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A study of the medical-surgical patient's expectations of nursing care

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Boston University
A STUDY OF THE MEDICAL-SURGICAL PATIENT'S
EXPECTATIONS OF NURSING CARE

by

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CHAPTER I
INTRODUCTION

Nursing is a service to society. In order to adequately fulfill its obligation in rendering this service, the nursing profession believes that nursing includes more than caring for the physical needs of the patient and carrying out of the doctor's orders. According to present day concepts, nursing comprises not only the care of the sick but also rehabilitation, health preservation, disease prevention and meeting the patient's needs—physical, emotional, social, spiritual and economic.

Annie Goodrich has said:

Nursing is that expression of social activity that seeks under qualified instruction and direction to interpret through action the findings of the medical and social sciences in relation to bodily ills, their care, cure and prevention, including all factors, personal and environmental, that bear upon the achievement of the desired objective, a healthy citizenry.¹

Sr. M. Olivia has stated that:

Nursing in its broadest sense may be defined as an art and a science which includes the whole patient—body, mind and spirit; promotes his spiritual, mental and physical health by teaching and by example; stresses health education and health preservation, as well as ministration to the sick; involves the care of the patient's environment—social and spiritual as well as physical; and gives health service to the family and community as well as to the individual.²

The Joint Commission for the Improvement of the Care of the Patient, composed of representatives from the American Medical Association, the American Hospital Association, the National League for Nursing, and the American Nurses Association, has defined nursing as follows:

Comprehensive nursing provides physical and emotional care of the patient, care of his immediate environment, carrying out the treatments prescribed by the physician, teaching the patient and his family the essentials of nursing that they must render, giving general health instruction, and supervision of auxiliary personnel.3

The curricula in most schools of nursing are based on this philosophy, and the students are being prepared to give this type of nursing care.

The patient, as a member of society, is the recipient of this nursing care. He is the consumer of nursing service. One of the aims of nursing should be to please the consumer. Therefore, we need to know what the patient's expectations are in regard to this care.

STATEMENT OF PROBLEM

The purpose of this study was to (1) determine if the medical-surgical patient's expectations of nursing care were different from the kind of nursing care the nurse educators say the patient needs; (2) to ascertain if the patient's expectations of nursing care are influenced by the type of nursing care he was receiving; and (3) to compare the expectations of nursing care of patients of various social classes.

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JUSTIFICATION OF PROBLEM

Lucile Petry Leone says:

One of the functions of nursing is to reconcile what the patient's expectations are regarding nursing care and what the nurse thinks he needs. 'To reconcile' does not mean the entire adjustment will be made by the patient.¹

Before a reconciliation can be accomplished, it is necessary to determine if there is a difference and what the difference may be between the patient's expectations and the nurse's concept of his needs.

Nursing care may be more satisfying to the patient if we know these differences because the nurse will be attempting to meet his felt needs and expectations and not her own. The nurse who attempts to render comprehensive nursing care may become dissatisfied and frustrated when the patient is not receptive to this type of care. However, if she knows what the patient expects, she may be able by example to lead him to accept those aspects of care which she believes are beneficial to him.

The need for public education may be pointed out if aspects of nursing care which nurses think are essential are not included in the patient's expectations.

The results of this study may contribute to better public relations for the nursing profession. Bernay says that the nursing profession and the public need to understand each other if good public relations for the nursing profession are to be

¹Leone, Lucile Petry, "Wanted: Good Nursing," Nursing Outlook, 5:576, October 1957.
established. To increase the public's good will, the profession needs to find out what the public expects of the nurse and the profession.\footnote{Bernays, Edward, "The Nursing Profession--A Public Relations Viewpoint," \textit{The American Journal of Nursing}, 45:351-352, May 1945.}

The nurse's ability to work cooperatively with members of allied health groups also hinges upon an awareness of patients' expectations. If patients expect other health workers to perform functions which nurses believe to be part of nursing, then this can lead to strained and difficult working relationships.

SCOPE AND LIMITATIONS

This study involved interviewing thirty medical-surgical patients of various social classes in three general hospitals.

There were several limitations to the study. The type of patient was restricted to the hospitalized medical-surgical patient who was not actually ill. Hence the findings must be confined to this category. The number of participants in the study was relatively small.

Occupation was the only criterion used in establishing social class.

OVERVIEW OF METHODOLOGY

Utilizing various definitions of comprehensive nursing care, a list was compiled of all the activities which are considered part of comprehensive nursing care. An interview guide
was constructed of situation-type questions which included most of these activities. In addition, a few unstructured questions were formulated in order to elicit the patient's own felt expectations of nursing care.

In each hospital the head nurse on the medical and surgical units selected patients whom she thought would be willing and able to participate in the study. From the head nurse selected group the writer selected patients according to their occupation. This last step was done so that representation of social classes might be obtained.

SEQUENCE OF PRESENTATION

Chapter II includes a review of the literature and the bases of the hypothesis. Chapter III describes the patients and how they were selected. It also includes the tools used to collect the data and how these tools were utilized. Chapter IV presents the findings and an analysis of the data. Chapter V is devoted to the summary, conclusions and recommendations.
CHAPTER II
THEORETICAL FRAMEWORK OF THE STUDY

REVIEW OF LITERATURE

Hospital administrators realize the value of patient opinion surveys. These surveys have generally sought an evaluation of all the services the patient received rather than being limited to nursing care.

Hospitals have for a period of time used the American Hospital Association form, "We Wish We Could X-Ray Your Opinion About Your Hospital Experience." This form is completed by the patient prior to or after discharge from the hospital. A summary of patients' replies from twenty-five hospitals has been reported by Wilder.¹ 93.93 per cent of the replies signified satisfaction with nursing service. This category included skill, interest and promptness of nurses. Skill received a score of 95 per cent or more in all the hospitals. Interest and promptness were rated 76 per cent or above. The report does not indicate the percentage of the total number of patients who responded.

Wright² reported on the patients' opinions regarding care in four hospitals in Michigan. The majority of the replies were complimentary. However, only 67 per cent of the patients felt

²Wright, Marvin, Improvement of Patient Care, pp. 29-31.
they were more important than hospital routine. 14 to 22 per cent of the patients expressed dissatisfaction in replying to the question, "Did people tell you what they were going to do?" In considering the patients' responses, Wright points out that the patients considered a friendly attitude on the part of the personnel just as important as what is done technically for the patient. A surgical unit was selected on which to test the changes which had been instituted as a result of the findings of the study. The patients on this unit were asked the same questions regarding satisfaction with their care as had been asked at the beginning of the study. There was improvement in the patients' reactions. 3

In 1952, the Firland Sanitorium, a tuberculosis sanitorium in Seattle, Washington, conducted a study of the patients' attitudes toward care. 4 The patients' responses on a questionnaire showed that 81.3 per cent of the patients thought they "always" or "mostly" got the nursing care they needed. 94.6 per cent of the patients felt that most of the nurses helped the patients when they could. Only 68.1 per cent of them thought the nurses understood their problems, and only 56.5 per cent responded positively to the question referring to nurses' interest in them. The rating of traits of the nurses: "know their jobs," "willing to listen to you," "friendly" were all over 70 per cent.

3Ibid. p. 138.

4Vavra, Catherine, and Rainboth, Edith, A Study of Patients' Attitudes Toward Care at Firland Sanatorium, pp. 41-44.
Following this study, numerous changes were made at the sanitorium aimed at improving patient care. A follow-up study restricted to the patients' attitudes toward nursing care was conducted in 1957. The results were reported by Millsaps.\(^5\) Nursing care was rated high by 84 per cent of the patients. Patients did not appear to be as well satisfied in the areas of interpersonal relationships and communication of information as they did with their care in general. Examples of these findings are: help to understand treatments and tests—66 per cent high rating; nurses interested in individual—74 per cent high rating; nurses understanding and sympathetic—77.7 per cent high rating; nurses understood patients' problems—66.5 per cent high rating.

The Opinion Research Corporation in 1955 conducted a survey of public opinion toward New Jersey hospitals.\(^6\) Five hundred residents were interviewed. The attitude toward the hospital care was generally favorable. One of the areas which seemed to need improvement was nursing care, although 68 per cent of the respondents answered questions in this area with an unqualified, "Everything is fine."

The Division of Nursing Research of the United States Public Health Service and the American Hospital Association have recently completed a study under the direction of Faye Abdellah and Eugene Levine dealing with patient and personnel satisfaction.


The study was carried out in sixty hospitals and included about 900 patients. It was based primarily on omissions in nursing care. One-third of the patients reported no omissions. One in one hundred checked a considerable number of omissions. One in three patients stated the nurse was especially nice to them. 53 per cent of the respondents said the nurse was prompt, and 36 per cent checked that the nurse explained his care to him. The complete findings of the study have now been published.

The above studies have dealt with patients' reactions to the kind of care they received. Two other studies have been concerned with patients' expectations in regard to nursing care. Lesser and Keane studied the obstetrical patients' felt needs and their satisfaction with nurses in meeting these needs. Their findings were that the patients' basic obstetric needs were being well cared for. Emotional and informational needs were only partially or inconsistently satisfied.

Leib studied the opinions patients have about nurses. She reported that the patient wanted and expected emotional support from the nurse. The patient did not recognize the nurse's


8 Abdallah, Faye C., and Levine, Eugene, Patients and Personnel Speak, pp. 31-33.

9 Lesser, Marion, and Keane, Vera, Nurse-Patient Relationships in a Hospital Maternity Service, p. 201.

10 Leib, Julia, "A Study to Determine the Opinions Patients Have About Nurses," p. 31.
role in relation to economic or social problems, rehabilitation or participation in health programs in the home or the hospital.

Bases of Hypothesis

From the findings of most of the studies, one would believe that patients were fairly well satisfied with the nursing care they have received. These findings must be accepted with caution.

If the survey was conducted while the patient was in the hospital the patient may have been hesitant to report his real opinion. He would not want to jeopardize anyone's job or he may have been concerned with the personnel's reaction.

Former patients tend to answer post-hospitalization questionnaires if they have strong feelings either positive or negative, about the care they received. The majority do not reply.

When a study is conducted after the patient's hospital stay, the recollections of the event may become more or less significant to the respondent than it was when it was happening, according to Abdellah. She says that an analysis of the letter questionnaire in one hospital in Cleveland revealed that less than two per cent of all responses were critical of care. A sample of the patients who had filled out the questionnaire were interviewed. Their comments revealed that to the patients an event was no longer important or it was too late to do anything about it. The attitude was generally that of "why bother?"

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11 Abdellah, Faye, "Let the Patients Tell Us Where We Fail," Modern Hospital, 85:72, August 1953.
In addition, we need to take into consideration the frequently heard complaints about nursing care voiced by ex-patients, their families and friends. Abdellah and Levine\textsuperscript{12} state that complaints about nursing care are widely prevalent and that patients' complaints are not reduced by increases in staffing. They have found that there were just as many complaints in hospitals providing high amounts of nursing care as in those providing low amounts of nursing care.

Most of the studies have been restricted to a limited concept of nursing care; physical care, attention to emotional needs and care of the environment. This would lead one to assume that the people who conducted these studies thought that patients only expected this type of care and were interested in ascertaining whether these felt needs were satisfied.

Leib's findings\textsuperscript{13} showed that the patients did not expect the nurse to perform many of the activities which constitute comprehensive nursing care. Nurses are being educated to give this type of nursing care. Yet one has only to observe nurses in a hospital situation to realize that all aspects of nursing care are not being applied. This may be due to pressure of work, but it may also be an indication that nurses are trying to meet patients' expectations. They may be giving the patients the kind of nursing care they have learned that the patients expect rather

\textsuperscript{12}Abdellah, Faye, and Levine, Eugene, "Developing a Measure of Patient and Personnel Satisfaction with Nursing Care," \textit{Nursing Research}, 5:100, February 1957.

\textsuperscript{13}Leib, loc. cit.
than the comprehensive nursing care advocated by nurse educators.

Another sign that there may be a difference between the patient's expectations and the nurse's concept of his needs is that Abdellah and Levine's study showed that the personnel reported three to four times as many unfulfilled patient needs as did the patients.\(^1\)

The indications are that the patients do not expect comprehensive nursing care. The purpose of this study was to find out what kind of nursing care the patient does want and to test the hypothesis that the kind of nursing care the medical-surgical patient expects differs from the kind of nursing care nurse educators say the patient needs.

CHAPTER III

METHODOLOGY

SELECTION AND DESCRIPTION OF THE SAMPLE

The study was conducted in three hospitals. The investigator was not interested in a specific hospital's nursing care but was concerned in ascertaining patients' expectations of nursing care in general. Since the possibility existed that patients might base their expectations of nursing care on the type of care they were receiving hospitals were chosen which had an all graduate nurse staff, students from a diploma school of nursing and both collegiate and diploma schools of nursing.

Hospital A, a general hospital, has about a 900 bed capacity and is located in a metropolitan area. It is a teaching and research hospital. The hospital maintains a three year diploma school of nursing. The hospital provides clinical practice facilities for two collegiate schools of nursing and a three year diploma school of nursing.

Hospital B has 148 adult beds and is a general hospital. It is located in a neighboring community and maintains a three year diploma school of nursing.
Hospital C is a general hospital consisting of 200 beds. This hospital is also a teaching and research hospital and is located in the metropolitan area. The professional nursing staff consists of graduate nurses. The hospital does not have a school of nursing.

In each hospital head nurses on the medical and surgical units selected patients who were not too acutely ill who would be willing to participate in the study.

From this list the investigator selected the patients according to their occupation or, in the case of married women, the occupation of their husbands. Occupation was used as the criterion of social class because according to Warner¹ it is the best single predictor of social class. There is a very definite degree of correspondence between the ratings on occupation and the social class to which the various individuals belong.² Warner's Revised Scale for Rating Occupations³ was used in determining the patient's occupational rating. His scale consists of seven levels of rating with seven subdivisions to each rating. A rating of 1 is the highest occupational rating and a rating of 7 is the lowest.

The investigator attempted to get a sample which was representative of all the occupational levels and hence of all

¹Warner, W. Lloyd, Meeker, Marchia, Eells, Kenneth, Social Class in America, p. 175.
²Ibid. p. 165.
³Appendix A.
the social classes. A fairly even distribution was obtained. The 1 and 2 occupational levels were grouped together as representing the upper class, the 3, 4 and 5 levels the middle class and the 6 and 7 levels the lower class.

The various occupational groups could not be correlated with each hospital because the hospitals tended to have representation of a segment of the scale rather than encompassing the total scale. The ratings of occupation in Hospital A were 4 to 7, in Hospital B--2 to 6, and in Hospital C--1 to 3. One patient from Hospital A was not included in any occupational group because her occupational status could not be determined.

Ten patients were interviewed in each hospital. Five of these patients had medical diagnoses or were undergoing diagnostic examinations. The other five patients had surgical procedures. In each hospital, five of the patients were male and five female. The male patients were divided into three surgical and two medical patients. The female group was made up of two surgical and three medical patients. The total for the three hospitals was fifteen medical and fifteen surgical patients. The group was divided into six medical and nine surgical male patients, and nine medical and six surgical female patients.

The patients' ages ranged from thirty-five to seventy-seven years. The average age was 51.5 years. People in their teens and early twenties as well as those in their late seventies

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4Appendix B.

5Appendix C.
were generally excluded from the sample. The reasons for these
limits were that those in the younger age groups were not con-
sidered to have well formulated expectations, and those in the
upper age limits were judged by their ability to express them-
selves coherently and to maintain interest in the interview.

In Hospital A the patients were ward patients and were
selected from one surgical and two medical (one male and one
female) wards. The patients in Hospital B were ward private,
semi-private, and private patients. The medical patients were
chosen from two medical wards and the surgical patients from
three surgical wards. The medical patients in Hospital C were
all private patients and were located on two wards. The sur-
gical patients were semi-private and private patients on one
ward.

TOOL USED TO COLLECT DATA

The descriptions of comprehensive nursing care as de-
dined by various nurse educators were surveyed. A list of the
activities which these authorities considered to compose this
type of nursing care was compiled. This list was broken down
into five broad areas: care of the sick; rehabilitation; posi-
tive health; disease prevention and meeting the patient's
needs--physical, emotional, social, spiritual and economic. A
total of forty activities were identified.

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6Appendix D.
An interview guide was developed. Three free response questions relating to patients' expectations were formulated. In addition, situation type questions which incorporate many of the functions of nurses were composed. Each of these questions generally contained more than one function but with greatest emphasis usually on one aspect. Two sets of these situation questions were tested. The sets of questions were similar in that the same functions were covered but the situations used were different. One set was pretested on three patients and the other set on two patients. The free response questions were used with the five patients. The pretest revealed that some areas such as care of the physical environment, explaining treatments and assisting with treatments, which the investigator thought would be covered in the free response questions, were not mentioned. More situation questions were added in the final interview guide to include these activities. From the two sets of questions were chosen those questions which seemed most easily understood and to which the responses were most consistent. For the study, twenty-eight situation questions and three free response questions were used.7

PROCUREMENT OF DATA

The arrangements for the interviews were made in each hospital through the nursing service office. The head nurses on the various medical and surgical units were contacted and

7Appendix E.
the purpose of the study was explained to them. The head nurses were most co-operative in helping to select suitable patients.

While conducting the interviews the investigator wore a laboratory coat rather than a uniform. The reason for this attire was that the investigator did not want the patients to associate her with the nursing service personnel. Her feeling was that the patients would be more likely to express what they actually thought rather than what they thought the investigator wanted to hear if such connection could be avoided.

If the patient to be interviewed was in a semi-private room or a ward he was taken to a conference room for the interview when one was available. The patient's unit was screened if the patient was confined to bed or if there was no conference room.

The investigator introduced herself to the patients as one who was preparing to teach student nurses. She stated that she was interested in finding out the kind of nursing care the patient wants. In this way, she could help the students to meet the patient's needs and wants, and thus be good nurses. She explained that she thought most patients have ideas about what is good nursing care. The patients were told that the investigator would be talking to patients in various hospitals, so that this was not to be a discussion of the particular hospital's nursing care but of patients' expectations of nursing care in general. The investigator told the patients that since the answers sought were their opinions, there were no right or wrong answers. The
patients were assured that neither the patients nor the hospitals would be identified.

No patient refused to participate in the study. Some were skeptical about the value of their contributions but were willing to offer what opinions they could.

The free response questions were asked first, and the patients generally did not offer very many concrete examples of their expectations. This part of the interview varied the most in relation to time. Some patients were more vocal than others. When the investigator noted that the patient seemed uncomfortable in the situation or had no more to offer in response to probe questions, she moved on to the situation questions. On these questions, with only a few exceptions, the patients had definite opinions.

The time for each interview varied from twenty minutes to eighty-five minutes. The time consumed in responding to the free answer questions, to a great extent, created this discrepancy. Also, as has been mentioned previously, some patients were more vocal than others. The average length of time for each interview was twenty-five to thirty-five minutes.

The investigator took notes during the interviews with the patients' permission.
CHAPTER IV
FINDINGS

INTRODUCTION

This chapter is concerned with the presentation and the analysis of the data obtained by the three free responses and the twenty-eight situation type questions. The information secured by the free response questions will be discussed first. The second portion will be devoted to the data procured by the situation type questions.

The patients' first reaction to the topic was interesting. The investigator explained to them that she thought that when patients came into the hospital they had ideas about the kind of nursing care they would like to receive or should receive. In responding to the first question or even before the question was asked, the patients in general praised the nurses and the nursing care they had received. To quote a few of the patients:

The nurses here 100 per cent.
The care here wonderful. Excellent.

Nurses simply wonderful. A wonderful group of nurses.

You can't breathe for yourself. They are there working to help you. I never dreamed I could get such care.

One patient was particularly unhappy with his care.

The principal thing is to see that the patient's condition is all right and not neglect it. Lots of times the nurse didn't have her mind on it. Not just what taught in school. If you don't have your own nurse, there is not enough help for certain hours to take care
of them. Getting today they don't do nothing for you. If a person is old, they figure he is dead anyway. It's routine with them.

Many of the patients also indicated that they have only a few expectations of nursing care because they were easy to care for.

I'm not a fussy patient.

I don't expect them to do anything.

I'm not the complaining type; I'm different. Unless I really need something, I don't ask for it.

My doctor thinks that I am an ideal patient.

PRESENTATION AND ANALYSIS OF THE DATA

The patients' replies to the free response questions were not very detailed so the data obtained has been summarized for each question in a composite description of what the patient expects from the nurse in the way of care. The summation is first presented followed by an analysis of the data as it relates to each hospital and to each occupational grouping.

In answering the first question: "What things do you expect the nurse to do for you?" the patients placed considerable emphasis on the characteristics of the nurse. They wanted her to have a nice disposition, an attractive way and a nice bedside manner. The nurse should be cheerful but not too cheerful, pleasant, nice, friendly, sociable and smiling. Other characteristics mentioned were that she be kind, decent, gentle, sympathetic and cooperative. In addition to being efficient and orderly, the nurse should be courteous and polite.
Cleanliness in her person was desired.

The patients expected personal attention from the nurse. They felt that the nurse should be thoughtful, do little things like getting them water, ask what she might do without having the patient make a request and be helpful. A willingness to do what is requested or expected by the patient as well as doing for him what he could not do for himself were also mentioned. The patients wanted the nurse to be available, and they did not wish to be left alone too long. Promptness in responding to and in fulfilling the patients' requests were considered attributes of good nursing care.

The patients thought that the nurse should make them comfortable. Back rubs were of importance to many of the patients. They wanted their physical needs attended to. They felt that the nurse should bathe them, make their beds, comb their hair, fix the pillows, put them in a comfortable position in bed, let them rest, assist them with the bed-pan and feed those who were unable to do so themselves.

Following the doctor's orders and checking with him so that she knew what to expect were perceived by the patients as responsibilities of the nurse. In carrying out the doctor's orders, she administers the medications, takes temperatures and gives a "good needle." She is also observant.

In relation to meeting the patients' emotional needs, some of the patients' comments were:

The patient gets lonesome. She ought to pop in and out.
Shouldn't make the patient feel that she is in too much of a hurry even though she is.

Nurse takes time to give you a little pat.

Nurse interested in each and everyone.

Gives patients the kind of care they need, not what the patient wants.

When patient sick physically, sick mentally too—irritable. Go along with him. Sometimes hard. One main thing about nursing should be remembered, not good for the patient unless go along with him.

I should say—use psychology.

Other references to this aspect of nursing care were that the nurse should talk to the patients and use suitable conversation under certain conditions as when discussing a patient's operation with him and knowing the right or wrong thing to say. The patients wanted to be treated the same by the nurse and not have her show favoritism. The male patients also wished that the nurse would avoid embarrassing them.

The summary of the data disclosed that the patients made the most references to the care of their physical needs. Next in amount of emphasis was the characteristics of the nurse. Following this, personal attention by the nurse was mentioned most often. The smallest number of responses was given to specialized activities as administering medications and meeting the patient's emotional needs in that order.

An analysis of the responses by hospitals indicated that the patients in Hospital A were most concerned with personal attention and care of physical needs. They were more concerned than were the patients in the other two hospitals. They made
no reference to consideration of the patients' emotional needs.

The characteristics of the nurse were of most importance to the patients in Hospital B. Also they referred to the emotional aspects more than did the other patients.

In Hospital C, the patients made fewer comments than did those in the other hospitals. Characteristics of the nurse were mentioned more often than any other expectation but less than in Hospital B. The next highest response was in relation to caring for the patient's physical needs but the number was much smaller than that which was tabulated for Hospital A.

When the data was analyzed by occupational grouping, the characteristics of the nurse were found to have been mentioned about as frequently by the three groups. The 6-7 group made reference to personal attention and care of physical needs more often than did the other groups. This correlated closely with the findings for Hospital A from which many of these patients came. However, attention to physical needs was not emphasized as much by this group as the group from Hospital A. They also had the largest number of responses of the three groups to the area related to the following and carrying out of the doctor's orders.

The patients in the 3-5 group were more concerned about the patients' emotional needs than were those in the other groups. This was true for the patients in Hospital B and most of those in the 3-5 group were from that hospital.

The 1-2 group had fewer remarks in all areas than did the
other groups. These patients were generally from Hospital C where the number of comments was the lowest.

The second question asked of the patients was: "What do you think is the most important thing a nurse should do?" Again the patients frequently indicated the nurse ought to have a nice disposition and like people. She needs to be pleasant, cheerful, agreeable, considerate, smiling and not get annoyed. If the patient is very sick, the nurse should avoid having an odor of heavy perfume or cigarette smoke on her person.

The most important thing the nurse should do is to make the patient comfortable and to give him good care. This would include bathing, feeding, straightening the bed, fixing the pillows, rubbing the patients' back and seeing that he is comfortable in bed.

The patients expected the nurse to try to please them, to comfort them, to keep them happy, to alleviate their fears and to relieve their tensions. One patient summed it up as "tender loving care."

Following the doctor's orders and the supervisor's instructions were felt by the respondents to be significant responsibilities of the nurse. In order to adequately do this, she must administer the medications, disregard the patient's idiosyncracy of what he thinks is the right medication, give the patient what he is supposed to get, relieve pain and keep good records.

The best of care according to the patients is given when
the sickest patient is cared for first and that at all times the patient is looked after and not neglected. They wanted to receive attention and to have the nurse do something for them without having to be asked. She would be there when the patient needed her.

An analysis of the responses indicated that the patients, as in answering the previous question, stressed the care of their physical needs and the desire to be made comfortable. The characteristics of the nurse again received the second highest number of references. The specialized activities of the nurse were mentioned next in order of frequency of responses. Attention to the patient's emotional needs followed by the desire for personal attention completed the aspects of nursing care that were considered important to the patients.

In the three hospitals, the nurse's characteristics were referred to the same number of times. The respondents in Hospital C were the most concerned about making the patient comfortable and giving attention to the patient's physical and emotional needs. The patients in Hospital B mentioned the emotional needs of the patient the least and those in Hospital A made the fewest references to the patient's comfort and physical needs. The aspect of nursing care relating to following and carrying out doctor's orders was commented on equally by the patients in Hospitals B and C and was not referred to by the Hospital A patients.

The respondents in the three occupational groups referred
to the characteristics of the nurse the same number of times. The patients in the 1-2 and 3-5 groups mentioned the specialized aspects of nursing care with equal frequency. The 1-2 group emphasized the comfort of the patient more so than did the other groups. The least number of responses in all areas was given by the patients in the 6-7 group. In respect to personal attention and the emotional needs of the patients, all the groups made only a few remarks and the differences among the groups were not significant.

A correlation among the hospitals and the occupational groups was generally negative. However, these findings are not significant because of the limited number of responses due to the question being restricted to the most important thing a nurse should do.

The third question: "Could you describe for me what you consider a good nurse?" was used to check the consistency of the patients' expressed expectations of nurses and nursing care. The good nurse was described as having a nice disposition and attitude. She is pleasant, cheerful, smiling, in good spirits and has a good word. Although sympathetic, she is not over-solicitous and coddling but is understanding. To the patient she is polite, courteous, kind and patient. The nurse was further portrayed as having the ability to get along with people and being efficient. This efficiency includes the proper allocation of responsibility. A younger person in excellent health who is neat and clean was part of the description offered.
A "good" nurse gives personal attention to the patient. She anticipates his wishes and gives little extra attention without being asked. One patient is completed before she goes on to the next patient, and the patient is not gotten up and left there. The nurse is never too busy but is always ready to help and does so in any way she can. The patient is asked if there is anything she can do for him, and the patient's request if it is within reason is filled promptly. The nurse just can not do enough for the patient.

When the patient is distressed, the nurse tries to help him as best she can. She talks with and listens to the patient so that he feels that his troubles are the only important thing at the time. She is nice to him. No favoritism is shown because her time is divided among all the patients. A psychological approach is used by the nurse in her relations with the patient, and the patient is made to feel at home and is never embarrassed. She is interested in getting the patient "back on his feet" and giving him confidence in himself.

The patient is made comfortable physically and mentally which includes feeding the patient when necessary.

The "good" nurse follows the doctor's and supervisor's instructions and gives the medications which the doctor prescribes. She is observant, keeps good records and consults the doctor when necessary.

In describing the "good" nurse, the patients made the most references to the characteristics of the nurse. Following
this in the number of times mentioned was the personal attention the nurse gave to the patient. In order of decreasing emphasis were meeting the emotional needs of the patient and the specialized aspects of care as keeping good records. The least number of comments were directed toward caring for the patient's physical needs.

The patients in Hospital A had a greater number of responses in the categories relating to the characteristics of the nurse, personal attention and consideration of the patient's emotional needs than did the patients in the other hospitals. They made only a few references to the physical care of the patient and the specialized aspects of nursing care.

The characteristics of the nurse received the most emphasis of all the categories by the Hospital B patients. They made few references to the other phases, and in the area of physical care, only one comment was made.

In Hospital C the patients also thought that the nurse's characteristics best described the "good" nurse. They were a little more vocal in the areas of personal attention and concern for the patient's emotional needs than were those in Hospital B. Like the other patients, they did not give much consideration to the physical care of the patient and activities relating to the specialized aspects of nursing care.

The patients in the 3-5 occupational group commented on the nurses' characteristics more than did the other groups, but both of these had a greater number of responses in this category than in any other one with the 1-2 group having a few more than...
the 6-7 group. In all the other areas, except perhaps in the one relating to the emotional needs where the 6-7 group had only one response, the margin of differences among the groups was not significant.

An overall analysis of the data from the free response questions showed that because the size of the groups of respondents were relatively small when broken down by hospitals and occupational groups and because the answers were so variable in content, the comparisons among the patients' responses by hospitals and occupational groups were not very significant but could indicate some variance.

The findings illustrated that the patients' non-directed responses did not cover the scope of comprehensive nursing care. The patients' expectations were restricted to the characteristics of the nurse, the desire for personal attention, the consideration of the patients' physical and emotional needs and to a limited degree the more specialized aspects of nursing care.

The situation type questions were used to obtain a wider coverage of the patients' expectations of nursing care as the investigator had assumed prior to the study that the patients' answers to the free response questions would be limited in nature.

The data obtained from these questions will be presented in five parts. The divisions are: care of the sick, rehabilitation, promotion of health, disease prevention and meeting the patient's needs—physical, emotional, social, spiritual and economic.
The presentation of each section will consist of a general analysis of the responses that relate to the area as well as the findings by hospitals and occupational groups. This will be followed by an analysis of each question that referred to this aspect of nursing care. In discussing each question the findings for the entire group of patients are given first and then broken down by hospitals and occupational groups.

Patient quotes are used throughout the presentation in order to give a better understanding of the patients' feelings and an indication of why the patients expected or did not expect the nurse to perform various activities.

**Care of the Sick**

Five of the questions asked were concerned with this area. As shown in Table I, the majority of the patients expected the nurse to perform the activities related to the care of the sick.

An examination of Table I also shows that the majority of the patients in each of the hospitals had these expectations with the exception of the respondents in Hospital C in the activity related to maintaining the patient's physiological functioning.

The majority of patients in each of the occupational groups wanted the nurse to perform these activities. Table II is presented to show the number in each group who felt that these activities were in the realm of nursing care. The one exception is in the 1-2 group which generally did not feel that
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<th>Question No.</th>
<th>ACTIVITY</th>
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<th>HOSPITAL B</th>
<th>HOSPITAL C</th>
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<tr>
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<td>WITH RESERV.</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
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<td>24b</td>
<td>Better nursing care through understanding patient's illness</td>
<td>27 -- 2</td>
<td>9</td>
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</table>

*Twenty-nine patients (one patient unclassified).
they should expect the nurse to maintain the patient's physiological functioning.

The first question referring to the care of the sick which the patients were asked dealt with the nurse's responsibility for carry out treatments and for being observant. The situation used referred to a patient expecting the nurse to check his intravenous feeding every now and then to be sure it was running all right.

Of the thirty patients questioned, twenty-three of them thought this was the nurse's duty. Some of the patients' comments were:

Oh yes, her job. Same thing with blood and plasma.

Yes, I really do. Can't leave the patient on her own for any length of time. Should be watched--yes. It needs to go at a certain rate of speed. Sometimes clogs up and should be watched.

I should think so. Someone has to. I don't think anything like that should be up to an aide.

Positively. [Why?] Part of her job.

The five patients who thought this might be the nurse's duty but offered reservations felt that the patient should check the intravenous himself if he were able or that it was not definitely a nurse's job.

If not too sick do it himself.

I think somebody, not necessarily the nurse. Patient fastened by it. Counts the drops. If ordered, needs to be checked.

I don't think so. They have a nurse handling that particular line. [While the intravenous is running should the patient expect the nurse to check it?] Wouldn't say expect. More or less second nature to
check it. Don't think it should be her definite duty.

Two of the patients did not consider that this activity should be performed by the nurse.

I've had a lot. I've watched it myself. I've called the nurse to get it near the end. I signalled her. Realize that she has other things to do. Patient should cooperate with the nurse.

I didn't. Told me to let her know when it was empty. [Should the nurse check it?] No.

A comparison of the responses by hospitals showed that the patients in the three hospitals were in fairly even accord on this activity being expected of the nurse. In Hospital A eight patients replied that they expected the nurse to do it and two had reservations. Seven respondents in Hospital B plus two patients who had reservations thought this was the nurse's responsibility. In Hospital C eight replies were yes and one was a qualified yes.

Eight of the nine patients in the 1-2 occupational group expected the nurse to perform this duty. In the 3-5 group eight of the replies were yes and four respondents said yes but with reservations. Six of the patients in the 6-7 group replied in the affirmative while one respondent qualified his answer. Because the majority of the patients expected the nurse to carry out this activity, the differences among the groups is not significant.

The second question in this area was concerned with whether the nurse should make a patient who did not want to take his medicine take it. The purpose of this question was to
determine if the patients placed a high expectant value on the nurse's responsibility in the administration of medications.

Twenty-two of the patients thought that the nurse should make the patient take the medication.

Yes. [Why?] Because it must be metered out to them. To help them. It's orders that she has been issued.

If it is prescribed, she should make him take it and see that it is taken.

Well, yes, and explain why she has to take it.

Five of the respondents offered reservations in replying to the question.

Depends upon how vital it was. If absolutely essential --life or death--have no choice. [If not a matter of life or death?] Wait until the doctor comes in.

Well I don't know. If it is medicine that is prescribed for you, you have to take it. [Should the nurse make him take it?] There is no such thing as making a patient do anything in the hospital. You can't use force.

Only three of the patients gave negative responses.

No. [Why not?] Nurse can't use force. Tell the doctor.

In first place can't make him take it. Only thing she can say, "Doctor ordered it for your own good and I will have to record it." Up to the doctor. Nurses are not demi-gods. Can't do everything.

Well can ask him to take it. Can't force him. Up to the doctor to come in. Medicine by force is no good.

Nine of the patients in Hospital A believed that the nurse had a responsibility to administer the medication, while one of the patients modified his answer. In Hospital B only five of the replies were yes with two additional respondents answering yes but with reservations. Of the ten patients in Hospital C,
eight of them thought the nurse should make the patient take
the medicine and two of them qualified their answers. The pa­
tients in Hospital A had slightly higher expectations in regard
to the nurse performing this activity than did those in Hospital
C and relatively higher than those in Hospital B.

In the 1-2 occupational group, eight of the nine respond­
ents expected the nurse to make the patient take the medication.
Eight of the thirteen patients in the 3-5 group believed the
nurse should administer the medication, and limitations were
placed on their answers by four of the patients. Of the seven
patients in the 6-7 group, five of them gave affirmative answers
and one offered a qualified answer. The 1-2 group of patients
gave the most positive answers.

To ascertain whether the patients expected the nurse to
help in maintaining the patients' physiological functioning,
the patients were asked whose responsibility it was to see that
the patient was fed after his tray had been delayed.

Thirteen of the patients thought this was the nurse's
duty.

Definitely the nurse's responsibility.
Nurse. The one whose been treating him.
Nurse take care of it.
Nurse. It's a delayed breakfast. Still her patient.
Ten of the patients believed that the nurse had a re­sponsibility in seeing that the patient got his tray but not
necessarily getting it herself, or that she did not have the
full responsibility because she or someone else could get it.

Nurse notified the dietician who sends it up.

Whoever is directed to do the work by the hospital. Charge nurse sees that he gets it. Certainly not the nurse. She can't run around getting trays for everyone who comes up from X-Ray.

One of the students here gets it or one of the ward maids. [Would the graduate nurse?] Yes, she would too.

The graduate nurse had no responsibility for this activity according to six of the patients.

Usually student nurse. Student nurse always assigned to so many patients, so they see to those things.

Kitchen brings it in. Nurse probably up the corridor giving a bath. Clerk at the desk notifies the kitchen.

Well nurse's aide. Nurse more important than doing little errands.

One patient had no opinion on who should carry out this activity.

In Hospitals A and B five of the patients thought this was the nurse's duty. An additional three respondents in Hospital A and five of them in Hospital B qualified their answers. Of Hospital C's patients, three expected the nurse to perform this activity and two thought the nurse could help but that it was not her full responsibility. The patients in Hospital B had the highest percentage of expectation.

The respondents in the 1-2 occupational group least expected the nurse to be responsible for seeing that the patient got fed with only two of the nine patients feeling that the nurse should get the tray and two giving modified answers. The 3-5
group had the highest degree of expectation with eight of the thirteen patients believing the nurse should perform this activity and five respondents thinking that she had some responsibility. Of the seven patients in the 6-7 group, three thought this was the nurse's duty and three felt that she had limited responsibility.

An understanding of the patient's illness is considered an activity which the nurse performs in caring for the sick. To find out if the patients expected the nurse to have this understanding, they were asked if a patient who was a diabetic should expect the nurse to know about his illness, what his urine test was and how much insulin he was getting.

Twenty-two patients thought the patient had a right to expect the nurse to know this information.

Individual nurse if caring for that patient should be interested enough to know.

Yes, I do. [Why?] Beneficial for him and his condition. No slipups.

Yes, I do. Nurse taking care of the patient by all means.

The answer of one of the patients was:

Well I wouldn't know. Unless experienced.

A total of six patients did not think the patient should expect the nurse to know about his illness.

No, I don't think up to the nurse. [Why not?] Doctor as a rule gives all orders to do with the patient.

I think up to the doctor to tell the patient as much information as he thinks the patient should know.
No. [Why not?] Because test almost always left up to the lab. Lab reports go to the doctor. The doctor gives the orders to the nurse.

One patient did not know whether the nurse was supposed to know that information or whether it was sufficient to get the orders from the doctor and work from there.

The responses per hospital were fairly evenly divided with the Hospital A having eight yes answers, Hospital B seven, and Hospital C seven. In addition, Hospital C had one answer that was qualified.

More of the patients in the 1-2 occupational group expected the nurse to understand their illness than did the other two groups. Of the nine patients in the group, seven expected the nurse to have this knowledge and an additional patient thought so if she were experienced. In the 3-5 group nine of the thirteen patients felt that this was the nurse's responsibility and five of the seven respondents in the 6-7 group had similar feelings.

As a follow-up to this question, the patients were asked: "Do you think the nurse could give him [the diabetic patient] better care if she knew this information?" There was almost complete agreement that the nursing care would be better with twenty-eight of the patients replying "Yes."

The two patients who did not feel that the care would be better said:

No because she can only do as directed by the doctor.

No. Has too much on her mind. If there is confusion, the nurse is the one in trouble. If go that far in nursing might as well go through for doctor.
The negative responses were from patients in hospitals A and B respectively. One of them was from the 3-5 occupational group and the other from the 6-7 group.

The above questions completed the investigation of the patients' expectations of nursing care as it related to the care of the sick.

Rehabilitation

Many activities performed by the nurse are related to the rehabilitation of the patient. This is also an area which is receiving increased emphasis by the nurse educators.

Table III shows the patients' expectations in reference to many of the rehabilitative activities which the nurse may perform. As can be seen by an examination of Table III, the degree of patient expectation varied according to the activity. All of the patients felt that the nurse should encourage self-care, but only a few patients wanted the nurse to explain the patient's diagnosis to him. The amount of expectation for each activity will be discussed as the question is taken up.

As illustrated by Table III, the patients in Hospital B in the aggregate expected the nurse to perform more of the rehabilitative activities than did the patients in the other hospitals where the positive and qualified responses were fairly evenly divided.

Table IV shows that the patients in the 3-5 occupational group thought that the nurse had a greater responsibility for many of these activities than did the other two groups. The
### TABLE III
**NUMBER OF PATIENTS WHO EXPECTED AND THOSE WHO EXPECTED WITH RESERVATIONS THAT THE NURSE SHOULD PERFORM ACTIVITIES RELATED TO REHABILITATION**

<table>
<thead>
<tr>
<th>Question No.</th>
<th>ACTIVITY</th>
<th>TOTAL</th>
<th>HOSPITAL A</th>
<th>HOSPITAL B</th>
<th>HOSPITAL C</th>
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<td>NO</td>
<td>NO OPINION</td>
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### TABLE IV

NUMBER OF PATIENTS ACCORDING TO OCCUPATIONAL RATINGS WHO EXPECTED AND THOSE WHO EXPECTED WITH RESERVATIONS THAT THE NURSE SHOULD PERFORM ACTIVITIES RELATED TO REHABILITATION

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*Twenty-nine patients (one patient unclassified).
1-2 group expected the nurse to perform more of these activities than did the 6-7 group.

Three of the questions referred to the nurse teaching the patient. The first question the patients were asked concerned who they thought should teach a patient who is going home about his special diet.

Only seven of the thirty patients thought the nurse should do this teaching.

Nurse. [Why?] Has been with him during his sickness and to see how diet has affected him. Able to instruct him on values of it when he goes home. Doctor so busy. I imagine the nurse does this job.

Nurse taking care of him. That one he has learned to trust. That one a friend—allaying fears.

Nurse. [Why?] Knows patient. Patient is probably less nervous with her. Easier to talk to than the doctor. Doctor talks technical—can't understand him. Talks fast.

Five of the patients thought the nurse might help with the explanation, but that the responsibility belonged to the doctor or the dietician.

Well she would listen to her doctor and follow it more strenuously than for anyone else. [Should the nurse do any of the teaching?] If patient doesn't understand, he can ask the nurse questions, and she can go into more detail. More emphasis if get it from the doctor first.

Off hand I'd say the doctor. He sends the patient to the hospital in the first place and sees him when he gets out. [Should the nurse do any of the teaching?] I suppose could help.

The majority of the patients, eighteen of them, did not feel that the nurse should do any of the teaching about the diet.
I thought that was the dietician's job. [Should the nurse do any of the teaching?] No. [Why not?] Not her job. Belongs to someone up higher.

Dietician. [Why?] Has the knowledge. She studied for it. Knows best. [Should the nurse do any of the teaching?] No. [Why not?] Like trying to get a ditch digger to be a pipe fitter.

Dietician. [Should the nurse do any of this teaching?] No. [Why not?] I don't think up to them to take part in diet. Someone more up in regular training. Nurse has her own duties—care of the sick.

In Hospital A only two of the patients thought the teaching was the nurse's duty. While in Hospital B, three of the patients expected the nurse to do the teaching and five others thought she might help with the teaching. The response in Hospital C was similar to Hospital A with two patients feeling that the nurse had a responsibility to teach about the diet.

More of the patients in the 3-5 occupational group expected the nurse to do the teaching than did the patients in the other groups. Even this number was relatively small, with four of the thirteen patients seeing this activity as being performed by the nurse and three of the patients thinking that the nurse could assist with the teaching. Two of the patients in the 1-2 group expected the nurse to do the teaching and one of them thought she might help. In the 6-7 group only one patient felt that the nurse should teach, and one patient believed that she might help with the teaching.

The next question about teaching referred to who should teach the patient about changing his dressing so that he might be able to do it when he went home.

Twenty-two of the patients expected the nurse to do this.
kind of teaching.

Nurse. Probably has been changing them anyway. More at ease with the nurse than the doctor.

Nurse can do that.

Nurse usually shows him how.

Two of the patients did not know whether the doctor or the nurse should do the teaching, and two other patients thought that the nurse might help, but that the responsibility was the doctor's.

Suppose whoever knows how. I don't know whether the nurse or someone else. [Do you think the nurse should do the teaching?] I imagine it would be the nurse. Otherwise the doctor would. Arrange between the doctor and the nurse who is going to do it.

Doctor could do that. Nurse could help a little bit if she had been handling it while he was in the hospital.

The nurse should not do the teaching according to four of the patients.

His own doctor. [Nurse do any of the teaching?] I don't think it is any of her business. She will get in trouble.

Doctor. [Why?] He is sending him home. Should send him home with confidence. [Should nurse do any of this teaching?] I don't think so.

Patients in Hospitals A and B gave the same number of positive responses. Eight patients in each of these hospitals expected the nurse to teach the patient how to change his dressing and one patient in each hospital gave a qualified answer. In Hospital C six of the patients thought this was the nurse's responsibility and two patients gave modified answers.

The occupational groups showed little differences in
their expectations with seven of the nine patients in the 1-2 occupational group thinking the nurse should do this teaching and one respondent not knowing whether this was the doctor's or nurse's responsibility. Nine of the thirteen patients in the 3-5 group felt that this was a nurse's duty and two others did not think that it was fully the nurse's responsibility. In the 6-7 group five of the patients thought that the teaching was an activity which the nurse should perform and one respondent gave a qualified answer.

The last question relating to teaching in a specific situation was: "A patient has to wear a brace on his leg. Who should help him to learn to use it?"

Seventeen of the patients expected the nurse to do the teaching.

Nurse definitely.
Nurse helps this boy in here.
Nurse generally shows how to use it.

Seven of the respondents thought that the responsibility belonged to another department or to the doctor. However, they qualified their answers by saying that the nurse could help, could help if qualified or would do the teaching if there was no physical therapy department.

Physical therapist educated in that field. [Should the nurse do any of the teaching?] If equipped to teach. [Do you think the majority of nurses could?] I don't know how far they have gone in that field.

Physical therapy. [Should the nurse do any of the teaching?] Has to. Help him put it on. Standing up originally. Majority of it up to physical therapy.
The nurse has no responsibility for this teaching according to five of the patients.

Orthopaedic doctor. [Should the nurse do any of the teaching?] No. [Why not?] She has plenty to do without taking care of other details except nursing.

Trained specialist in that line and no one else. [Should the nurse do any of the teaching?] I don't think she knows anything about it. I don't see how she could.

More of the patients in Hospital B, eight of the ten, thought that the nurse should help the patient to learn to use his brace than did the patients in the other hospitals. In addition, one of the Hospital B patients qualified his answer. In Hospital A four patients expected the nurse to do the teaching and four other respondents placed reservations on their answers. Five of the Hospital C patients felt this was one of the nurse's duties and three other patients modified their answers.

Of the thirteen patients in the 3-5 occupational group, nine of these felt that the nurse should do the teaching and two other patients placed reservations on their answers. The next highest number of positive responses was in the 1-2 group where four respondents expected the nurse to do the teaching and three patients' answers were modified. In the 6-7 group four patients believed this to be the nurse's duty and one respondent gave a qualified answer.

Another activity which the nurse should perform, if she is to give comprehensive nursing care, is to help the patient to understand his illness. To ascertain to what degree the
patients wanted the nurse to carry out this activity, the
patients were asked: "Who should explain to a patient what is
wrong with him?"

Only one patient felt that the nurse should accept this
responsibility.

If she has been treating him.

Eight of the respondents thought that the nurse might
clarify or interpret for the patient what the doctor had told
him.

Doctor. [Nurse do any of this explaining?] Only if
asked, after the doctor has, to explain something.

Doctor. [Nurse do any of this explaining?] If patient
doesn't understand, the nurse can clarify. Would like
the doctor to but he's busy.

The remaining twenty-one patients did not believe that
this was the nurse's concern.

Doctor. [Nurse do any of this explaining?] No because
her duties are carrying out the doctor's orders, not
assuming any responsibility.

Doctor. [Nurse do any of this explaining?] I don't
think that really comes under her field.

Doctor. [Nurse do any of this explaining?] I don't
think so. [Why?] Well, I don't think it is her place.
The doctor is a doctor. The nurse is a nurse. Dif-
ferent kind of medical attention.

A patient in Hospital B was the only one who expected
the nurse to explain to him about his diagnosis. Three patients
in Hospitals A and C thought the nurse could be of assistance
in interpreting what the doctor said. Two other patients in
Hospital B had this concept of the nurse's role.
The number of positive responses is so small that their distribution by occupational groups is of little significance. Three patients in the 1-2 group, four patients in the 3-5 group and one respondent in the 6-7 group believed that the nurse could assist the doctor in helping the patient to understand his illness. The one patient who expected the nurse to explain his illness was in the 6-7 group.

Closely related to the above question was another question: "Who should explain to a patient what his treatment will be while he is in the hospital?" The purpose of this question was to determine whether the patients thought the nurse should interpret their medical regimen for them. The patients' expectations generally did not include having the nurse perform this activity.

Only two patients believed that the nurse could do this interpreting for them.

Nurse. [Why?] The doctor never tells you anything.
Nurse. She has been taking care of him all along. She knows his symptoms. [Who should explain the overall plan of treatment--like an operation?] The nurse.

However, sixteen patients thought the nurse might assist in the explanation.

Doctor. [Should the nurse do any of the explaining?] Only the portion the patient doesn't understand. Not to any great length. She doesn't have time.

In general, the doctor. [Nurse do any of this explaining?] Well I think in some cases could be done. Difference in doctors. Some fly in and out. Depends upon the amount from the doctor. If don't get from him, get from her. Instructions are left with her.
Twelve patients did not think that the nurse should interpret the medical regimen.

The doctor's place. [Should the nurse do any of the explaining?] Nurse has nothing to do with it.

Doctor. [Should the nurse do any of the explaining?] I don't think so. The doctor is the one who has your confidence and who you are paying.

Doctor. He understands exactly what the treatment is. I don't think the nurse does.

Again the responses by hospitals were so equal that a comparison is not of significance. One of Hospital B's patients expected the nurse to interpret the medical regimen and six of them thought she could help in the interpretation. In Hospital C one patient wanted the nurse to tell him about his plan of treatment and five others felt that she could help to clarify the doctor's explanation. Five Hospital A patients believed that the nurse might assist in helping the patient to understand what was going to be done for him.

An analysis of the responses by occupational groups showed that the 3-5 group probably had the slightly highest expectation with one patient wanting the nurse to do the interpreting and eight respondents thinking that she might help in the explanation. The 6-7 group was next with one person who felt that the nurse could interpret the medical regimen and three patients who wanted the nurse to assist the patient to understand his treatment. Five of the 1-2 group patients thought the nurse might be of help to the patient in interpreting the doctor's explanation.
The purpose of rehabilitation is to assist the patient to return to as complete independence as his physical potentialities will permit. The patients were asked if a patient with a broken arm should do as much for himself as he can with the other arm.

All of the patients thought that the patient should be encouraged in self-care.

Definitely. [Why?] Something for you to do. Learn to do for self and not to be dependent.

By all means. [Why?] Urge to do things for yourself will help him in his condition.

Yes. [Why?] Well when he gets home he will have to do as much for himself as he can.

Some of the patients have to learn to live within the limits of their physical potentialities so they need help in planning to make the necessary adjustment to this kind of living. The patients were asked who they thought should help such a person to plan her daily routine at home and to make any necessary modifications in her house.

Seven of the patients expected the nurse to help the patient with this planning.

Nurse. [Why?] Because she has probably spent quite a few weeks in the hospital with the nurse. She could probably explain to her.

Nurse. [Why?] She knows more about it. Average person doesn't know so much about it.

I think the nurse. [Why?] In room so much. More than doctor. She sees more of the nurse.
An additional six patients felt that the nurse might help some other person with this planning or would assist in clarifying the arrangements for the patient.

Up to the doctor. He knows her trouble. [Should the nurse help with the planning?] She could after the doctor gives his advice. The nurse could explain.

Nurse or social service. Someone who has had experience. Pretty hard hit. Need resources to get going again.

Her doctor. [Why?] Because he knows her history. What she can and cannot do. [Should the nurse help with the planning?] After the doctor gives advice.

The majority of the patients, seventeen of them, did not think the nurse should be involved in this phase of the patient's rehabilitation.

Usually the doctor. [Should the nurse help with any of the planning?] She is too busy taking care of what she has got to take care of.

Doctor. [Should the nurse help with any of the planning?] Not the nurse's duty to go into that. The nurse's duty is care of sick patients.

Doctor. [Should the nurse help with any of the planning?] No. the nurse doesn't know too much about those things.

There was a wide variation by hospitals as to whether the patient expected the nurse to perform this activity. In Hospital B six of the patients felt that the nurse should do this. Only one patient in Hospital A thought the nurse should work with the patient in the planning. Four other patients felt that the nurse might help by assisting some other person or by clarifying the plans for the patient. The response was smallest in Hospital C where only two patients saw the nurse's role as an assisting one.
The 3-5 occupational group had the greatest number of patients who expected the nurse to do the planning with the patient. There were six patients who expected this. Two other respondents thought that she might be of assistance with the planning. In the 6-7 group one patient wanted the nurse to do the initial work with the patient and three patients felt that she might help someone else to do this or clarify the plan for the patient. Only one patient in the 1-2 group thought that the nurse had a partial responsibility in helping someone else formulate the plan.

If the patient has to carry out some procedure at home, does he expect the nurse to help him to obtain the equipment or supplies he will need before he leaves the hospital? The patients were questioned on this subject.

Nineteen of the patients thought that if the nurse did assist him to obtain the supplies that it would be most helpful.

Yes usually do before you leave. [Who?] The head nurse.

Yes, important. [Who?] The nurse can see to it. Whether in her authority or get permission.

I would think that a good idea. [Who?] Nurse could help there.

The remaining eleven patients either thought that someone else in the hospital should get the supplies for the patient or that the hospital had no responsibility for this service.

No. Could give him a list.

I don't think so. He can be advised about what he needs. That is like taking him by the hand and leading him around.
I think so. [Who?] The doctor. [Should the nurse?] No.

A comparison of the responses by hospitals showed that the patients were in fairly even accord in expecting the nurse to obtain the supplies for the patient with six patients in Hospital A, seven patients in Hospital B and six patients in Hospital C.

The occupational groups had slight variations in response. Six of the nine patients in the 1-2 group wanted the nurse to get the supplies. Eight of the thirteen patients in the 3-5 group felt that this was something the nurse could do. The 6-7 group, with four of the seven patients indicating that this was a good idea, had the lowest response.

The investigator also wanted to determine if the patient expected the nurse to participate in his rehabilitation after he was discharged from the hospital. The patients were asked if someone from the hospital should help a patient to get some more supplies if his stock gave out after he was discharged.

The majority of patients did not seem to think that the hospital or the nurse had a responsibility to the patient once he was discharged. One patient, who was from Hospital C and in the 1-2 occupational group, mentioned that with the home care plan the patient can send into the hospital for supplies, and the doctor and nurse come from the hospital to the patient. A patient in Hospital B, who was in the 3-5 occupational group, thought that the hospital should help the patient to obtain some more supplies if the patient could not afford them. She did
not specify who the person in the hospital should be that would have that responsibility.

The third aspect of comprehensive nursing care that was investigated was the patient's concept of the nurse's role in the prevention of disease.

**Disease Prevention**

Disease prevention has many facets. There is disease prevention as it is related to the prevention of recurrences of the patient's present illness. Another phase is that which is concerned with teaching people regarding the prevention of disease and illnesses, especially those which are prevalent in the community.

An examination of Table V shows that the patients wanted the nurse to teach about the prevention of common illnesses when they or their families asked for such information but did not believe that the nurse should be giving such advice when they did not request it. A limited number of the patients expected the nurse to teach them and their families about preventing recurrences of the patient's present illness. A greater number thought the nurse might assist in the explanation to the patient than felt that the nurse should be involved in discussing this matter with his family.

The patients in Hospital B as shown by Table V generally expected the nurse to participate more in teaching about disease prevention than did the patients in the other two hospitals. The patients in Hospital A expected family teaching when it was
### TABLE V

NUMBER OF PATIENTS WHO EXPECTED AND THOSE WHO EXPECTED WITH RESERVATIONS THAT THE NURSE SHOULD PERFORM ACTIVITIES RELATED TO DISEASE PREVENTION

<table>
<thead>
<tr>
<th>Question No.</th>
<th>ACTIVITY</th>
<th>TOTAL</th>
<th>HOSPITAL A</th>
<th>HOSPITAL B</th>
<th>HOSPITAL C</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Family teaching about common illnesses when requested by the family</td>
<td>21 1 8</td>
<td>6 1 3</td>
<td>8 -- 2</td>
<td>7 -- 3</td>
</tr>
<tr>
<td>20</td>
<td>Patient teaching about common illness when not requested by the patient</td>
<td>4 1 25</td>
<td>1 1 8</td>
<td>3 -- 7</td>
<td>-- 10</td>
</tr>
<tr>
<td>26</td>
<td>Patient teaching about preventing recurrences of present illness</td>
<td>5 11 14</td>
<td>2 2 6</td>
<td>3 3 4</td>
<td>-- 6 4</td>
</tr>
<tr>
<td>27</td>
<td>Family teaching about preventing recurrences of present illness</td>
<td>5 7 18</td>
<td>2 -- 8</td>
<td>3 2 5</td>
<td>-- 5 5</td>
</tr>
</tbody>
</table>
requested more so than did those in Hospital C. In the other areas of teaching, the differences were not significant.

Table VI shows the patients' responses according to occupational groupings to the questions regarding the nurses' role in disease prevention. The 1-2 group had the highest number of positive responses to the question relating to family teaching about a common illness when requested by the family. In all the other areas the 3-5 group had the highest number of positive responses.

An analysis by questions showed that the majority of the patients wanted the nurse to teach the family about common illnesses when a family member requested such information. The patients were asked if the nurse should tell a mother who is a patient about the importance of poliomyelitis injections for her children when the mother had requested such advice.

Twenty of the patients thought the nurse should give the mother this information.

Yes. [Why?] A lot of people have never been in favor of shots. I'm one of them. Sometimes we don't realize how important. Someone who knows tells how important they are. You're getting the right information from the nurse.

If mother asks, yes. National health program the job of the entire medical personnel not just the doctor.

Yes, and tell her to get them.

One patient did not think it would do any harm for the nurse to give the mother this information but thought that most patients should go to their own physician if they wanted the advice.
<table>
<thead>
<tr>
<th>Question No.</th>
<th>ACTIVITY</th>
<th>TOTAL*</th>
<th>OCCUPATIONAL RATINGS 1-2</th>
<th>OCCUPATIONAL RATINGS 3-5</th>
<th>OCCUPATIONAL RATINGS 6-7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES WITH RESERV. OPINION</td>
<td>YES WITH RESERV. OPINION</td>
<td>YES WITH RESERV. OPINION</td>
</tr>
<tr>
<td>6</td>
<td>Family teaching about common illnesses when requested by the family</td>
<td>20</td>
<td>1 8</td>
<td>7 2</td>
<td>9 4</td>
</tr>
<tr>
<td>20</td>
<td>Patient teaching about common illness when not requested by the patient</td>
<td>4</td>
<td>1 24</td>
<td>9 3</td>
<td>1 6</td>
</tr>
<tr>
<td>26</td>
<td>Patient teaching about preventing recurrences of present illness</td>
<td>4</td>
<td>11 14</td>
<td>4 5</td>
<td>1 2 1</td>
</tr>
<tr>
<td>27</td>
<td>Family teaching about preventing recurrences of present illness</td>
<td>4</td>
<td>7 18</td>
<td>3 6</td>
<td>1 6</td>
</tr>
</tbody>
</table>

*Twenty-nine patients (one patient unclassified).
The remaining nine respondents did not expect the nurse to assume this responsibility.

I think all that should come through the doctor.

Well, I don't think the mother should ask the nurse in the first place. She could only answer in a general way. That is asking a medical opinion of the nurse. Should go to the doctor for that.

No. I think should get right from the doctor.

The highest number of positive responses was in Hospital B with eight patients wanting the nurse to supply this information. Hospitals A and C were about equal in the number of respondents who expected the nurse to teach about this aspect of disease prevention with six patients replying yes to the question and one giving a qualified answer in Hospital A and seven patients in Hospital B being so inclined.

Seven patients in the 1-2 occupational group thought the nurse could do this teaching. This gave the group a higher positive response than the other two groups. The 3-5 group patients believed that the nurse should perform this activity.

In the 6-7 group four of the patients believed the nurse should furnish the mother with this information and one patient qualified his answer.

In the next question concerning the nurse performing an activity in the area of disease prevention, the patients were asked if the nurse should give advice to a patient about the prevention of a disease prevalent in the community when the patient had not requested such information. The disease discussed was Asiatic Flu.
Only four of the patients thought the nurse should do such teaching.

Would say so. [Why?] Like many things, people don't think it is as important as it is. By her explaining, the patient would understand and have the shots.

Yes I think so. [Why?] So many have had shots, and they helped them.

One patient thought that the nurse might give advice but that this was something the doctor really should do.

The remaining twenty-five patients were rather emphatic in stating that this was not a nurse's responsibility.

No, I don't think it is her concern. I think it is the patient's physician's concern—not the nurse's.

No. None of her business.

Nursing profession is over-burdened with many duties and preoccupied all the time with going into additional things.

The patients in Hospital B were the most receptive to having the nurse assume this activity with three of the ten patients believing the nurse could do it. None of the patients in Hospital C wanted the nurse to furnish such information, and only one patient in Hospital A expected the nurse to perform this activity. An additional patient replied that the nurse might explain to the patient but that it was the doctor's responsibility.

The highest number of positive responses in the occupational groups was in the 3-5 group with three people expecting the nurse and one patient believing that she might teach the patient about preventing this disease. None of the patients in
the 1-2 group wanted the nurse to do such teaching and only one respondent in the 6-7 group thought that the nurse should be involved in this activity.

The patients were then asked who should teach the patient about preventing recurrences of his present illness.

Only five patients expected the nurse to assume responsibility for this activity.

Nurse. [Why?] If explained to me, I don't think I would have had a recurrence. Most important for the nurse to do this.

Nurse. [Why?] Nurses know a good deal from their experience. I think they could help you know.

However, eleven other patients thought the nurse could clarify the doctor's instructions for the patient.

Doctor. [Should the nurse do any of this teaching?] If doctor doesn't seem to get through to the patient.

Doctor. [Why?] Doctor knows more about it than the nurse. Really up to the doctor. [Should the nurse do any of this teaching?] Yes, if she knows enough about it. [Do you think that most nurses do?] I think some of them do.

His own doctor. [Should the nurse do any of this teaching?] If any questions elaborate. Bring down to his level. Doctor talks in medical terms. Nurse brings it down to his level.

Fourteen patients did not expect the nurse to participate in this type of patient teaching.

Not up to nurse to discuss those things with the patient. That is up to the doctor.

Doctor would tell him that. Not necessary for nurse even if she did know.

I think under doctor. [Why?] Because it is an unnecessary duty to impose on the nurse.
Three of the patients in Hospital B thought the nurse should instruct the patient while two patients in Hospital A and none in Hospital C expected the nurse to perform this activity. However, six of Hospital C's patients felt that the nurse could clarify the doctor's instructions as did two respondents in each of the other two hospitals.

The expectation of the nurse performing this activity was highest in the 3-5 group with three of the patients wanting the nurse to do such teaching, and five of the respondents believing that the nurse could clarify the doctor's instructions. In the 6-7 group one patient thought the nurse could tell the patient how to prevent recurrences of his illness, and two patients felt that she should clarify for the patient what the doctor had said. The patients in the 1-2 group did not expect the nurse to assume responsibility for this activity, but four of them thought her role was interpreting the doctor's instruction.

The same number of patients, five of them, expected the nurse to teach the family about preventing recurrences of the patient's illness as had wanted the nurse to instruct the patient.

Only seven patients thought the nurse might interpret the doctor's instructions to the family.

Doctor. [Should the nurse do any of this teaching?] She might mention it after she had heard the doctor mention it.
Doctor. [Should the nurse do any of this teaching?] She could help.

Eighteen of the patients did not think that the nurse had any responsibility in this activity.

I think up to the doctor. Maybe I'm old fashioned.

Doctor. [Should the nurse do any of this teaching?] No. Entirely up to the doctor.

Up to the doctor. The nurse doesn't have time to discuss anything like that with the family.

Hospital B had the highest degree of expectation for the nurse with three patients who felt that she should do such family teaching and two patients who thought that she could clarify what the doctor said. In Hospital A two respondents saw the nurse as performing this activity. Five of the patients in Hospital C thought of the nurse's duty as being one of clarifying the doctor's instructions.

Three of the thirteen patients in the 3-5 occupational group expected the nurse to perform this activity, and four of them felt that the nurse could interpret for the family. In the 6-7 group only one of the seven patients wanted the nurse to do this type of teaching. Three of the nine patients in the 1-2 group thought that the nurse could clarify the doctor's instructions, but none of them expected the nurse to do any of the initial teaching.

The nurse in order to give comprehensive nursing care must be concerned with the promotion of health. This area was investigated by the use of three situation type questions.
Promotion of Health

The patients in general did not expect the nurse to perform activities which related to this area. As shown in Table VII, they least expected the nurse to teach the family about positive health practices when such information was not requested.

The discrepancy between the results of questions regarding teaching patients about positive health is probably due to the fact that the first question may have been interpreted by the patients as being concerned with his treatment. The situation was: "A nurse notices that a patient does not eat the vegetables on his tray. Should she explain to him why vegetables are necessary for good health?"

An examination of Table VII shows that the patients in Hospital A were the most receptive to patient health teaching when it was not requested and Hospital C patients were the most receptive to such information when it was requested and to family teaching.

Table VIII indicates that the 3-5 occupational group had the largest number of yes or modified answers to the patient teaching questions. The number of patients that expected family teaching was too small to make any comparison.

The first question in this category as has been mentioned above dealt with whether the nurse should explain to the patient why vegetables were necessary for good health.

Fifteen of the patients thought the nurse should give the patient advice on this matter.
### TABLE VII

NUMBER OF PATIENTS WHO EXPECTED AND THOSE WHO EXPECTED WITH RESERVATIONS THAT THE NURSE SHOULD PERFORM ACTIVITIES RELATED TO THE PROMOTION OF HEALTH

<table>
<thead>
<tr>
<th>Question No.</th>
<th>ACTIVITY</th>
<th>TOTAL</th>
<th>HOSPITAL A</th>
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<td></td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>WITH</td>
<td>NO</td>
</tr>
<tr>
<td>3</td>
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<td>7</td>
<td>--</td>
<td>3</td>
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<td>4</td>
<td>Family teaching when not requested by the patient</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td>8</td>
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<td>8</td>
<td>5</td>
<td>4</td>
<td>18</td>
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TABLE VIII

NUMBER OF PATIENTS ACCORDING TO OCCUPATIONAL RATINGS WHO EXPECTED AND THOSE WHO EXPECTED WITH RESERVATIONS THAT THE NURSE SHOULD PERFORM ACTIVITIES RELATED TO THE PROMOTION OF HEALTH

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Activity</th>
<th>Total*</th>
<th>Occupational Ratings 1 - 2</th>
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<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>3</td>
<td>Patient teaching when not requested by the patient</td>
<td>14 -- 15</td>
<td>2 -- 7</td>
<td>8 -- 5</td>
<td>4 -- 3</td>
</tr>
<tr>
<td>4</td>
<td>Family teaching when not requested by the patient</td>
<td>1 1 27</td>
<td>-- 1 8</td>
<td>-- 12</td>
<td>-- 7</td>
</tr>
<tr>
<td>8</td>
<td>Patient teaching when requested by the patient</td>
<td>8 3 18</td>
<td>3 -- 6</td>
<td>4 2 7</td>
<td>1 1 5</td>
</tr>
</tbody>
</table>

*Twenty-nine patients (one patient unclassified).
Yes, they do. The nurses do and try to persuade you to eat them.

I think so. Wouldn't be given unless necessary for them to have it. Need food for strength.

I think so. [Why?] Needed to build up strength.

The other fifteen patients did not believe that the nurse's duties included offering such advice.

I think that should come under the dietician. The dietician comes through the ward and wouldn't pull your curtain so why should the nurse as busy as she is.

No. I don't think so. That is up to the doctor. No. Not up to the nurse.

I don't think that too important in the hospital--not at that time. If accustomed to them will eat them anyway. If not, it is a lost cause.

Seven of the respondents in Hospital A wanted the nurse to give an explanation. In both Hospital B and Hospital C only four of the patients were so inclined.

The highest number of positive answers was in the 3-5 occupational group with eight of the patients wanting the nurse to give the patient such information. Four of the respondents in the 6-7 group believed that the nurse should instruct the patient and only two patients in the 1-2 group felt that this was a nurse's duty.

The response was almost completely negative as to whether a nurse should tell a patient's overweight wife how to lose weight when neither the patient nor the wife had requested such information.

Only one patient thought the nurse should do such health teaching.
Yes. I should think so. Wife might be glad to know how to lose weight.

Two patients gave modified answers.

More apt to do what doctor says. Afraid not to. [Should the nurse mention the subject?] I think so.

I think that is a very sensitive point. [Should the nurse avoid it?] I suppose could always try. If a lot of opposition, drop it. I wouldn't pursue it.

The remaining twenty-five patients did not feel that the nurse should become involved in such a situation.

No. Mind her own business. Take care of patient 100 per cent. Not interested in anyone else.

No. [Why not?] Not her business. Taking care of patient not the wife.

No. [Why not?] I don't think it has anything to do with nursing care. She is not in the hospital for care. I think it would be kind of insulting.

Two patients did not know whether the nurse should or should not talk to the patient's wife about losing weight.

The patients in Hospital B gave one positive and one qualified answer. One Hospital C patient modified her answer. No respondent in Hospital A thought the nurse should do such family health teaching.

The one patient who thought the nurse might do this teaching was in the 3-5 occupational group. The answers with reservations were made by two 1-2 respondents.

The last question about positive health teaching asked the patients if the nurse should furnish health information when the patient requested it. The example used was a patient who asked what was considered a good diet.
Even in responding to this question, only eight of the patients thought the nurse should and that she was qualified to give this instruction.

Yes. [Why?] Importance of vitamins to person and help it is over-all. I think it would be very helpful to instruct the person.

Well, in that case if nurse is qualified. [Do you think nurses are qualified?] I should think so.

Well, I don't know why shouldn't if she knows what she is talking about and I suppose she studied dietetics as much as a dietician does.

Four of the patients thought that the nurse might clarify the advice which the doctor or dietician should give the patient on this subject, or might give such information if she was qualified.

If no dietician, nurse could handle. [If there was a dietician?] If patient didn't understand, she could clarify.

Could. Think it is the dietician's job. Some nurses perhaps don't know about diet. Nurse if she can.

If she is qualified. [Do you think she is qualified?] I wouldn't know. That's up to her.

The nurse was not expected to advise the patient in the opinion of eighteen of the patients.

I don't know whether her job. I think comes from doctor. Nurse carries out doctor's instructions. Never assumes real responsibility.

No, ma'am. [Why not?] Might be capable or not. Has enough to do without doing that sort of thing.

No. [Why not?] I don't think she is capable.

Five patients in Hospital B wanted the nurse to do this teaching and one respondent thought she might clarify the doctor's instructions. Of the Hospital C patients, three believed
that the nurse should give the patient this information. In Hospital A only one respondent felt that the nurse should do this teaching and three patients gave qualified answers.

More of the patients in the 3-5 occupational group wanted the nurse to do this teaching than did the patients in the other groups with four respondents giving positive answers and two qualified answers. In the 1-2 group three patients thought the nurse might instruct the patient. One 6-7 group respondent felt the nurse could furnish the patient with this information and one patient modified his answer.

The final area to be discussed with the patients was the category referring to the nurse performing activities which related to meeting the patient's needs: physical, emotional, economic, social and spiritual.

**Meeting the Patient's Needs**

As shown in Table IX the patients expected the nurse to meet their physical needs with the exception of the care of the physical environment. A slight majority did not believe that this activity was a nurse's duty.

The patients thought the nurse should cater to the patient's emotional needs by explaining procedures, by clarifying the doctor's explanation of the need for impending surgery and by listening to him providing it did not interfere with other patients' treatments.

The respondents did not expect the nurse to assist the patient in solving economic or social problems or to understand
TABLE IX

NUMBER OF PATIENTS WHO EXPECTED AND THOSE WHO EXPECTED WITH RESERVATIONS THAT THE NURSE SHOULD PERFORM ACTIVITIES RELATED TO THE PATIENT'S NEEDS

<table>
<thead>
<tr>
<th>Question No.</th>
<th>Activity</th>
<th>TOTAL</th>
<th>HOSPITAL A</th>
<th>HOSPITAL B</th>
<th>HOSPITAL C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YES</td>
<td>WITH</td>
<td>NO</td>
<td>RESERV.</td>
</tr>
<tr>
<td>7</td>
<td>Performs measures of personal hygiene</td>
<td>22</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>25</td>
<td>Provides comfort measure as feeding</td>
<td>17</td>
<td>3</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>13</td>
<td>Care of the environment</td>
<td>11</td>
<td>3</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>Care for physical need as rest</td>
<td>28</td>
<td>--</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8</td>
<td>14</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>Explains procedure</td>
<td>27</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>15</td>
<td>Listening</td>
<td>3</td>
<td>21</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>16c</td>
<td>Helps patient to solve economic problems</td>
<td>1</td>
<td>10</td>
<td>19</td>
<td>--</td>
</tr>
<tr>
<td>Question No.</td>
<td>Activity</td>
<td>TOTAL</td>
<td>Hospital A</td>
<td>Hospital B</td>
<td>Hospital C</td>
</tr>
<tr>
<td>-------------</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>18</td>
<td>Helps patient to solve social problems**</td>
<td>1</td>
<td>5</td>
<td>23</td>
<td>--</td>
</tr>
<tr>
<td>28</td>
<td>Understands patient's cultural heritage</td>
<td>11</td>
<td>--</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>Provide the patient with opportunities to observe spiritual practices</td>
<td>21</td>
<td>--</td>
<td>9</td>
<td>6</td>
</tr>
</tbody>
</table>

*One patient not questioned in Hospital A.
**One patient not questioned in Hospital A.
his cultural heritage.

However, they did think that the nurse should provide the patient with an opportunity to observe his spiritual practices.

An analysis by hospitals as can be seen in Table IX indicated that the differences among the groups in the number of positive and qualified responses to the total category were relatively small and not significant. Hospital B had a slightly higher number of expectations than did those in Hospital C and Hospital A in that order.

An examination of Table X shows that the 3-5 occupational group expected the nurse to perform more of the activities related to the patient's needs than did the other two groups. The 1-2 and 6-7 groups were similar in their responses with the 1-2 group having the smallest number of expectations. Again the differences among the groups can not be considered significant.

The patients' responses to each activity according to hospital and occupational group will be discussed as the questions are taken up.

The first activities to be considered are those which are concerned with the physical needs of the patient. One of these needs is caring for the patient's personal hygiene. The patients were asked if the nurse should give a bath every day to a patient confined to bed because of heart trouble. Some of the patients became concerned with the amount of exertion that a cardiac patient should tolerate so these patients were asked if they thought most bed patients should have a bath every day given by the nurse.


**TABLE X**

<table>
<thead>
<tr>
<th>NUMBER OF PATIENTS ACCORDING TO OCCUPATIONAL RATINGS WHO EXPECTED</th>
<th>WITH RESERVATIONS THAT THE NURSE SHOULD PERFORM ACTIVITIES RELATED TO THE PATIENTS NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVITY</td>
<td>OCCUPATIONAL RATINGS 1-2</td>
</tr>
</tbody>
</table>
| PHYSICAL
| Provides comfort | 7
| Measure as need is rest | 25
| Provides personal hygiene | 17
| Performs measures | 16
| EMOTIONAL
| Helps patient to solve economic problems | 12 |
| Helps patient to listen | 10 |
| Explains procedure | 9 |
| Explains impending surgery | 10 |

"No."

"Yes"

"No,"
<table>
<thead>
<tr>
<th>Question No.</th>
<th>ACTIVITY</th>
<th>TOTAL*</th>
<th>OCCUPATIONAL RATINGS 1 - 2</th>
<th>OCCUPATIONAL RATINGS 3 - 5</th>
<th>OCCUPATIONAL RATINGS 6 - 7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YES</td>
<td>YES WITH RESERV. OPINION</td>
<td>YES WITH RESERV. OPINION</td>
<td>YES WITH RESERV. OPINION</td>
</tr>
<tr>
<td>18 SOCIAL</td>
<td>Helps patient to solve social problems***</td>
<td>1 5 22</td>
<td>-- 2 7</td>
<td>1 2 10</td>
<td>-- 1 5</td>
</tr>
<tr>
<td>28</td>
<td>Understands patient's cultural heritage</td>
<td>10 -- 19</td>
<td>1 -- 8</td>
<td>7 -- 6</td>
<td>2 -- 5</td>
</tr>
<tr>
<td>14</td>
<td>Provide the patient with opportunities to observe spiritual practices</td>
<td>20 -- 9</td>
<td>7 -- 2</td>
<td>9 -- 4</td>
<td>4 -- 3</td>
</tr>
</tbody>
</table>

*Twenty-nine patients (one patient unclassified).
**One patient not questioned was in 3-5 occupational group.
***One patient not questioned was in 6-7 occupational group.
The majority of patients, twenty-two of them, expected the nurse to provide this measure of personal hygiene.

Yes. [Why?] Need a bath every day after lying in bed.

Positively. [Why?] Cleanliness. Peps him up. Makes him feel more lively. He can't give it to himself.

By all means. [Why?] Both, though it may be tiring to the patient, gives him quite a lift.

Four of the patients did not think that the nurse had to give the patient a complete bath every day or that this activity had to necessarily be performed by a nurse.

I think she could help herself. Needs some exercise. [Suppose patient is not able to do this?] I don't see why a complete one is necessary every day. A cooling sponge.

Somebody should give him a bath every day not necessarily the nurse.

The nurse did not have to perform this activity every day according to three patients.

I don't know. I think a bath is a tiring procedure. Give more baths in a hospital than are necessary anyway. Sometimes puts patient through a lot. A patient is not used to all that cleaning. Rest is important. Wear you out with a bath.

Complete bath? [Yes.] I would say no. [Why?] If ill enough to be confined to bed, giving a bath causes physical exertion.

The question was inadvertently not asked of one patient.

All of the patients in Hospital C expected the nurse to perform this activity. In Hospitals A and B six of the patients thought this was a nurse's duty and two respondents qualified their answers. The patient who was not questioned was from Hospital A.
In the 3-5 occupational group ten of the respondents expected the nurse to perform this activity. An additional patient qualified his answer. The patient not questioned was from this group. Eight of the patients in the 1-2 group thought the nurse should carry out this procedure. The 6-7 group had four patients who wanted the nurse to give the patient a complete bath every day and three respondents modified their answers.

Included in caring for the patient's physical needs are such comfort measures as feeding a patient who is unable to do so himself. The patients were asked who should feed such a patient.

Seventeen of the patients thought that the nurse should feed the patient.

I think the nurse helps him out.

Generally the nurse.

His nurse will help him. They have helped me.

An additional three patients expected that the nurse or someone else would perform this activity.

Nurse generally feeds them or an attendant.

Nurse or someone from the diet kitchen. One with the most time.

Eleven patients did not believe that a graduate nurse should spend her time providing this comfort measure.

They have attendants for that. [Should the nurse feed the patient?] Wouldn't have time to feed patient, I don't believe.

Aide. [Should the nurse feed the patient?] Yes. Doesn't have to be a nurse. Aide or nurse in training.
Anyone directed who is capable of doing it by the nurse in charge. [Should the nurse feed the patient?] Oh no. She hasn't the time.

The hospitals were quite evenly divided in their expectations. Six of the Hospital B patients thought the nurse should feed the patient and one respondent felt that the nurse or someone else could perform this activity. Five of Hospital A's respondents expected the nurse to provide this service and two patients gave qualified answers. In Hospital C six of the patients believed that this was the nurse's duty.

The 3-5 occupational group had the largest number of positive and qualified responses with nine of the patients wanting the nurse to feed the patient and one respondent believing that the nurse or someone else should perform this activity. The 1-2 and 6-7 groups had approximately the same response with five patients from the first group and three from the second group thinking that this was the nurse's duty. An additional patient in the 6-7 group replied that the nurse or someone else should perform this activity.

The next question referred to the care of the patient's physical environment. Who should perform this activity for the patient?

Only ten patients expected the nurse to clean and straighten a patient's unit.

Nurse, who else. That is the nurse's job. Don't want her giving medical advice. Want her to keep the patient clean. That is one of her duties.

Nurse. Should have done it when fixing up the patient in the first place.
Nurse. [Why?] A good nurse keeps her place clean.

Three of the patients replied that the nurse or some other worker should do this for the patient.

Nurse or an aide or whoever is on.

Whoever is supposed to do it. Sometimes nurse or orderly.

The majority, seventeen of the respondents, did not expect or want the graduate nurse to perform this activity.

Cleaning woman. [Should the nurse do any of this?] Nurse has all she can do to take care of the patients without doing scrub job.

Not nurse's job. Not today when they have nurse's aides. I think that it is their job.

Only one answer, whoever hospital designated. Some hospitals--students, some aides. [Should the graduate nurse do any of this?] Oh, no. Positively no. Graduate nurse has too much responsibility for professional things for things like that. She can only supervise to see that it is done.

In Hospitals A and C four patients thought the nurse should care for the patients' physical environment and one respondent qualified his answer. Three patients in Hospital B expected the nurse to engage in this activity and one respondent gave a modified answer.

Four of the 6-7 occupational group thought that the nurse should clean and straighten the patient's unit and one patient answered with reservation. In the 1-2 group four patients felt that the nurse should perform this activity and one gave a qualified answer. Three of the 3-5 group expected the nurse to spend her time on this activity and one modified his answer.
The patient has physical needs as for rest. The patients were questioned to determine if they expected the nurse to see that this need was met. The situation was: "A patient in a four bed room likes to listen to his radio. One of the other patients wants to rest. Should the nurse tell the first patient to turn his radio off?"

The nurse should turn the radio down or request the patient to do so according to twenty-eight patients.

Yes, if not considerate.

Either off or turn it low.

Yes I think so or have earphones.

Only two patients felt that the nurse did not have a responsibility to see that the patient had quiet when he wanted it.

That I don't know. (Patient in a private room.) If three out of the four patients object to the racket, nurse could tactfully tell him he is disturbing the others. Not part of her duty.

I never was in a four bed room. (Should the nurse tell the patient do you think?) I don't know whether she should or not. Should have some consideration for the other patient. Don't see how the nurse can do anything about it.

These two patients were from Hospital C. One of these respondents was in the 1-2 occupational group and the other was in the 3-5 group.

In the free response questions the patients indicated that the nurse should give attention to their emotional needs. This area was further investigated. The patients were asked who should talk to a patient who was upset about impending surgery.
Eight of the patients wanted the nurse to talk to the patient and to try to relieve his anxiety.

I think the nurse should if she has time. She is the friend of the patient more so than the doctor. Nurse's job is fully 50 per cent psychological.

I suppose nurse could help. Depends upon the individual. Sometimes people don't have faith in anyone. Imagine that with many cases, the nurse has a better opportunity or time than the doctor would.

Up to the nurse. One versed in what the operation is like. If has confidence in the doctor wouldn't have that worry.

More of the patients, fourteen of them, thought that the doctor had this responsibility but that the nurse could help by clarifying the doctor's explanation.

Doctor. [Should the nurse talk to the patient?] No, ma'am. [Why not?] Unless asked to elaborate --sometimes the patients may have misinterpreted or didn't quite understand.

Doctor first. [Should the nurse explain to the patient?] Yes, at time of preparation for the operation. Say some things to put mind at ease.

The remaining eight patients did not believe the nurse needed to give any explanation to the patient because the doctor had full responsibility.

Doctor. [Should the nurse explain to the patient?] No, none at all.

Doctor. [Should the nurse explain to the patient?] No. [Why not?] Her job comes later--taking care of him. Do her job then. Explain then.

Doctor. [Should the nurse explain to the patient?] No. [Why not?] At that time the nurse doesn't know enough about you.

Five of the Hospital B patients expected the nurse to talk to the patient to relieve his anxiety and three other
patients thought she should clarify the doctor's explanation. In Hospital A two of the patients believed that it was the nurse's duty to explain the operation to the patient and two respondents gave modified answers. Only one Hospital C patient felt that this was the nurse's responsibility and seven respondents qualified their answers.

The expectations by occupational groups were fairly evenly divided with four of the 3-5 group respondents expecting the nurse to talk to the patient and six patients replied with a modified answer. In the 1-2 group two patients wanted the nurse to perform this activity and five respondents answered yes with reservations. Two of the 6-7 group patients believed that the nurse should talk to the patient so that he would not be so upset and three respondents qualified their answers.

The nurse in performing a procedure could allay the patient's anxiety by explaining what she was doing and why. The patients were asked if they expected the nurse to offer such an explanation.

Twenty-seven of the patients thought that the nurse should explain what was being done.

I like to know what is going to happen to me. Get panicky. Relax when I know what to expect.

Usually advisable to explain so he won't be nervous. [So it generally helps the patient if the nurse explains?] Helps 100 per cent.

Should be told. Easier on the patient to know a little about what it is to be like.

One patient felt that the nurse did not need to explain what she was doing so long as she did what she was supposed to
do. However, he thought that it might be easier on some patients if she explained.

Only two patients did not believe that the nurse needed to explain the procedure to the patient.

I don't think so. [Why not?] Personally I reason to myself, nurse has to do it because she was told to do it.

No. He should be upset because the doctor didn't tell him. [Should the nurse explain the steps of the procedure as she does them?] Doctor should have done it before he ordered it.

One of the patients who did not think that the nurse needed to explain the procedure was from Hospital C and the other respondent was from Hospital B. The patient who thought the explanation might be of comfort to some patients was from Hospital C.

The two patients who did not expect the nurse to perform this activity were from the 3-5 occupational group, and the patient who modified his answer was in the 1-2 group.

The investigator wished to determine whether the patients placed more emphasis on receiving their treatments than they did on having their emotional needs met. The situation was: "A patient was upset and wanted to talk to the nurse who was giving out medicines. Should the nurse stop and listen to him even though the other patients will get their pills late?"

Only three patients expected the nurse to contribute to the patient's sense of well-being by listening to him at that time.
I think so. [Why?] I don't think that she could do anything for him but it is good to have someone listen to you.

If not too much of a long conversation, stay and talk to the patient. The pills are never on time anyway.

Well, I don't know how to answer that question. [Would you expect the nurse to stop and listen to you?] If I had pain or something, I would expect her to stop.

Twenty-one of the patients thought that the nurse should tell the patient that she would come back after she had given out the medications.

I think she should make an apology and tell him she will be back after she distributes them and go into detail.

No. [Why not?] She has other people to take care of. Tell him she will be back when she has taken care of the other patients. A very selfish person.

No. [Why?] Because they may have certain time schedules. Here just nicely say, 'I'll be back when I get through medications.'

The nurse should not interrupt her routine to listen to the patient according to six respondents.

Positively not. [What should the nurse do?] Be a diplomat. Tell him she will be back in a moment--some excuse. Get out of there. If the patient is real upset, take it up with the doctor.

No. Think that she should go along and take care of the other patients. Be on time with the medicines.

No. I think that if I was the nurse, I would proceed with my work. [What should she do about the patient?] Call the doctor.

The patients in the three hospitals gave similar responses. In each hospital one patient expected the nurse to stop and listen to the patient even though the other patients received their medications late. Seven patients in each hospital thought
that the nurse should tell the patient that she would be back after she had distributed the medications.

The 3-5 occupational group had a slightly higher number of positive and qualified responses than did the other two groups with two of the patients expecting the nurse to listen to the patient when he wanted to talk and nine respondents thinking that the nurse should come back later to listen to him. In the 1-2 group one patient felt that it was important for the nurse to listen to the patient when he made the request and six respondents believed that the nurse ought to give out the medications first and then come back to the patient. None of the 6-7 group patients thought that the nurse needed to stop what she was doing to listen to the patient but five respondents expected the nurse to explain to the patient that she would come back later.

Many patients have economic problems and need assistance in solving them. The patients were asked if someone in the hospital should help a patient obtain supplies which he will need when he goes home and which he can not afford to buy.

Only one patient thought that the nurse should try to get them for him and she felt that a nurse should be concerned with the patient's financial problems.

Nine patients did not believe that the nurse had primary responsibility for helping the patient to solve his economic problems but that she should notify the person or agency that might be of assistance to the patient.
Social worker. [Should the nurse be involved?] Advise
social worker. Introduce them and then get out.

Social worker. [Should the nurse be involved?] Someone
has got to be involved. The nurse tells the head nurse
who tells social service.

Well hospital can't give them to him. [Who should help
him?] The welfare board. [Should the nurse be involved?]
She can. [What can the nurse do?] She can talk to the
board and tell about his situation.

Ten of the patients did not believe that the nurse had
any responsibility for seeing that the patient had the financial
assistance that he might need.

Social service. [Should the nurse be involved?] No.
[Why not?] Not part of her job.

Social worker. [Should the nurse be involved?] No.
[Why not?] Because it would be so many involved. I
don't think up to her.

If can't afford them, there is always social service
to help. [Should the nurse be involved?] Well, no.
I don't think that she had time to talk about it.

One patient had no opinion on who should try to help the
patient to solve his economic problems.

The one patient who did expect the nurse to try to help
the patient to solve this economic problem was from Hospital
B. Four other patients from this hospital thought that the
nurse should notify someone else who could help the patient. In
both hospitals A and C three respondents felt that the nurse's
responsibility was to put the patient in touch with the proper
person or agency whose job it was to offer this assistance.

A 3-5 occupational group patient was the one who expected
the nurse to assist the patient in solving his economic problem.
Four other respondents in that group thought that the nurse's
Responsibility was to notify the proper department or person. In the 1-2 group three patients felt that the nurse should assist the patient by placing him in contact with a person who might be able to help him. Two patients in the 6-7 group gave a similar response.

Fewer patients expected the nurse to help a patient to solve her social problems or by contacting a source of help for her than thought that the nurse should be able to aid the patient with economic problems. The situation used to determine the patients' expectations concerned a mother who was upset because her daughter had to stay home from school to care for the younger children and the house while the mother was in the hospital. The patients were asked if anyone should try to help the mother find a solution to these problems.

One patient thought that the nurse should try to help the mother to solve these social problems.

Yes. Poor nurse has all the work. [How could the nurse help her?] Look to see if she could get someone to stay while the kiddie goes to school.

Five other patients expected the nurse to notify some other person or agency that might be of assistance to the mother.

Nurse could call the social worker.

Yes. No patient should have worry in her mind. [Who should help the patient?] Social service. [Should the nurse be involved?] Speak to the head nurse. She speaks to social service.

Social worker. [Should the nurse be involved?] Relay the information. Allay fears.

The majority of patients, twenty-three of them, thought that helping to solve this patient's social problems was outside
the realm of the nurse.

One patient inadvertently was not questioned.

The patient who did expect the nurse to directly help this mother in solving her problems was from Hospital B. One other respondent from that hospital thought that the nurse should notify someone who might be of assistance to the mother. Two patients in both hospitals A and C felt that the nurse had a responsibility for contacting someone who might help the patient. The patient who was not questioned was from Hospital A.

The number of respondents who gave positive or qualified answers was so small that a comparison of the occupational groups is not significant. One 3-5 group patient expected the nurse to aid the mother in solving her problems and two other patients from this group thought that the nurse could help the mother by notifying the proper department or agency of the mother's difficulties. Two patients in the 1-2 group and one respondent in the 6-7 group felt that the nurse could be the contact person for the mother. The patient who was not questioned was from the 6-7 group.

Closely allied with meeting the patient's social needs is understanding his cultural heritage. The question was: "A patient belongs to a nationality group that does not like American foods. Should the nurse try to get him the kind of food he likes?"

Eleven of the patients expected the nurse to make this effort.
Well, if available. [Do you think it would be a good idea?] Especially if foreign and if can't speak English. If available in the kitchen.

That is a hard one. She should try to help. [Do you think it would be a good idea?] Yes. [Why?] Please patient. Make things nice all around.

Yes. [Why?] If don't like American food, he wouldn't eat it.

Nineteen of the patients did not think that the nurse should consider these cultural differences.

No. [Why not?] Majority rule.

Impossible in these hospitals. Should learn to eat what he gets. Think of the hospital in general—the majority.

Looks like a handsome problem. I think in an American hospital you have to follow suit.

Five of the Hospital B patients thought that the nurse should try to get the patient the kind of foods he liked. In Hospital A four of these patients had the same sentiments. Only two patients in Hospital C expected the nurse to consider the patient's cultural preferences.

The majority of the 3-5 occupational group patients, seven of them, expected the nurse to try to please the patient by getting him foods to which he was accustomed. Two of the 6-7 group patients felt that the nurse should consider this cultural difference. Only one of the 1-2 group patients felt that the nurse should perform this activity.

The last patient's need to be considered was providing the patient with the opportunities to observe spiritual practices. The patients were asked if a nurse who thought that a
patient's clergymen might be of some comfort to him should suggest this to the patient.

The majority of the patients, twenty-one of them, wanted the nurse to provide the patient with this opportunity to observe his spiritual practices.

Yes. Wonderful idea. Faith pulled me through.

I think it is a good idea. [Why?] Because spiritual uplift means a lot to a patient when he is down.

I think in a great many cases, patient sick and in trouble, clergymen is a great help. [Do you think the nurse should make this suggestion?] Definitely. She knows the patient better than the doctor. She is with the patient more.

Nine of the patients did not expect the nurse to perform this activity.

No. I don't believe so. [Why not?] I don't think religion has anything to do with sickness.

No. [Why not?] I don't think anyone should interfere in people's religious things. If anyone--the family, not an outsider.

I don't think so. [Why not?] Way outside her field except if the patient specially asked for something like that.

The Hospital B patients had a slightly higher degree of expectation than did the other patients with eight of them wanting the nurse to make this suggestion. Seven of the Hospital C and six of the Hospital A patients thought that the nurse should provide the patient with this opportunity to observe his spiritual practices if he so chose.

The occupational groups were similar in their positive responses. Seven patients from the 1-2 group wanted the nurse
to suggest to the patient that his clergyman might be of some comfort to him. Nine of the 3-5 group patients believed that the nurse should perform this activity. In the 6-7 group four of the respondents thought that the nurse should provide the patient with this opportunity to observe his spiritual practices.
CHAPTER V
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

SUMMARY

The study was concerned with the kind of nursing care the medical-surgical patient expects. It was undertaken for the following reasons:

1. To test the hypothesis that the kind of nursing care the medical-surgical patient wants differs from the kind of nursing care nurse educators say he needs.

2. To ascertain if the patients' expectations of nursing care are influenced by the kind of nursing care he was receiving.

3. To compare the expectations of nursing care of patients of various social classes.

Data was obtained by interviewing thirty medical-surgical patients of various social classes from three general hospitals. The interviews were conducted by the use of free response and situation type questions. The situation questions were based on some of the activities which constitute comprehensive nursing care.

The findings of the study showed that the patients did not expect comprehensive nursing care as defined by nurse educators.
CONCLUSIONS

The conclusions based on the findings of the study may be divided into two parts: 1) the medical-surgical patient's expectations of nurses and of the activities which they perform and 2) the activities which, though included in comprehensive nursing care, are not expected by the patient.

The medical-surgical patient expects the nurse to:

1. Have a pleasing personality.
2. Give the patient personal attention.
3. Care for the sick by -
   a) understanding the patient's illness.
   b) administering the medications.
   c) assisting in the maintaining of the patient's physiological functioning.
   d) being observant.
   e) carrying out treatments.
4. Aid in the rehabilitation of the patient by -
   a) teaching him how to do procedures.
   b) teaching him to use an appliance.
   c) encouraging self-care.
   d) helping him to obtain the supplies he will need to use at home.
   e) interpreting the doctor's explanation of the patients' medical regimen.
5. Help prevent disease by -
   a) teaching the family about common illnesses when the information is requested.
   b) clarifying for the patient the doctor's instructions.
on how to prevent recurrences of his present illness.

6. Meet the patient's needs by -
   a) performing measures of personal hygiene.
   b) caring for his physical needs such as for rest.
   c) providing comfort measures as feeding.
   d) helping the patient to achieve freedom from anxiety by explaining procedures and by clarifying the doctor's explanation of the need for impending surgery.
   e) contributing to the patient's sense of well-being by listening to him provided it does not interfere with other patients getting their medications on time.
   f) showing interest and concern for the patient as a person.
   g) providing the patient with the opportunities to observe spiritual practices.

The medical-surgical patient does not expect the nurse to:

1. Participate in his rehabilitation by -
   a) teaching him about his diet.
   b) helping him to understand his illness.
   c) planning with the patient in making adjustments to living according to his physical potentialities.
   d) helping him to obtain supplies after he is discharged from the hospital.

2. Help in disease prevention by -
   a) teaching the patient about how to prevent common illnesses when such information is not requested by the patient.
b) teaching the family how to prevent recurrences of the patient's present illness.

3. Aid in promoting health by -

   teaching the patient or the family positive health practices and furnishing them with understandable health information.

4. Meet the patient's needs by -

   a) caring for his physical environment.
   b) helping the patient to solve economic problems.
   c) helping the patient to solve social problems.
   d) understanding the patient's cultural heritage.

The medical-surgical patients' expectations of nursing care by hospitals and social classes can only be generalized since the size of the groups were too small to make the findings significant. The indications were that the patients in Hospital B and in the middle social class had the highest number of expectations in the most areas. The patients in Hospital A and in the lower social class had the least number of expectations.

It is difficult to tell which affected the patients expectations, the care they were receiving or their social class. Most of the middle social class patients were in Hospital B. Most of the lower social class patients were in Hospital A.

RECOMMENDATIONS

Since the sample was relatively small especially when broken down by hospital and social class, the writer would
recommend:

1. That a similar study be done using only one variable, either the type of nursing care being received or the social class of the patient, to see if similar findings are obtained. The sample should be larger. The writer would be interested in seeing the social class variable used.

2. That a similar study be done using different situation questions to determine if the same findings would be obtained.

3. That a study be done on the expectations of other groups of patients, as the chronically ill, to determine if their expectations differ from those of the medical-surgical patient.

If the findings from similar studies coincide with the findings from this study, the recommendations would be:

1. That the definition of comprehensive nursing care be re-evaluated to ascertain if nurses should be expected to perform all the activities which are included.

2. That if the nursing activities which the patient did not expect are considered essential to good nursing care that nurses make more of an effort to perform them so that patients do come to expect them.

3. That public education be instituted if the patients are not expecting the nurse to perform activities which the nurse educators consider essential.
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APPENDICES
APPENDIX A

REVISED SCALE FOR RATING OCCUPATIONS

Rating Assigned to Occupation

1

Professionals
Lawyers, doctors, dentists, engineers, judges, high school superintendents, veterinarians, ministers (graduated from divinity school), chemists, etc. with postgraduate training, architects.

Proprietors and Managers
Business valued at $75,000-over.

Business Men
Regional and divisional managers of large financial and industrial enterprises.

Clerks and Kindred Workers, etc.
Certified Public Accountants.

Farmers
Gentlemen farmers.

2

Professionals
High school teachers, trained nurses, chiropractors, undertakers, ministers (some training), newspaper editors, librarians (graduate).

Proprietors and Managers
Business valued at $20,000 to $75,000.

Business Men
Assistant managers and office and department managers of large businesses, assistants to executives, etc.

Clerks and Kindred Workers, etc.
Accountants, salesmen of real estate, of insurance, postmasters.

Farmers
Large farm owners, farm owners.

3

Professionals
Social workers, grade school teachers, optometrists, librarians (not graduate), undertakers' assistants, ministers (no training).

Proprietors and Managers
Businesses valued at $5,000 to $20,000.
Business Men
All minor officials of businesses.
Clerks and Kindred Workers, etc.
Auto salesmen, bank clerks and cashiers,
postal clerks, secretaries to executives,
supervisors of railroad, telephone, etc.
justices of the peace.
Manual Workers
Contractors.

Proprietors and Managers
Business valued at $2,000 to $5,000.
Clerks and Kindred Workers, etc.
Stenographers, bookkeepers, rural mail clerks,
railroad ticket agents, salespeople in dry
goods store, etc.
Manual Workers
Factory foremen, own business - electricians,
plumbers and carpenters, watchmakers.
Protective and Service Workers
Dry cleaners, butchers, sheriffs, railroad
engineers and conductors.

Proprietors and Managers
Business valued at $500 to $2,000.
Clerks and Kindred Workers, etc.
Dime store clerks, hardware salesmen,
beauty operators, telephone operators.
Manual Workers
Carpenters, plumbers, electricians (apprentice),
timekeepers, linemen, telephone or
telegraph, radio repairmen, medium skill
workers.
Protective and Service Workers
Barbers, firemen, butcher's apprentices,
practical nurses, policemen, seamstresses,
cooks in restaurant, bartenders.
Farmers
Tenant farmers.

Proprietors and Managers
Businesses valued at less than $500.
Manual Workers
Moulders, semi-skilled workers, assistants
to carpenter, etc.
Protective and Service Workers
Baggage men, night policemen and watchmen,
taxi and truck drivers, gas station attendants,
waitresses in restaurant.
Farmers
Small tenant farmers.
Manual Workers
Heavy labor, migrant work, odd job men, miners.

Protective and Service Workers
Janitors, scrubwomen, newsboys

Farmers
Migrant farm laborers

# APPENDIX B

## LIST OF OCCUPATIONAL RATINGS OF THE TWENTY-NINE MEDICAL-SURGICAL PATIENTS

<table>
<thead>
<tr>
<th>Rating Assigned to Occupation</th>
<th>Occupation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(Wife of) Doctor, (Wife of) Woolbroker, Owner of beauty shop (fifty operators)</td>
</tr>
<tr>
<td>2</td>
<td>Librarian - supervisor, Industrial psychologist, Teacher (Junior High School), Insurance broker, Installer of restaurant equipment, Clothing salesman (wholesale)</td>
</tr>
<tr>
<td>3</td>
<td>Professional golfer, Secretary to a judge, Grocery store manager, (Wife of) Hardware salesman (mother owns business)</td>
</tr>
<tr>
<td>4</td>
<td>Court officer, Machinist, Assistant laboratory technician, (Wife of) Butcher</td>
</tr>
<tr>
<td>5</td>
<td>Operator of heavy machinery - road construction, Practical nurse, (Wife of) Chauffeur, Policeman (retired), (Wife of) Policeman</td>
</tr>
<tr>
<td>6</td>
<td>Semi-skilled worker - Navy yard, (Wife of) Baggageman, Elevator operator, Warehouse worker</td>
</tr>
<tr>
<td>7</td>
<td>Janitor, Janitor, Odd jobs in factory</td>
</tr>
</tbody>
</table>
APPENDIX C

LIST OF OCCUPATIONAL RATINGS OF THE TWENTY-NINE MEDICAL-SURGICAL PATIENTS ACCORDING TO HOSPITALS

<table>
<thead>
<tr>
<th>Rating</th>
<th>Assigned to Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Machinist</td>
</tr>
</tbody>
</table>
| 5      | Operator of heavy machinery - road construction  
(Wife of) Policeman  
Semi-skilled worker - Navy yard  
(Wife of) Baggageman  
Elevator operator |
| 7      | Janitor  
Janitor  
Odd jobs in factory |
|        | **Hospital A**         |
| 2      | Librarian - supervisor |
| 3      | Grocery store manager  
(Wife of) Hardware salesman (mother owns business) |
| 4      | Court officer  
Assistant laboratory technicien  
(Wife of) Butcher |
| 5      | Practical nurse  
(Wife of) Chauffeur  
Policeman (retired) |
| 6      | Warehouse worker       |
|        | **Hospital B**         |
| 1      | (Wife of) Doctor  
(Wife of) Wool broker |
APPENDIX C (continued)

Hospital C (cont'd)

1  Owner of beauty shop (fifty operators)

2  Industrial psychologist
    Teacher (Junior High School)
    (Wife of) Insurance broker
    Installer of restaurant equipment
    Clothing salesman (Wholesale)

3  Professional golfer
    Secretary to a judge
APPENDIX D

ACTIVITIES WHICH CONSTITUTE COMPREHENSIVE NURSING CARE

A. Care of the Sick:
   1. Understands patients' illness
   2. Understands total therapeutic plan
   3. Administers medications, tests and treatments as prescribed by doctor
   4. Observes patient's responses and adaptations to illness and therapy
   5. Assists in maintaining physiological functioning during illness.

B. Rehabilitation of the patient:
   1. Helps patient to understand illness
   2. Interprets medical regimen to patient
   3. Encourages and expects patient to participate in therapy
   4. Plans with patient for self-care and if necessary in making adjustments to living according to his physical potentialities
   5. Teaches patient to help himself to limit of potentialities
   6. Supervises patient in self-care and if necessary in the rehabilitative activities in modification of daily living
   7. Teaches family in relation to patient's rehabilitation.

C. Prevention of Illness and Disease:
   1. Analyzes patient's needs in regard to disease and illness prevention
   2. Helps patient to understand concept of disease prevention
   3. Fosters preventive concept without including guilt at the price of illness
   4. Teaches patient how to prevent further occurrence of his illness
   5. Teaches family how to prevent further occurrence of patient's illness
   6. Teaches patient how to prevent other diseases and illnesses (especially those prevalent in the community)
   7. Teaches family how to prevent other diseases and illnesses (especially those prevalent in the community).
APPENDIX D (continued)

D. Promotion of Health:
1. Analyzes patient's health needs and deficiencies
2. Understands health practices of community, family and patient
3. Teaches patient positive health practices and furnishes him with understandable and usable health information
4. Teaches family positive health practices and furnishes them with understandable and usable health information
5. Supervises application of positive health practices.

E. Maintenance of Individuality of Patient:

Understands and Meets the physical, emotional, social, spiritual and intellectual needs of the patient

1. Physical
   a) does for the patient what he would do for himself if able
   b) performs measures of personal hygiene
   c) cares for physical needs—such as rest, relief of pain
   d) provides comfort measures—as bathing, feeding, quiet, warmth, protection of privacy
   e) cares for physical environment
2. Emotional
   a) understands emotional component of illness
   b) contributes to patient's sense of well-being (listening to him, being there)
   c) accepts patient's need for dependency and freedom from responsibility
   d) helps patient to achieve freedom from anxiety
3. Social
   a) understands patient's cultural heritage
   b) recognizes patient as a member of a family and assists patient in his return to the family
   c) recognizes patient as a member of the community (with a specific place in the community) and assists patient in his return to the community
   d) assists patient and/or his family in solving social problems
   e) assists patient and/or his family in solving economic problems
4. Spiritual
   a) understands and respects patient's spiritual beliefs and practices
   b) provides patient with the opportunities to observe these practices
5. Intellectual
   a) understands and respects patient's intellectual capacity
   b) gears teaching to patient's intellectual capacity.
APPENDIX E
INTERVIEW GUIDE

Free response questions:

1. What things do you expect the nurses to do for you?
2. What do you think is the most important thing a nurse should do?
3. Would you describe what you consider a good nurse?

Situation questions:

1. A patient is going home on a special diet. Who should teach him about his diet? Why? Should the nurse do any of this teaching?
2. Mr. A, a patient who was receiving an I.V. feeding, expected the nurse to check it every now and then to be sure it was running all right. Should he expect the nurse to do this? Why?
3. The nurse notices that a patient does not eat the vegetables on his tray. Should she explain to him why vegetables are necessary for good health? Why?
4. A patient's wife came to visit him. The nurse notices that the wife is overweight. Should the nurse talk to the wife about losing weight and suggest ways of doing this? Why?
5. Who should explain to a patient what his treatment will be while he is in the hospital? Why? (If necessary ask) Should the nurse do any of this explaining?
6. A mother who is a patient in the hospital asks the nurse about polio shots for her children. Should the nurse tell the mother why the shots are important?
7. A patient with heart trouble is confined to bed on doctor's orders. Should he have a bath every day given by the nurse? Why? (If necessary ask) Should most bed patients have a bath every day given by the nurse?
APPENDIX E (continued)

8. A patient asks the nurse about what is considered a good diet with all the necessary vitamins, etc. Should the nurse give her advice on this subject? Why?

9. A nurse had been instructed to wash out a patient's stomach by putting a tube through his nose to his stomach. The patient was upset because the nurse did not explain what she was going to do even though the nurse did the procedure speedily and well. Should the patient have been upset? Why?

10. A patient about to have his appendix removed is nervous about his operation. Who should talk to him so he won't be upset? Why? (If necessary ask) Should the nurse talk to him?

11. A patient didn't like the taste of his medicine and said he did not want to take it. Should the nurse make him take it? Why?

12. Who should explain to a patient what is wrong with him? Why? (If necessary ask) Should the nurse do any of this explaining?

13. A patient's unit was untidy and he wanted it cleaned and straightened before his visitors came. Who do you think should do this? Why? (If necessary ask) Should the nurse do this?

14. A patient seems upset and the nurse thinks that his clergyman would be of some comfort to him. Should she suggest this to the patient? Why?

15. A patient was upset and wanted to talk to the nurse who was giving out medicines. Should the nurse stop and listen to him even though the other patients will get their pills late? Why?

16. A patient who is going to be discharged with an ulcer on his leg will need to have dressings on his leg.
   a) Who should teach the patient to change his dressing so he can do it at home? Why? (If necessary ask) Should the nurse do any of this teaching?
   b) Should someone in the hospital help him to obtain the supplies he will need before he leaves the hospital? Who? Why? (If necessary ask) Should the nurse help him?
APPENDIX E (continued)

c) If he can not afford to buy the dressings himself, should someone help him to obtain them? Who? Why? (If necessary ask) Should the nurse be involved in this?

d) If he runs out of dressings after he goes home, should someone from the hospital help him to get some more? Who? Why? (If necessary ask) Should the nurse help him to get some more?

17. A patient in a four bed room likes to listen to his radio. One of the other patients wants to rest. Should the nurse tell the first patient to turn his radio off? Why?

18. A mother who has to come into the hospital for an operation is very upset because her oldest daughter has to stay home from school to take care of the younger children and the house. Should anyone in the hospital try to help her to find a solution to these problems? Who? Why? (If necessary ask) Should the nurse be involved in this?

19. A patient has had no breakfast because he had X-Rays. When he returns from X-Ray who should get his tray for him? Why? (If necessary ask) Should the nurse get his tray?

20. A young woman is admitted to the hospital because of a stomach condition. In talking to her, the nurse finds out that the patient has not had Asiatic flu shots. Should the nurse talk to the patient about having them? Why?

21. A patient has to wear a brace on his leg. Who should help him to learn to use it? Why? (If necessary ask) Should the nurse help him to learn to put it on and to use it when he is in the ward?

22. A patient has a broken arm. Should he do as much for himself as he can with the other hand? Why?

23. A patient with heart trouble won't be able to be very active when she goes home or to climb stairs for a while. Who should help her to plan her daily routine at home and to make changes in the house so she can stay on the first floor? Why? (If necessary ask) Should the nurse help with any of this planning?
APPENDIX E (continued)

24. A patient with diabetes expects the nurse who is caring for him to know about his condition, what his urine test is and how much insulin he is getting. Do you think the patient should expect the nurse to know this information? Why?

Do you think the nurse could give better care if she knew this information? Why?

25. A patient is too weak to feed himself. Who should feed him? Why? (If necessary ask) Should the nurse feed him?

26. A patient is admitted to the hospital with an ulcer on his leg. Should someone discuss with him ways of preventing recurrences of the ulcer when he goes home? Who? Why? (If necessary ask) Should the nurse do any of this teaching?

27. Should someone discuss with his family ways of preventing recurrences of the ulcer when the patient goes home? Who? Why? (If necessary ask) Should the nurse do any of this teaching?

28. A patient belongs to a nationality group that doesn't like American foods. Should the nurse try to get him the kind of food he likes? Why?