study. The results from the questionnaire distributed by the Nursing Committee on Education and the questionnaire distributed by the writer compare, in that the respondents chose "The Encouragement of Self-Help Measures" as one of their first choices on each questionnaire. The writer observed that rehabilitative nursing techniques were demonstrated in the inservice program presented to the
registered nurses at Hospital X; however, there is no information concerning the names or number of nurses who took advantage of these presentations. Moreover, there is no information available which would indicate whether the staff nurses who participated in the in-service education program of 1958 is the same group of nurses used as a sample for this study. Each in-service education program consisted of weekly one-hour sessions presented twice during the year in order to enable all nurses an opportunity to attend the entire program. The programs were held on either Wednesday or Thursday of each week, at 2:30 P.M.

The Findings of the Analysis of A Questionnaire Distributed to Fifty-Five Registered Nurses

Because rehabilitation is a goal of comprehensive care, and comprehensive nursing is one part of the rehabilitation process, all general duty, registered nurses at Hospital X, a rehabilitation hospital, were invited to participate in this study by completing and returning, in a stamped, self-addressed envelope, the poll-type questionnaire. This was done in order to secure their opinions of the inclusion of suggested rehabilitative aspects of nursing in an in-service education program.

In the presentation of tabulated data from twenty-five of the requested fifty-five registered nurses who
participated in the study, it is to be noted, that there were nine who misinterpreted the directions. This data was not included in the general discussion because of its lack of uniformity; however, special attention and comparison has been devoted to it in this chapter.

The first section of the questionnaire consisted of two parts, each of which contained seven suggested topics of rehabilitation for an inservice education program. The respondents were requested to number their choices, 1 through 7. In tabulating this data, a point value was given for each choice. First choice received 7 points, second choice received 6 points, third choice received 5 points, fourth choice received 4 points, fifth choice received 3 points, sixth choice received 2 points, and seventh choice received 1 point. A total score for each topic was obtained by multiplying the number of different kinds of choices by their point value. These total scores then determined the group choice.

Table 1 indicates the individual choices of the respondents, along with the determined group choice of each topic.

In section one it is evident that the first choice of the group is topic number 2, The Encouragement of Self-Help Measures. There were only one or two points of difference in topic 1 as second choice, topic 4 as third
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choice, and topic 3 as fourth choice. These figures are interesting because the first four group choices were concerned with rehabilitative nursing skills which should be employed in daily nursing care of the patient. It appears that these rehabilitative techniques are not fully understood by the nurses who are concerned with the daily implementation of such procedures in the expectation of providing comprehensive patient care.

In section two it is clearly shown that the registered nurse would like more information about her role in rehabilitation, the meaning of rehabilitation and the contributions of other rehabilitation team members. Therefore, it seems evident that there is a need for additional knowledge of rehabilitation existing in this group.

Table 2 shows topics that the head nurses would like to have included in an inservice education program, while Table 3 shows the choices of the staff nurse group.

Table 4 shows a comparison of topics chosen by the head nurses and staff nurses.

From these three tables it is evident that both groups feel a definite need for information concerning the newer concept of rehabilitation and a demonstration of rehabilitation nursing skills that involve the daily bedside care of the patient. Because the teaching of the patient and his family should be an integral part of rehabilitation and
### TABLE 2

THE REHABILITATION TOPICS CHOSEN TO BE INCLUDED IN AN INSERVICE EDUCATION PROGRAM BY 9 HEAD NURSES

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<td>II. Lecture-Group Discussions</td>
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TABLE 4

A COMPARISON OF REHABILITATION TOPICS CHOSEN TO BE INCLUDED IN AN INSERVICE EDUCATION PROGRAM BY HEAD NURSES AND STAFF NURSES

| Suggested Rehabilitation Topics For an Inservice Education Program | Order of Preference |
|---|---|---|---|
| | Head Nurse | Staff Nurse |
| I. Demonstration of Nursing Techniques | | |
| 1. Use of Measures to Prevent Deformity | 2 | 3 |
| 2. Encouragement of Self-Help Measures | 1 | 6 |
| 3. Use of Appliances and Equipment | 5 | 1 |
| 4. Communication with Aphasic Patient | 4 | 2 |
| 5. Training of Bladder and Bowel | 7 | 5 |
| 6. Assisting with Ambulation | 6 | 4 |
| 7. Teaching Patients and Families | 3 | 7 |
| II. Lecture-Group Discussions | | |
| 1. Meaning of Rehabilitation | 2 | 2 |
| 2. Nurse's Role in Rehabilitation | 1 | 1 |
| 3. Contributions of Other Rehabilitation Personnel | 3 | 4 |
| 4. Improvement of Communications | 6 | 5 |
| 5. Promotion of Good Community Relations | 7 | 7 |
| 6. Available Community Resources | 5 | 3 |
| 7. Meaning of Good Interpersonal Relationships | 4 | 6 |
comprehensive nursing care, it is interesting to note that this topic was third choice by head nurses and last choice (7th) by staff nurses. Both groups were least interested in the promotion of community relationships, although the staff nurses wanted information regarding community resources as their 3rd choice of topics for lecture or group discussion.

Responses from those who had attended post graduate courses, or rehabilitation courses and lectures were similar in nature to those who had not had additional courses after graduation from their school of nursing. All nurses participating in the study chose one or more of the first four topics as their first, second, or third choice in Section I of the questionnaire. All nurses chose one or more of the first three topics as their first, second, or third choice in Section II of the questionnaire.

Table 5 shows a comparison of the first three choices of suggested rehabilitation topics in each section, by one of the oldest and the youngest graduate registered nurses participating in this study.

The nurse who graduated thirty-two years ago (1927) had attended a rehabilitation course, while the nurse who graduated two years ago (1957) did not have additional education in rehabilitation. It is interesting to note that the older nurse wanted more information on the concept of rehabilitation and the nurse's role in this process, even
TABLE 5
A COMPARISON OF REHABILITATION TOPICS CHOSEN TO BE INCLUDED IN AN INSERVICE EDUCATION PROGRAM BY TWO REGISTERED NURSES

<table>
<thead>
<tr>
<th>Suggested Rehabilitation Topics for an Inservice Education Program</th>
<th>Youngest*</th>
<th>Oldest**</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>First choice</td>
<td>Second choice</td>
</tr>
<tr>
<td>I. Demonstration of Nursing Techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Use of Measures to Prevent Deformity</td>
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<tr>
<td>2. Encouragement of Self-Help Measures</td>
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<td>3. Use of Appliances and Equipment</td>
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<td>X</td>
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<td>4. Communication with Aphasic Patient</td>
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<td>X</td>
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<tr>
<td>5. Training of Bladder and Bowel</td>
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<td>6. Assisting with Ambulation</td>
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<td>7. Teaching Patients and Families</td>
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<td>II. Lecture-Group Discussions</td>
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<td>1. Meaning of Rehabilitation</td>
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<td>2. Nurse's Role in Rehabilitation</td>
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<td>3. Contributions of Other Rehabilitation Personnel</td>
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<td>4. Improvement of Communications</td>
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<td>5. Promotion of Good Community Relations</td>
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<td>6. Available Community Resources</td>
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<tr>
<td>7. Meaning of Good Interpersonal Relationships</td>
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</tbody>
</table>

*Graduated in 1957; head nurse on surgical ward; no course in rehabilitation.
**Graduated in 1927; assistant head nurse on neurological ward; had courses in rehabilitation.
though she had taken a course in rehabilitation, while the younger nurse preferred information about interdepartmental communications and the contributions of other members on the rehabilitation team. Both nurses chose information about community resources for their 3rd choice in Section II.

Nine nurses misinterpreted the directions of the questionnaire, and their returns were incomplete. It was noted that their first choice in Section I was the same as the final group choice, topic number 2, The Encouragement of Self-Help Measures; however, this group's second choice was topic number 7, Teaching Patients and Families, which ranked fifth in choice with the other respondents.

In answer to the request for additional rehabilitation topics which might be included in an inservice education program, the following suggestions were made:

1. Recreation and clubs for patients
2. Psychological and religious aspects of rehabilitation
3. Understanding the geriatric patients' needs
4. Doctor and nurse teaching rounds
5. Understanding the role of the professional nurse with a degree in relation to ward practices.
6. Importance of personnel evaluation in the assignment of duties
The Result of a Focused Interview With
Members of the Rehabilitation Team

Further exploration of opinions concerning the
general duty nurse's knowledge of the newer concept of
rehabilitation and suggestions of the inclusion of rehabili-
tation topics in their inservice education program was done
in an individual focused interview with four members of the
rehabilitation team at Hospital X. The four representative
team members were: the Director of the Department of
Physical Medicine and Rehabilitation, the supervisor of
physical therapy, the supervisor of occupational therapy and
the head nurse of the orthopedic unit.

The interview guide consisted of four questions which
were directed toward information concerning the professional
nurse's knowledge of rehabilitation, and suggestions of what
should be included in an inservice education program for nurses
in order to assure a continuity of the rehabilitative aspects
of patient care.

The answer to the first question: "Do you feel that
the registered nurses at Hospital X have an adequate under-
standing of the principles of rehabilitation?", was negative
by each interviewee. Suggestions of methods employed to assist
the nurse in gaining this information were made by the four
interviewees. These were grouped and are presented as
follows:
1. Attend well-planned inservice education programs conducted by rehabilitation personnel.

2. Participate in clinics, conferences, and rounds in order to see the result of the philosophy of rehabilitation so that she could be appraised of the practicality of this method of patient care.

3. Accompany the patient to rehabilitation departments and observe and participate in the treatment of the patient, goals of the department and follow-up of patient progress.

4. Experiencing and participating in a rehabilitative atmosphere as a student nurse.

5. Encouraging self-direction in the gaining of information about rehabilitation.

6. Required attendance in post-graduate rehabilitation courses and seminars, held at nearby universities or colleges, by all head nurses and supervisors so they can teach the principles and philosophy of rehabilitation to each member of their staff.

7. Teaching rehabilitation principles, skills and philosophy through a well-planned and continuing orientation program for all registered nurses.

In answer to the second question, "Do you think the professional nurse has developed an appreciation of the necessity for the team approach in rehabilitation?"
consensus of opinion was that the more recent graduate nurses did appreciate this necessity while the majority of professional nurses were generally not only unwilling to accept the rehabilitation team members but were at times unwilling to "share" the responsibility of rehabilitation. It was stated that the professional nurse seemed to be confused as to each member's role on the team, including her own. It was commented that in general, the professional nurse refuses to recognize the key position that she maintains on the rehabilitation team, as she continues, in her own mind, to keep herself "outside" this team. The reason given in answer to the second part of the question, "Why?" was misunderstanding of the principles and philosophy of rehabilitation.

Suggestions made in answer to question three of the interview guide, "After a patient has been returned to the nursing unit from another hospital department, how can the professional nurse maintain the continuity of rehabilitative patient care?", were grouped as follows:

1. Regular and frequent conferences with personnel from the rehabilitative department treating the patient.
2. Improvement of all methods of interdepartmental communication.
3. Demonstrations and explanations to registered nurses in order that they may understand the patient's status, contemplate the desired patient goals and appreciate the patient's progress with follow-up rehabilitative nursing care.

4. Invitation to attend patient evaluation conferences should be extended to the nurse who is engaged in the care of the patient being discussed in the conference.

Analysis of the responses to the last question of the interview guide, "what nursing techniques do you feel need to be reviewed by the professional nurse staff in order to maintain comprehensive patient care?", revealed the following information. Two rehabilitation team members felt that nurses needed more knowledge about the general expectation and limitation of their performance on the rehabilitation team. It was suggested that the professional nurse needed to review methods of patient and family teaching along with methods of motivating the patient in self-help activities. Since most of the group were not nurses, they felt they didn't know enough about the nursing skills and techniques that were not closely associated with their department.

It is interesting to note that the data obtained from the focused interview conducted with four members of the rehabilitation team, were very similar to the data obtained from the responses of 25 nurses to the poll-type questionnaire.
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was undertaken to ascertain the need for the incorporation of rehabilitation aspects of nursing in an inservice education program for registered nurses employed in rehabilitation Hospital X. It was presumed that the professional general duty nurse, whose main functions are directly concerned with patient rehabilitation, has unmet needs of her own, which ultimately prevent her from performing comprehensive nursing care.

Hospital X, which is a six hundred bed state hospital designed for the care of the chronically ill and is located in the metropolitan area of a large city was chosen as the locale for this study. An attempt was made to answer the following specific questions relative to the problem:

1. What has been included in former inservice education programs for registered nurses at a rehabilitation hospital?

2. What rehabilitative aspects of nursing do the registered nurses think should be included in their inservice education programs?
3. What do other rehabilitative team members think should be included in an inservice education program, based on their opinion of the function of the graduate nurse on the rehabilitation team?

A review was made of the reports of former inservice education programs for graduate nurses held in Hospital X in 1957-1958.

A poll-type questionnaire was distributed to fifty-five registered general duty nurses employed in Hospital X to solicit the opinions of the group to determine what they thought should be included in an inservice education program. Only twenty-five of the nurses responded to the questionnaire.

Four members of the rehabilitation team, representatives from the medical, nursing, physical therapy, and occupational therapy departments were interviewed. The interviews were based on a four part interview guide which was developed in order to determine what rehabilitative nursing skills team members thought should be included in an inservice education program for professional nurses. Data were collected, tabulated and analyzed from the above sources. The philosophy of the writer regarding rehabilitation nursing and inservice education were included for reader guidance.

Conclusions

In answer to the question of what had been included in former inservice education programs for registered nurses at a
rehabilitation hospital, a study of the 1957-1958 reports by the Nursing Committee on Education at Hospital X revealed that:

1. The goals for 1957-1958 were efficiently established and in accord with the overall objective of inservice education, as established by the National League for Nursing.

2. An attempt had been made, by way of a questionnaire, to determine what the nurses felt they needed in an inservice education program.

3. The respondents to this questionnaire, chose the encouragement of self-help measures as one of their first preferences in planning for the presentation of inservice education topics.

4. Rehabilitative nursing techniques were presented to the registered nurses at Hospital X during 1957-1958. In answer to the question of what rehabilitative aspects of nursing did the registered nurses think should be included in their inservice education programs at Hospital X, tabulated data revealed that:

1. The group's first choice in Section I, Demonstration of Nursing Techniques, was "The Encouragement of Self-Help Measures."
2. The group's next three choices in Section I, were "Use of Measures to Prevent Deformity," "Communication with the Aphasic Patient," and "Use of Appliances and Equipment," respectively. It is to be noted that all of these topics are basic rehabilitation techniques.

3. The group's first choice in Section II, Lecture-Group Discussions, was "The Nurse's Role in Rehabilitation."

4. The group's next three choices in Section II were "Meaning of Rehabilitation," "Contributions of Other Rehabilitation Personnel on the Team," and "Available Community Resources."

5. Head nurses and staff nurses felt a definite need for information concerning the newer concept of rehabilitation and a demonstration of rehabilitation nursing skills that involve the daily bedside care of the patient.

6. "Teaching the Patient and Family" was the third choice of head nurses and the last (7th) choice of staff nurses.

7. Head nurses and staff nurses were least interested in the topic "Promotion of Community Relationships."

8. Responses from those who had attended post graduate courses, or rehabilitation courses and lectures were similar in nature to those who had not had additional courses after graduation from their school of nursing.
9. All nurses chose one or more of the first four topics as their 1st, 2nd, or 3rd choice in Section I.

10. All nurses chose one or more of the first three topics, as their 1st, 2nd, or 3rd choice in Section II.

11. The oldest participating nurse in the group wanted more information on the concept of rehabilitation nursing, while the youngest nurse chose information regarding interdepartmental communications and contributions of other rehabilitation team members.

12. The nurses who misinterpreted the directions of the questionnaire, chose the same topic in Section I for their first choice as the main group of nurses.

13. The nurse's individually suggested topics focused on the psychological and sociological aspects of patient care.

In answer to the question of what other members of the rehabilitation team thought should be included in the nurse's inservice education program, it was generally agreed that:

1. Nurses should have a planned program for ongoing education in order to help them understand the changing patterns of patient care.

2. In general, the recently graduated professional nurse appreciated the necessity for the team approach while the majority of older professional nurses did not.
3. The nurse seems to be confused as to the functions of all rehabilitation team members.

4. Methods of patient and family teaching, and motivation should be reviewed by the professional nurses.

The compiled results from the interview and the questionnaire were congruent. Since this study has been based on the premise that even though registered nurses are working, by choice, in a hospital geared to the modern concept of rehabilitation, they will feel a need for new and continuing rehabilitation education, and upon request these nurses would express such a need, it may be stated that the hypothesis was fully supported.

Recommendations

On the basis of the data and the conclusions presented in this study, certain recommendations are submitted.

1. The correlation and integration of rehabilitation aspects of nursing care with all basic nursing courses should be continued in order that all graduating professional nurses have an understanding and appreciation of the newer concept of rehabilitation.

2. Similar studies should be made of the inservice education programs in general hospitals and health agencies to determine if there is a need for the incorporation of the
rehabilitation aspects of nursing care in their ongoing programs. This might be done not only to afford the nurses an opportunity to learn rehabilitation techniques and principles, but also to make rehabilitation available to all patients, not just a limited few. Rehabilitation should not only be associated with the severely handicapped or disabled patient who often requires a special setting, but should also become an important facet of the treatment and care of any patient, regardless of the diagnosis.

3. An inservice evaluation committee should be appointed by the Nursing Committee on Education at Hospital X. This committee's function would be to attend and investigate each inservice education session in an effort to determine the effectiveness of such a program with a goal toward remedying deterrents and promoting program enthusiasm.

4. An effort should be made to include the nurse's choices of rehabilitation topics, from the questionnaire of this study, in the presently conducted inservice education program at Hospital X.

5. A concentrated effort to strengthen the concept of rehabilitation and rehabilitation aspects of nursing in the currently conducted system of orientation for new personnel should be instigated at Hospital X.
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APPENDICES
APPENDIX A

ASSUMPTIONS OF REHABILITATION

OR

BASIC BELIEFS REGARDING THE REHABILITATION
ASPECTS OF NURSING

1. Rehabilitation is a point of view based on the belief in our culture that all persons should be helped to maintain or retain their best possible physical and mental health rather than a body of specific skills. This point of view should be developed in the basic programs.

2. Rehabilitation is a goal of comprehensive patient care accepted by all members of the health team and as such is an integral part of good nursing.

3. Comprehensive nursing is one part of the rehabilitation process. Much of the effectiveness of what the nurse does depends upon her interchange with other disciplines in helping the patient to rehabilitate himself.

4. Nursing in the rehabilitation process begins when the nurse first meets the patient and his family and continues in all settings in which this relationship exists (home, hospital, rehabilitation center, school and industry).

5. The patient cannot reach the optimum of his potential usefulness by himself.

6. A patient's own goals for himself must be taken into account. These can only be understood and modified when his confidence is attained and adequate communication is established.

7. The nurse has a role as a member of the rehabilitation team and as such
   a. Understands and promotes the objectives of other disciplines.
b. Is sensitive to the patient's and family's feeling tone and degree of readiness to move toward immediate and long-term goal, factors which influence her functioning as an effective member of the team.

c. In carrying forward the goals in the program of rehabilitation, has a responsibility for instruction, supervision, correlation and direction of activities of members of the nursing team to meet the needs of the patient and his family.

d. Recognized that the role of the nurse changes with patient's needs and workers available under different circumstances and at different times.

8. Certain fundamental attitudes are basic to comprehensive care, and therefore to rehabilitation.

a. Recognition of the worth of every individual.

b. Recognition of the right of each individual to be different from us.

c. Expectation of optimum development of comfort, satisfaction and accomplishment for every patient.

9. There are many components of comprehensive patient care which are initiated by the nurse and which make definite contributions to rehabilitation. These include such aspects as rest, comfort, recreation, emotional support, health teaching and nutrition.

a. The nurse draws on a background of social, physical, and biological sciences as a basis for selecting nursing skills to utilize in planning nursing care to meet the need of the patient for optimal physical and emotional independence.

b. The nurse with her specific learning experiences in nursing and close association with the patient:

(1) Identifies the needs of the patient and his family and transfers this information to appropriate members of the health teams (nursing team or interdisciplinary team.)
(2) Identifies the patient's innate residual potentialities in light of his social and cultural mores and fundamental beliefs and maximizes these assets in the attainment of his goals in rehabilitation.

(3) Seek ways providing interpersonal support and influencing behavior, i.e., gaining confidence in talking and listening to patients and other members of the health team.

c. The nurse with her knowledge of functional anatomy, posture and body mechanics and physiology:

(1) Seeks ways of maintaining optimum physiological functioning for the patient.

(2) Seeks ways of protecting patients from factors in the environment, i.e., medical asepsis, safety in environment, protection from pathogens.

(3) Suggest body mechanics related to moving, turning, walking, sitting, lifting, etc., as it helps the patient to be more comfortable, reduce fatigue and to maintain or improve physiological function.

(4) Devises means for helping the patient maintain good posture, either in bed, in the chair or while ambulating.

(5) Assists in maintaining good bladder or bowel functioning or in initiating activities of bowel and bladder training.

(6) Recognizes the need for simple protective exercises for maintaining normal activities such as turning, moving, walking, combing hair, etc., discussing these needs with the physician (i.e., range of joint motion, push-ups, quadriceps, etc.) and including such exercises in the nursing care plan.

(7) Recognizes the need for special therapy to assist the patient in his activities of daily living such as dressing, walking up stairs, cutting foods, etc.; discussing these needs with the physician and other members of the health team and supporting and/or participating in the therapy initiated.
(8) Recognizes when patient and family could benefit from self-help devices and environmental adjustments and discussing the need for such with the physician and other health workers, and then assisting in introducing such devices and adjustments as is indicated by the patient's needs.

d. The nurse's contribution with patients and families is consistently implemented through referrals between nursing groups, i.e., nurse to nurse, service to service, and hospital service to services in the community through:

(1) Specific nursing care plans.

(2) Knowledge and utilization of community resources.

(3) Cooperative planning with active participation of the nurse as a member of the team.

10. Educational methods influence the students' understanding of and skill in giving comprehensive care. These should include opportunities for:

a. Study of patients as individuals.

b. Close and prolonged association with the individual patients.

c. Planning details of nursing care for each patient including both short and long-term goals.

11. Instructors' attitudes of concern for patients and their families, affect the learning of students.

12. Selected resources in the community should be utilized as an aid to realization of the curriculum objectives for the rehabilitation aspects of nursing.

Assumptions taken from NLN Report of Work Conference Committee Meeting - Teaching the Rehabilitation Aspects of Nursing, October 15-17, 1956.
APPENDIX B

Dear

Miss Hession and Miss Noonan have given me permission to ask for your cooperation in a study that I am conducting as part of my graduate work at the Boston University School of Nursing. This is a study of the professional registered nurse's opinion and suggestions regarding the inclusion of rehabilitative aspects of patient care into a hospital in-service education program.

Will you please take time to help me by filling out this questionnaire? You need not identify yourself by name; however, because it may have some bearing on the answers, please state your position, and whether you are on permanent relief or night duty.

Since you are working so closely with rehabilitative patients, your comments, suggestions, and criticisms will be of great value to this study. Do not hesitate to answer honestly and frankly. Please place the complete questionnaire in the accompanying stamped, addressed envelope and mail by May 15, 1959.

I sincerely appreciate your help,

Evelyn K. Jenkins, R.N.
APPENDIX B

QUESTIONNAIRE

I. Directions:

Of the following suggested topics for an in-service education program, please write in the spaces provided, a number to indicate your preference. Example: Number "1" opposite your first choice; Number "2" opposite your second choice; Number "7" opposite your last choice.

A. Demonstration of Nursing Techniques

1. Use of Measures to Prevent Deformity and Maintain Body Structure and Function (such as Positioning in Bed and Chair, Use of Special Devices, and Encouragement and Supervision of Exercise Regimes)

2. Encouragement of Self-Help Measures to Achieve Maximum Independence in Activities of Daily Living

3. Use of Appliances and Equipment (such as Hoyer Lift, Application of Ace Bandages, Stryker Frame, Prostheses, Braces, and Splints)

4. Communication with the Aphasic Patient

5. Training of Bladder and Bowel

6. Assisting with Ambulation (such as Crutch Walking, Getting a Patient In-Out of Bed)

7. Teaching Patients and Families

B. Lecture-Group Discussions

1. What is really meant by "rehabilitation"?

2. What is the nurse's role in the rehabilitation process?

3. What are the contributions of other professional personnel on the rehabilitation team and how do
each of their plans be coordinated toward the preparation for patient's discharge?

4. How can interdepartmental communications be improved?

5. How can we promote good relationships within the community?

6. What community resources are available to the patient following his discharge from the hospital?

7. What is meant by "good" interpersonal relationships?

II. A. Have you any suggestions for other topics for in-service education?

II. B. If your answer is no, why not?

III. Please answer briefly:

1. Position

2. Permanent Nights (yes or no)

3. Permanent Relief (yes or no)

4. Department: Medical

Surgical

Other
5. Year of Graduation from School of Nursing ______

6. Have you ever attended a rehabilitation nursing course? ________
   If so, where? _____________________________________________
   Title: ____________________________________________

7. Have you had any other post-graduate or refresher course? ________
   If so, where? _____________________________________________
   Title: ____________________________________________

8. Have you ever attended lectures on rehabilitation? ________
   If so, where? _____________________________________________
   Title or Topic: __________________________________________

9. Degree and Year Obtained: ______________________

   Thank you very much,

   Evelyn K. Jenkins, R.N.
APPENDIX C

INTERVIEW GUIDE

1. a. Do you feel that the registered nurses at Hospital X have an adequate understanding of the principles of rehabilitation?

   b. (If the answer to la is No)
      Do you have any suggestions of methods which might be employed to assist them in gaining this knowledge?

2. a. Do you think the professional nurse has developed an appreciation of the necessity for the team approach in rehabilitation?

   b. Why or why not?

3. After a patient has been returned to the nursing unit from another hospital department, how can the professional nurse maintain the continuity of rehabilitative patient care?

4. What nursing techniques do you feel need to be reviewed by the professional nurse staff in order to maintain comprehensive patient care?