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An analysis of the integration of rehabilitation into the curriculum of one school of nursing

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AN ANALYSIS OF THE INTEGRATION OF REHABILITATION INTO THE CURRICULUM OF ONE SCHOOL OF NURSING

BY

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CHAPTER I

INTRODUCTION

"Nursing is not only the performance of skills and techniques. Nursing care is the care of people, with the responsibility of the nurse to understand people, their motivation and behavior."¹

Today most faculties of schools of nursing are acutely aware of and recognize the importance and necessity for developing a curriculum that encompasses the broad concepts of comprehensive nursing care. It is the objective of such educational programs that the student nurse acquires an understanding of the patient as an individual, a member of a family and the community. The student nurse should also be taught the close relationship of rehabilitation and comprehensive nursing care. For without this knowledge nursing care falls short of "caring for the whole patient" and becomes limited to the physical care of the patient. Therefore, it may be stated that:²

¹Kreuter, Frances Reiter, "What is Good Nursing Care?" Nursing Outlook, p. 304.
²Editorial, "What is Rehabilitation?" Nursing Outlook, p. 259.
"Because the aim of nursing is to help the sick and injured regain health and well-being, it stands to reason that rehabilitation is an integral part of any nursing care."

At a Work Conference Committee Meeting held by the National League for Nursing in 1956, it was stated that: 3

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

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

Because of the close relationship of comprehensive nursing care and rehabilitation, the faculty feels a responsibility to help the student develop skills in identifying and helping the patient meet his needs and in becoming rehabilitated to his greatest potential.

Such comprehensive nursing care is effective only when the patient is cared for individually and as a person. The student should not only have been taught the basic principles of the physical care, but she must also have been provided the learning experiences designed to develop her understanding of the patient's social and psychological problems.

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3 Report of Work Conference Committee Meeting, National League for Nursing.
Because nursing care has changed from the doing for the patient to doing things with the patient, many faculties of schools of nursing are realizing the necessity for and value of introducing the principles of rehabilitation into the curriculum.

During the Curriculum Conference sponsored by the National League for Nursing in 1957, there was considerable discussion about the teaching of rehabilitation and its related problems. Florence Elliott reports: 4

Curriculum content and its placement (relative to rehabilitation) appeared to offer problems to some groups . . . The way in which the comments on the questionnaire were phrased seemed to indicate that most faculties see rehabilitation concepts as something to be introduced in the beginning of a program and developed throughout the curriculum. One group, however, asked:

Should rehabilitation be a separate unit or integrated?

The difficulty of obtaining continuing and coordinated emphasis through the education program was also highlighted.

An awareness of the concepts and value of rehabilitation seemed to be in the consciousness of the group at the conference. It would appear therefore that it is the responsibility of a faculty to analyze its curriculum and ascertain whether the principles of comprehensive nursing

4Elliott, Florence, Viewpoints on Curriculum Development, p. 35.
care, of which rehabilitation is an integral part, are integrated throughout the program.

Statement and Justification of the Problem

Comprehensive nursing care is an integral part of the curriculum of X School of Nursing, which is the setting for this study. Throughout this curriculum are certain elements of nursing care which run as a theme. Public health aspects and interpersonal relationships are well established as part of comprehensive nursing care in this institution. In comprehensive nursing care all facets of patients' needs must be recognized, presented and demonstrated to the student in such a manner that she gains insight not only into the problems presented by the patient but also into the far reaching implications of these problems to the family and to the community.

Because rehabilitation and its effects on the individual and his society are coming into popular recognition and favor, the curriculum should be evaluated to ascertain if these principles and techniques are included in the current program, and it should be reconstructed to strengthen the areas of weakness and include the areas of omission. Therefore, with these factors in
mind, this study will undertake to answer the question, Is provision being made within the curriculum of one particular school of nursing for the integration of the principles and practice of rehabilitation nursing?

The writer hopes to ascertain:

1. The prevailing philosophy existing within the faculty of X School of Nursing regarding rehabilitation.

2. What rehabilitation principles and techniques are taught to the student nurses of X School of Nursing.

3. The educational methods used by various faculty members to provide for the integration of the principles and practice of rehabilitation.

As a result of this study, certain conclusions can be drawn from an analysis of the tabulated data, and recommendations can be suggested to strengthen the integrated program of X School of Nursing.

Scope and Limitations

X School of Nursing is located in the metropolitan area of a large city. It is a basic three-year hospital school with a student body of 178 and a faculty composed
of sixteen members.

Although a curriculum is the result of faculty planning, the philosophy and objectives of each member are reflected in the content of her course and the learning experiences which she provides for her students. With this principle in mind an interview was arranged with eleven faculty members of X School of Nursing to ascertain their philosophy of rehabilitation as well as what principles and techniques of rehabilitation they are teaching throughout the curriculum. Five members of this faculty were not interviewed because they have little or no teaching responsibility.

One faculty member from each of the five institutions which offer affiliation for students of X School of Nursing was interviewed. The faculty member of the affiliation school who was interviewed was that particular instructor who taught her specific specialty of nursing to the students of X School of Nursing. Two hospitals offer psychiatric nursing experience; a third hospital, pediatrics; the fourth agency provides learning in the outpatient department; and the last is a Visiting Nurse Association. It was hoped that certain specific areas of the program could be studied to ascertain more accurately the degree that rehabilitation is being integrated into the curriculum.
It is not within the scope of this particular study to test the results of student knowledge regarding rehabilitation principles and techniques nor to observe rehabilitation in action both in the classroom and the clinical area. The study was also limited to eleven faculty members of X School of Nursing and only one faculty member from each of the five institutions which offer an affiliation for student nurses of this particular school. The instructor who teaches Obstetrics was not interviewed because there are fewer implications relative to rehabilitation in this area.

It is with these limitations that the data were collected and analyzed for this study.

Definition of Terms

Integration^5

In this study integration means or refers to the horizontal relationships of curriculum experiences. The organization of these experiences should be such to unify the student's behavior in relation to the elements dealt with. This definition was advanced by Ralph W. Tyler in his Syllabus for Education 360.

In an integrated course, the fact must be recognized that integration actually takes place within the student.

^5Tyler, Ralph W., Syllabus for Education 360, Basic Principles of Curriculum and Instruction, p. 49.
Comprehensive Nursing Care

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

Rehabilitation

The meaning of rehabilitation may vary with individual philosophy. The definition advanced by the National Conference on Rehabilitation is as follows: 7

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

Clinical Area

A specific environment within a hospital setting designed to offer a well-rounded educational experience for student nurses.

Patient-Centered Clinics

A class held for a small group of students. The patient may or may not be present.

6 Elliott, op. cit., p. 5.

7 Terry, Benz, Mereness, et al., Principles and Technics of Rehabilitation, p. 13.

8 Brown, Amy Frances, Clinical Instruction, p. 99.
The type of patient should be one who illustrates the principles and techniques of nursing care, not one who presents a diagnostic problem. An attempt should be made to select patients who illustrate the relationship between social factors and the problems of nursing care.

Preview of Methodology

Method of research used in this study was an interview with the faculty members of X School of Nursing and representative members of the affiliating schools.

The interview based on an interview guide was used to ascertain the rehabilitation philosophy of each faculty member, the principles and techniques of rehabilitation taught to the students of X School of Nursing and the educational methods used by various faculty members to provide for the integration of the principles and practice of rehabilitation.

Sequence of Presentation

The philosophy based on a review of literature is presented in Chapter II and is followed by a statement of the hypothesis. Chapter III consists of a detailed description of the tool used to collect data and how they
were procured. The findings of the study will be presented, discussed and analyzed in Chapter IV. The summary, conclusions and recommendations based upon the analysis will be stated in Chapter V.
CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

Rehabilitation is not a "new" idea in nursing. Miss Elliott stated in 1956 to a group of nurse educators that: ¹

Developments in the field of rehabilitation, which have been taking place with such rapidity since World War II, have had many implications for the nursing profession. Chief among these is the role which professional nurses can and should assume as members of the rehabilitation team, and how they can be prepared to assume this role.

Rehabilitation nursing is not something "special," nor is it different from that type of nursing care that is the right of every patient. The simplest nursing techniques are directly related to and are important to the total recovery of the patient. The rehabilitation process is just one part of good nursing care. Jensen states in the preface of Terry's book, Principles and Technics of Rehabilitation Nursing that: ²

²Terry, Mereness, et al., Principles and Technics of Rehabilitation Nursing, Preface, p. 5.
Rehabilitation has been accepted as a necessity in all nursing service and presents a real challenge to all nurses. The emergence of rehabilitation principles in nursing emphasizes the need for giving total nursing care and for providing continuity of care in the general hospital to the convalescent home, to the clinic, or to the patient's home.

It is important for nurses to evaluate their activities, skills and understandings to ascertain if they have been developed to the greatest potential and if there have been gaps in the continuity of their nursing care.

Hartigan, consultant of the National League for Nursing's Nursing Advisory Service for Orthopedics and Poliomyelitis, said that there are some factors which are implied in nursing and which illustrate facets of nursing care which nurses overlook most often. They are:

1. Understanding our patients. Successful nursing requires that we know each patient as a person not a case. This means having respect for the dignity of the human being.

2. Recognizing that with simple nursing procedures there is much that can be done which will set the patient well along the road to full rehabilitation.

3. Teaching the patient, his family and others interested in the care of the patient.

4. Working with other services to provide the best possible assistance for meeting the patient's total needs.

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Many of the above activities are not complex phenomena but are such important aspects of good nursing that many nurses overlook them because they are more conscious of nursing procedures.

There is actually no real beginning nor end to rehabilitation. It is a continuous process that starts when an individual is admitted to a hospital and continues with the cooperation of the patient, his family and other members of the rehabilitation team. Nurses today are concerned about the quality of nursing care that is being given to patients. There is much discussion about rehabilitation and comprehensive nursing care, and the close relationship and contributions of each to the total recovery of the patient. Many nurses are confident that they give comprehensive nursing care to patients. Actually, as has been previously stated in Chapter I, the definition of comprehensive nursing care varies with the individual. Many nurses feel a need to do things to and for the patient. To be sure, there may be noble motives behind such behavior, yet continuing the dependence of a patient does not lend itself to true rehabilitation. We must learn to do things with the patient and help him to regain independence in activities of daily living and establishing satisfactory human relationships. There must be an analysis of the capability and potentiality for the patient to function independently. Harmer and Henderson
state that the nurse taking a leading role in rehabilitation must carefully analyze the patient's abilities: 4

This process of assessing, teaching and encouraging is not to be confused with the all too prevalent practice of allowing the prostrated patient to take his own bath, of letting a person, unaided grope his way toward an effective use of crutches, or insisting that an overprotected child dress himself. Nor does it mean turning over physical care to the untrained worker. It is rather an attempt throughout all nursing care and treatment to decide what part of the procedure the nurse should do herself and what part she should encourage, or teach, her patient to perform. She must analyze his desire or will to do it.

The fundamental principle behind this statement is individualized care. The patient's needs must be met. It is not always technically perfect care that will produce the most effective rehabilitation results. Kindness, empathy, intelligent sympathy and understanding of the patient are as important as scientific efficiency. It is the right of the patient to expect the nurse to give not only of her skill but of herself. The latter meets his psychological and spiritual needs. Nursing has passed through various stages of development. Phillips in a Nursing Outlook article described these stages as follows: 5


1. The infancy period included all efforts directed towards doing things for the patient. The patient was not told about his treatments because he wouldn't understand. The individual was given no credit for his intelligence.

2. The next step was doing things for the patient. It was an age when nurses began to realize they were teachers and that good nursing included teaching. This was the profession's adolescent period in the relationship of nurses to patients, for were we often so intent and so determined to teach facts that we were not particularly mindful about how we did the teaching or the relationships that we set up with patients while we were doing it. We forgot to teach people while we were teaching our subject.

3. Now we are emerging into the era where nurses are beginning to do things with the patient. Team work or the working together of the patient, family and nurse is being emphasized. This gives a challenge to nursing. Nurses must be well prepared for this type of nursing care. There are four qualities that a good nurse should possess to do this type of nursing.

   a. She must be primarily interested in people rather than things or facts. She must be scientifically trained . . . , but her thinking and doing must be patient centered . . . . and her concern must be with people in relation to their health or illness rather than with diseases or treatment only.

   b. The good nurse is permissive rather than domineering in the relationships with patients . . . . She is so secure in her own knowledge that she feels no need to impress anyone with it . . . . The nurse is guided by the patient's need to take care of himself.

   c. In the third place, she emphasizes action and initiative on the patient's part. She does not want nor will she be satisfied if he passively assimilates what she thinks he should know . . . . She gives him facts to help him understand his situation, and then provides assistance so that he can use the facts to his own advantage.
d. Finally, the good nurse recognizes individual differences among patients and how important these are when one is learning to be self-directing... She stimulates them to want to learn more and to use what they have learned, until a maximum number of their needs have been met and the patient himself feels a general satisfaction in his achievement.

Nursing literature points to a lag in the quality of care given in some institutions compared to that in the more progressive type of hospital. Some nurses are conscious of existing deficiencies and problems that impede such care. One common complaint is that there is no real understanding of rehabilitation and the nurse's responsibility in this process. The philosophy of rehabilitation is not wholly accepted by all professional groups and rehabilitation is not clearly defined. A major problem seems to be that rehabilitation is time consuming and the nurse has little to devote to patient teaching. Another complaint is that the patient stays in a general hospital for such a short time that little rehabilitation can be done. Actually, it would be interesting to ascertain which of the above are real problems and which are stated as problems because of basic misunderstanding of the true meaning of rehabilitation or insecurity in the practice of the principles and methods of rehabilitation.

There is no longer the question of what nurses should know and how much should they participate in rehabilitation.
Instead, as J e n s e n states in the Preface of Terry's book, *Principles and Technics of Rehabilitation Nursing*,

Nurses responsible for nursing and nursing education are asking, 'How can we integrate the principles and technics of rehabilitation into every clinical subject for our students and how can we prepare head nurses, supervisors, and clinical instructors with enough background to vitalize the program?'

Perhaps we should start at the grass roots and give the student nurse a thorough base of knowledge and experience in comprehensive nursing care, of which rehabilitation is an integral part.

"The National League for Nursing in 1956 brought a group of nurses together to discuss problems of curriculum development in the basic nursing program. There was discussion of the concepts of rehabilitation and the role of the nurse in this process ..." It was at this time that the statements of Rehabilitation Aspects of Nursing in the Basic Nursing Curriculum were formulated. (See Appendix A.) These beliefs were used by the writer as criteria upon which the interview guide was based. (See Appendix B.) During this conference, educational programs to develop rehabilitation concepts were planned as well as

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student experiences that would encourage the learning of rehabilitation skills.

One of the sub-groups of the Work Conference raised questions concerning pertinent and troublesome areas in teaching rehabilitation concepts and related skills. They are summarized as follows: 8

1. Students rarely have an opportunity to see complete rehabilitation planned for. Is this another area where we need to consider providing opportunities for learning that will permit the students to see complete and long-range planning for care and actual practice?

   b. Should affiliation in special rehabilitation centers be promoted or discouraged?

   c. Are short observations tours to centers valuable as a learning experience?

   d. What community resources are available which may provide desirable learning experiences?

2. Are we taking advantage of the desirable learning experiences that present themselves in some of the special affiliations that students are having in TB and psychiatry?

3. Would it be desirable to plan courses for nurses and other disciplines to have joint learning experiences during basic preparation?

4. What understandings, skills and techniques should be provided the student nurse so that she will have confidence in her ability to communicate effectively and participate as a team member?

5. Are we effectively utilizing the special skills of the resource people in our education programs, such as the physiotherapists, etc.?

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6. Unfortunately, graduate nurses and doctors in the clinical areas do not see the needs of patients or staff in total planning. Therefore, the climate for the students is an unsatisfactory one for gaining the reinforced applications of principles in the clinical areas.

Faculty members are questioning teaching methods and selection of learning experiences for students to bring about changes in philosophy and attitudes towards rehabilitation and making the student cognizant of rehabilitation opportunities when she sees them.

It is not an easy task to construct a dynamic curriculum. There must be careful planning, study and constant evaluation. Each course should provide opportunity for both vicarious and real or direct learning experiences. Since the learner remembers that which she sees and does, a faculty has a responsibility to provide a rich, varied and intellectually challenging curriculum.

There is a trend in nursing education towards integration of rehabilitation into the curriculum. If integration is to be effective, the course content of rehabilitation nursing must be synthesized to cover the broad aspects of principles and techniques, and it must be presented to the student in such a way that she realizes the relationship of rehabilitation to comprehensive nursing care.
It appears that many instructors believe the concepts of rehabilitation should be understood by the student nurse. Until she has this understanding, there may be apathy and disinterest for those aspects of nursing which are not exciting and dramatic. Because rehabilitation may be a long, slow process and so often is concerned with older-aged patients in general hospitals, the student becomes discouraged and develops the idea that rehabilitation applies only to long-term illness.

During the Curriculum Conference held by the National League for Nursing in 1957, instructors expressed the desire to improve their teaching and also the desire to know how to: 9

1. Help students to understand what rehabilitation is and that it is a constant process.

2. Have students recognize that rehabilitation actually begins with prevention and from the beginning of illness.

3. Fortify student's concept of long-term planning.

4. Impress students with the importance of cooperation in planning of therapy.

5. Motivate students to assist patients in the acceptance of and adjustment to limitations.

6. Help students develop skill in supervising patients in therapeutic exercises.

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7. Help students take into account situations in patients' homes.

8. Help students to grow in their appreciation of community facilities and communicate this appreciation to patients and families.

9. Make students aware of existing rehabilitation agencies and their functions.

10. Provide opportunities for students to participate in referrals of patients.

Considering the above statements, is it so strange that faculties are somewhat nonplussed as to the most effective methods of presenting rehabilitation principles to the student nurse as well as providing a rich clinical experience for practicing of the techniques?

Statement of Hypothesis

As evidenced by a review of literature and reports of curriculum work conferences regarding the integration of rehabilitation nursing into the curriculum for student nurses, the fact is re-emphasized that although rehabilitation is not a new idea to many nurses, the modern concepts and philosophy are a relatively new approach to total nursing care. How to effect the integration of rehabilitation nursing is also of concern to faculties in curriculum revision. Therefore, this study is based on the premise that, because the concepts of rehabilitation are not
freely understood by members of a faculty and because the philosophy of rehabilitation does not prevail throughout a general hospital and within a faculty group, the principles of rehabilitation are not integrated throughout the total curriculum.
CHAPTER III

METHODOLOGY

Selection and Description of Sample

For this study an analysis was made of the current curriculum of X School of Nursing as well as that of the agencies used for affiliation by this particular school.

The first year's program of X School of Nursing is divided into four parts. They are: Pre-clinical Education I, Pre-clinical Education II, Pre-clinical Education III and Clinical Education I. After one week of orientation designed to introduce the student to her new environment of school, hospital and community, Pre-clinical Education I covers a period of eighteen weeks. During this time the student nurse spends the majority of her time in the classroom. Ward practice for this period is included in laboratory hours and amounts to about thirty to thirty-five hours. The biological, physical and social sciences, Fundamentals of Nursing, Normal Nutrition and Food Preparation, Professional Adjustments I and History of Nursing are presented.
Pre-clinical Education II covers the next period of twelve weeks. At this time the student studies Medical and Surgical Nursing I, Fundamentals of Nursing II, Pharmacology I and II, Diet Therapy, and Anatomy and Physiology II. The students practice nursing techniques under supervision on the wards from three to five hours weekly. During the third period of nine weeks, Medical and Surgical Nursing continues as well as Fundamentals of Nursing III, Pharmacology III, Diet Therapy II and Social Science II. During this period the students have ward practice from four to eight hours weekly. The last eight weeks of this first year is called Clinical Education I. Medical and Surgical Nursing is continued throughout this period. The ward practice remains the same as in the previous period. Patient-centered clinics are planned for the student from the beginning of Pre-clinical Education II and continue throughout the entire program. The clinics are planned to correlate with the course material presented in Medical and Surgical Nursing.

The student nurse may begin her second year in the operating room, in medical and surgical nursing or in the clinics of the out-patient department. During the junior year, the student studies Nursing in Eye, Ear, Nose and Throat Diseases and Nursing in Communicable Diseases, which includes Tuberculosis and Venereal Disease.
The last period of this school's program is called Clinical-Education III. During this last year, Advanced Medical and Surgical Nursing, Home Nursing, Geriatrics, Ward Management and Teaching, and Professional Adjustments II are taught.

The rotation pattern of X School of Nursing is so designed that the major portion of the second year is spent on affiliation. As part of Medical and Surgical Nursing an affiliation is planned for one month in the clinics of an out-patient department. There are three twelve-week affiliations, which include Obstetrics, Pediatrics and Psychiatric Nursing. Two electives are offered in X School of Nursing: Nursing in Communicable Disease and Public Health Nursing. These are eight-week affiliations.

The faculty of X School of Nursing has planned an integrated program wherein the theme of public health and diet therapy are woven throughout the curriculum. Hygiene is integrated into Fundamentals of Nursing I, and First Aid and Disaster Nursing are taught as part of Nursing II. Psychology and Sociology are presented as an integrated course. There are incorporated in the Medical and Surgical Nursing Course, Orthopedics and Pathology.

Throughout the three-year program, because of careful group planning and organization of teaching plans,
the areas of Pharmacology, Medical and Surgical Nursing, Fundamentals of Nursing and Diet Therapy are taught concurrently. It is hoped that the student can so integrate the presented material that a picture of comprehensive nursing care, with rehabilitation as an integral part of this care, is foremost in her mind as she not only studies and participates in class but as she gives nursing care to her patients.

A study was made of the educational background of the eleven faculty members of X School of Nursing who had clinical teaching responsibilities as well as the five representative members of the affiliating faculty. The length of service and educational background of X School of Nursing faculty showed a wide variation. Nine members were graduates of basic diploma hospital schools and two, from a basic collegiate program. However, four of the nine had earned a Bachelor of Science degree in Nursing. Two faculty members had a Master of Education degree. All members of the faculty who did not have a degree in nursing were studying at a local university. The length of service as a faculty member of X School of Nursing varied from eight years to eight months.

The five faculty members representing the affiliating agencies have all earned baccalaureate degrees. One instructor, a graduate of a collegiate program, has a
Bachelor of Arts in Nursing; the others have earned a Bachelor of Science degree in Nursing. Three members of this group have masters' degrees. These include: one Master of Science, one Master of Education, one Master of Arts. The length of time the affiliating faculty members had been employed by their respective schools of nursing varied from eleven years to six months.

It is interesting to note that of the eleven faculty members of X School of Nursing who were interviewed, fifty-five per cent had completed requirements for bachelors' degrees and eighteen per cent had received masters' degrees. Of the affiliating faculty, 100 per cent had baccalaureate degrees and sixty per cent had masters' degrees.

**Tools Used to Collect Data**

It will be recalled that the investigator wished to answer the question, Is provision being made within the curriculum of X School of Nursing for the integration of the principles and practices of rehabilitation nursing? She wished specifically to ascertain:

1. The prevailing philosophy existing within the faculty of X School of Nursing regarding rehabilitation.
2. What rehabilitation principles and techniques are taught to the student nurses of X School of Nursing.

3. The educational methods used by various faculty members to provide for the integration of the principles and practice of rehabilitation.

A focus open-end interview was used to obtain these data. This type of interview was used because:

It is useful in studies which attempt to ascertain new and unanticipated responses to known situations which may aid in clarifying the total response pattern. The focus interview was applicable in this situation because it met with the criteria set up by Merton and Kendall in 'The Focus Interview' in two areas:

1. It proceeds on the basis of an interview guide which outlines the major areas of inquiry and the hypothesis which locates pertinence of data to be secured in the interview.

2. It is focused on the subjective experiences—attitudes and emotional responses regarding the particular concrete situations under study.

Procurement of Data

To Structure the interviews an interview guide, which appears in the appendix, was constructed.

1Young, Pauline, Scientific Social Surveys and Research, pp. 248-294.
A guide may aid in: (1) focusing attention on salient points in the study; (2) securing comparable data in different interviews by the same or by various interviewers; (3) gathering the same range of items essential in the analysis or in the testing of the hypothesis formulated; (4) accumulating specific concrete details as a basis for quantitative studies of life histories.

The Assumptions or Statements of Beliefs Regarding the Rehabilitation Aspects of Nursing as set up by a Work Committee of the National League for Nursing in 1956, were used as the criteria upon which the interview guide was based. These Assumptions appear in the appendix.

From an adaptation which appears in Terry's book, Principles and Technics of Rehabilitation Nursing, of the material presented by the National League for Nursing, the following fifteen areas were selected by the writer to represent the principles and techniques which should be taught to student nurses if rehabilitation concepts are to be integrated throughout a program of study.

1. Basic principles and techniques of rehabilitation.
3. Referral forms.
4. Posture and body mechanics (nurse and patient).
5. Social and physical resources within a hospital setting.
6. Patient positioning to prevent deformity.
7. Principles of active and passive exercises.
8. Team relationships.

Ibid., p. 260.
9. Active rehabilitation programs with a hospital setting.
10. Physiotherapy.
11. Occupational therapy.
12. Speech therapy.
13. Team nursing.
14. Participation and planning for patient care.
15. Philosophy of rehabilitation held by the instructor.

In the interview guide each of the above areas was further emphasized and brought into focus by a patterned series of five questions.

1. Do you teach the principles and techniques . . . ?
2. Do you teach these principles in the clinical area as well as in the classroom?
3. Do you expect the students to have been introduced to or to have learned these principles before they are assigned to your clinical area?
4. Do the students have an opportunity during the clinical experience that you supervise to practice the techniques of . . . ?
5. What teaching methods do you use to reinforce the learning of rehabilitation nursing skills?

Because the philosophy of an instructor is reflected in the content of her course and the learning experiences which she provides for her students, and because an instructor cannot effectively teach that which she does not believe, it was relevant to this study to analyze the philosophy of each of the sixteen faculty members. It was hoped that the philosophy of each instructor would be reflected in the answers to such questions as:

1. What does the term rehabilitation mean to you?
2. Do you teach rehabilitation as part of comprehensive nursing care?
3. What patients need particular emphasis in rehabilitation?

4. When in the plan for patient care does rehabilitation start?

5. Do you believe that care relative to rehabilitation can take place in a general hospital?

After completion of the guide a trial run was arranged with an instructor from a school of nursing not concerned with this study and with an assistant director of nurses from a hospital not involved. This was done to determine the length of the interview as well as the clarity of the questions in the interview. The suggestions made by these two nurses were incorporated into the final form of the interview guide.

Appointments were made and interviews were carried out with eleven faculty members of X School of Nursing who have clinical teaching responsibilities. The five faculty members of the five affiliating schools were also visited and interviewed. The instructor who teaches Obstetrics was not interviewed because there are fewer implications for rehabilitation in this area. Data collected by interview were tabulated according to the criteria previously stated.
CHAPTER IV

THE FINDINGS

Presentation and Discussion of Data

Because rehabilitation is an integral part of comprehensive nursing care, an effort was made in this study to identify those basic fundamental principles contributing toward the restoration of the patient to his maximum physical, mental, social, economic and vocational usefulness which the faculty of X School of Nursing had synthesized throughout the curriculum. As has been stated previously, certain major aspects relative to rehabilitation were emphasized and grouped into fifteen categories. While interviewing the various members of the faculty and the five representative members of the affiliating faculty, it was found that all aspects were not pertinent to all instructors. Another factor which must be considered as the data are analyzed is that all aspects are taken into consideration in the light of hospital policies and doctors' orders.

The first area of data was related to the existence of rehabilitation in X School of Nursing and in the
hospital. There is no course called Rehabilitation in X School of Nursing nor is there such a course in the affiliating schools. The faculty members of X School were asked if they felt that rehabilitation was being integrated throughout the program of their school. Six members of the faculty felt that rehabilitation was not being integrated throughout the program. Three of the faculty felt that it was being integrated, while the remaining two felt that it was only partially done. The opinion of the affiliating faculty was comparable. Three members of the group felt that rehabilitation was integrated throughout their programs, whereas the other two members felt that it was only partially integrated. There were several reasons why the six faculty members of the home school felt that rehabilitation was not being integrated throughout the program. Actual quotes from the interview follow:

1. "Not enough rehabilitation extended to orthopedic patients."
2. "The type of hospital does not lend itself to rehabilitation."
3. "No patient is followed thoroughly -- i.e. no future planning."
4. "Not enough emphasis on emotional comfort and the patient is not made independent."
5. "Rehabilitation is not consistent with all patients."

The affiliating faculty advanced the following reasons why there was not enough rehabilitation integrated in the programs for which they are responsible:

1. "It is difficult to get team members together."

2. "There is no out-patient department."

3. "The classes are repeated too often."

The second area to be analyzed was in relation to the teaching of the principles and techniques of rehabilitation. Table I shows the relationship between the teaching in the home school and the affiliating schools. These figures are interesting because although there is no rehabilitation course, sixty-four per cent of the home faculty teach the principles of rehabilitation in the classroom. Therefore, it seems probable that there is a rehabilitation consciousness existing in this group and even more prominently in the affiliating school group. It appears that, except for the instructors of Fundamentals of Nursing, all instructors expect the student to have been introduced to these principles before being assigned to the clinical area. All instructors felt that the aspects of rehabilitation should be presented to the
Table 1. Teaching Area used by Clinical Instructors in the Presentation of the Principles and Techniques of Rehabilitation to Student Nurses

<table>
<thead>
<tr>
<th>Teaching Areas Involved in Presenting Principles and Techniques to Students</th>
<th>Number of Instructors</th>
<th>Per Cent of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Basic principles and techniques are taught in the classroom . . .</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>2. Basic principles and techniques are taught in the clinical area .</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>3. Instructor expects student to have been introduced to the basic principles . . . . . .</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>4. The student nurse is given opportunity to practice these techniques . . . . . . .</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

*S = sometimes
student from the beginning of her course in nursing. Interestingly enough, fifty per cent of the instructors in the home school and eighty per cent of the instructors in the affiliating agencies provided an opportunity to practice the rehabilitation skills.

In Table 2, the teaching methods used by the instructors to reinforce the learning of rehabilitation nursing skills are shown. The teaching in the clinical area appears to be the most popular.

Because the teaching of the patient and his family should be an integral part of rehabilitation and comprehensive nursing care, it seemed reasonable to expect that there should be a concentrated emphasis on patient teaching. Most of the members of this faculty felt that they had a responsibility to the student to present the principles of teaching. While all members stated that they presented these principles, it was felt that the course in Fundamentals of Nursing should first introduce this aspect of nursing. The affiliating schools were all in agreement that the home school or X School of Nursing has the primary responsibility in this area. Again, it was indicated that there was an almost equal opportunity to practice in the home school and in the affiliating school. Clinical instructors should be cognizant of teaching opportunities as well as the preparation of the student
Table 2. Teaching Methods Used by the Instructors to Reinforce the Learning of Rehabilitation Nursing Skills

<table>
<thead>
<tr>
<th>Teaching Methods Used by Instructors to Reinforce Learning</th>
<th>Number of Instructors</th>
<th>Per Cent of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 11</td>
<td>n = 5</td>
</tr>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>1. Patient centered clinics</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Incidental teaching</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>3. Tours</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>4. Group discussions</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>5. Nursing care study</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>6. Demonstration</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>7. Projects</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>
nurse to teach patients and their families. These data are summarized in Table 3. (See Table 3 on page 39).

It can be ascertained from Table 4 that methods used to reinforce the learning of patient teaching varied. (See Table 4 on page 40). The favored method was again incidental teaching. The affiliating school used the patient-centered clinic to a higher degree than did the home school faculty.

To insure continuity of care, a referral system has been instituted in many hospitals. Because each hospital has its own policy and philosophy relative to referral of patients to agencies in a community, it is well to remember that each hospital school must function within the framework established by the hospital and medical staff. Therefore the contents of Table 5 are most interesting. (See Table 5 on page 41). It appears that the teaching of the principles underlying the system of referral is left to two members of this faculty. However, in the clinical area, whenever opportunity arises, the majority of the instructors emphasize the principles. These opportunities, both to teach and to allow the student to practice, occur sporadically. The affiliating faculty seem to have more opportunities to present learning experiences in this area of nursing than the faculty of X School of Nursing. There is some effort
Table 3. Teaching Areas Used by Clinical Instructors in the Presentation of the Principle of Patient and Family Teaching to Student Nurses

<table>
<thead>
<tr>
<th>Teaching Areas Involved in Presenting Principles of Patient and Family Teaching to Students</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 11</td>
<td>n = 5</td>
</tr>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td></td>
<td>Yes No S</td>
<td>Yes No S</td>
</tr>
<tr>
<td>1. Principles of patient and family teaching are taught in the classroom</td>
<td>9 2 -</td>
<td>5 -</td>
</tr>
<tr>
<td></td>
<td>82 18 -</td>
<td>100 -</td>
</tr>
<tr>
<td>2. Instructors expect students to have been introduced to these principles of teaching</td>
<td>8 3 -</td>
<td>5 -</td>
</tr>
<tr>
<td></td>
<td>73 27 -</td>
<td>100 -</td>
</tr>
<tr>
<td>3. The student nurse is given opportunity to teach patients and families techniques</td>
<td>9 2 2 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>82 18 18</td>
<td>100 -</td>
</tr>
<tr>
<td>4. Principles of teaching are taught in clinical area</td>
<td>9 3 4 1</td>
<td>82 27 80 20</td>
</tr>
</tbody>
</table>
Table 4. Teaching Methods Used by the Instructors to Reinforce the Learning of Patient and Family Teaching

<table>
<thead>
<tr>
<th>Teaching Methods Used by Instructors to Reinforce Learning</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>n = 5</td>
<td></td>
</tr>
<tr>
<td>X School of Nursing</td>
<td>(2)</td>
<td>X School of Nursing</td>
</tr>
<tr>
<td>Affiliating Schools</td>
<td>(3)</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td>(1)</td>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Patient centered clinics</td>
<td>3</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>2. Incidental teaching</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>3. Projects</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4. Group discussion</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>5. Role playing and skits</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 5. Teaching Areas Used by Clinical Instructors in the Presentation of the Principles of the Referral Form to Student Nurses

<table>
<thead>
<tr>
<th>Teaching Areas Involved in Presenting Principles of the Referral Form to Students</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 11</td>
<td>n = 5</td>
</tr>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td></td>
<td>Yes No S</td>
<td>Yes No S</td>
</tr>
<tr>
<td>(1)</td>
<td>(2) (3) (4)</td>
<td>(5) (6) (7)</td>
</tr>
<tr>
<td>1. Principles of the referral forms are taught in the classroom</td>
<td>2 9 -</td>
<td>3 2 -</td>
</tr>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td></td>
<td>Yes No S</td>
<td>Yes No S</td>
</tr>
<tr>
<td>2. Principles of the referral forms are taught in the clinical area</td>
<td>2 1 8</td>
<td>2 2 1</td>
</tr>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td></td>
<td>Yes No S</td>
<td>Yes No S</td>
</tr>
<tr>
<td>3. Instructors expect students to have been introduced to these basic principles</td>
<td>3 7 1</td>
<td>4 1 -</td>
</tr>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td></td>
<td>Yes No S</td>
<td>Yes No S</td>
</tr>
<tr>
<td>4. The student nurse is given opportunity to participate in referral of patients</td>
<td>2 3 6</td>
<td>3 1 1</td>
</tr>
</tbody>
</table>
made, however, to supplement this knowledge by varied teaching methods. Most of the instructors felt that the head nurse did most of this teaching and encouraged the student to recognize the need and initiate the use of the referral form. In the affiliating school, the instructor apparently assumed the role held by the head nurse in the home school. The various teaching methods used by the X School of Nursing and the affiliating schools are shown in Table 6. (See Table 6 on p. 43)

Eight faculty members teach the principles of posture and body mechanics in their classes. Most of these instructors felt that the background is given in Fundamentals of Nursing but must be reviewed and progressively presented to emphasize the importance of such principles. In this area, as in no other, there is greater opportunity for the student to practice. It would seem that the faculty is particularly well oriented in this area. The affiliating schools are cognizant of the value of practicing the principles yet do not review nor supplement the knowledge of the posture and body mechanics principles. Table 7 (See page 44) shows the areas used by the instructors of X School of Nursing and the affiliating schools to present the principles of posture and body mechanics to student nurses.
Table 6. Teaching Methods Used by Instructors to Reinforce the Principles Pertaining to the Use of the Referral Form

<table>
<thead>
<tr>
<th>Teaching Methods Used by Instructors to Reinforce Learning</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 11</td>
<td>n = 5</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>1. Patient centered clinics</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>2. Incidental teaching</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3. Group discussion</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>4. Demonstrations</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>5. Films</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>6. Guest speaker</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 7. Teaching Areas Used by Clinical Instructors in the Presentation of the Principles of Posture and Body Mechanics to Student Nurses

<table>
<thead>
<tr>
<th>Teaching Areas Involved in Presenting Principles of Posture and Body Mechanics to Students</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
<td>X School of Nursing</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>S</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
</tbody>
</table>

1. Principles of posture and body mechanics are taught in the classroom ........
   - Number of Instructors: 11 (8 Yes, 3 No), 5 (2 Yes, 3 No)
   - Percentage of Instructors: 73% Yes, 27% No

2. Instructors expect students to have been introduced to these principles ...
   - Number of Instructors: 11 (8 Yes, 3 No), 5 (2 Yes, 3 No)
   - Percentage of Instructors: 73% Yes, 27% No

3. The student nurse is given opportunity to practice these techniques .........
   - Number of Instructors: 11 (9 Yes, 1 No), 5 (4 Yes, 1 No)
   - Percentage of Instructors: 91% Yes, 9% No
Social and physical medicine resources available for rehabilitation within a hospital setting vary. In a large general hospital there is need for a complex network of departments and workers to meet the needs of the patients; in a smaller hospital these resources are limited and may even be restricted to agencies outside the hospital setting. The availability and use of such resources are often dependent upon the philosophy and policies set up by the hospital and the medical staff. It may be noted in Table 8 that in this area there is a converse relationship between the home school and affiliating schools. There is apparently little opportunity for the faculty of X School of Nursing to orient students to social and physical medicine resources. While on affiliation, the student is thoroughly oriented to both physical medicine and social resources with the agency setting. Yet the faculty of the affiliating school does expect the student to have an introduction to these facilities prior to the affiliation. In the home school, the experience is primarily vicarious. Tours and films are used to supplement a lack of clinical opportunity in this area.

Because physical rehabilitation of the patient during his illness is vital, it is imperative that the nurse know and understand the importance of the techniques of
Table 8. Teaching Areas Used by Clinical Instructors in the Presentation of the Social and Physical Medicine Resources Available for Rehabilitation Within the Hospital Setting

<table>
<thead>
<tr>
<th>Learning Experiences Provided Student Nurses to Become Acquainted with the Social and Physical Medicine Resources</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 11</td>
<td>n = 5</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>1. Opportunities are provided to acquaint the student with Social and Physical Medicine resources.</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>2. Instructors expect students to have been previously introduced to these resources.</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>
patient positioning to prevent deformity. Table 9 illustrates that there is agreement among X School of Nursing faculty members that the student is taught these principles early in her program. In X School of Nursing, in the teaching of Anatomy and Physiology, particular emphasis is placed on the Musculo-skeletal system and its relationship to comprehensive nursing care. While in the clinical area, special emphasis is placed on positioning the patient. The nursing instructor stated that there are three principles upon which Fundamentals of Nursing are based. They are: (1) to maintain the physiology of man, (2) to maintain the individuality of man, and (3) to protect man against the external cause of illness. These principles are pertinent and applicable to the problem of patient positioning. The nursing instructor feels that a student nurse could be taught to plan and to learn the nursing care of patients by applying the above principles. With such a strong foundation in the classroom, and close clinical supervision, there is apparently adequate emphasis in the area of patient positioning. These principles are again reinforced during medical and surgical nursing when, during the teaching of nursing care relative to specific diseases, the care of the patient in and out of bed is carefully presented in problem-solving situations.
Table 9. Teaching Areas Used by Clinical Instructors in the Presentation of the Principles of Patient Positioning to Prevent Deformity

<table>
<thead>
<tr>
<th>Teaching Areas Involved in Presenting Principles of Patient Positioning</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 11</td>
<td>n = 5</td>
</tr>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Principles of patient positioning are taught to student nurses ....</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>2. Instructors expect students to have been introduced to these principles ..</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>3. The student is given opportunity to practice these techniques ......</td>
<td>9</td>
<td>-</td>
</tr>
</tbody>
</table>
The teaching methods shown on Table 10 include much on-the-spot clinical teaching. (See Table 10 on page 50). Tours and films are used by the faculty of X School of Nursing as supplemental methods.

The affiliating schools offer some opportunities to practice patient positioning. The psychiatric hospitals and the out-patient department have little opportunity to offer this experience to student nurses. Forty per cent of the faculty assume that the principles of patient positioning have been taught prior to assignment to the clinical area. In other words, there is agreement between the two schools that it is the responsibility of the home school to teach these basic facts.

Data relative to the teaching of exercises are summarized in Tables 11 and 12. (See Table 11 on page 51 and Table 12 on page 52).

Slightly over fifty per cent of the faculty of X School of Nursing do not teach the principles of active and passive exercises but assume if they are taught that this is done in other courses such as Fundamentals of Nursing, Anatomy and Physiology, or Medical and Surgical Nursing. Only forty-five per cent of the faculty believed students had opportunity to apply the principles of active and passive exercise during clinical experience. The faculty felt that students had opportunity to apply
Table 10. Teaching Methods Used by Instructors to Reinforce the Principles of Patient Positioning

| Teaching Methods Used by the Instructors to Reinforce Learning | Number of Instructors |  | Percentage of Instructors |  |
|---------------------------------------------------------------|------------------------|-----------------------------|-----------------------------|
|                                                               | n = 11                 | n = 5                       |                             |
|                                                               | X School of Nursing    | Affiliating Schools         | X School of Nursing         | Affiliating Schools         |
| (1)                                                           |                        |                             |                             |
| 1. Patient-centered clinics                                   | 3                      | -                           | 27                          | -                           |
| 2. Demonstration                                              | 1                      | -                           | 9                           | -                           |
| 3. Incidental teaching                                       | 5                      | -                           | 45                          |                             |
| 4. Tours                                                      | 1                      | -                           | 9                           | -                           |
| 5. Films                                                      | 1                      | -                           | 9                           | -                           |
| 6. Group discussion                                           | -                      | 1                           | -                           | 20                          |
| 7. Home visits                                                | -                      | 1                           | -                           | 20                          |
Table 11. Teaching Areas Used by Clinical Instructors in the Presentation of the Principles of Active and Passive Exercises

<table>
<thead>
<tr>
<th>Teaching Areas Involved in Presentation of Active and Passive Exercises</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 11</td>
<td>n = 5</td>
</tr>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Principles of active and passive exercises are taught to students...</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2. Instructors expect students to have been introduced to these principles.</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>3. Students are given opportunity to practice these principles..........</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

(1)
Table 12. Teaching Methods Used by Clinical Instructors to Reinforce the Principles of Active and Passive Exercises

<table>
<thead>
<tr>
<th>Teaching Methods Used by the Instructors</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 11</td>
<td>n = 5</td>
</tr>
<tr>
<td>1. Patient centered clinics</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Incidental teaching</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>3. Field trips</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>4. Projects</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>
principles of exercise therapy when caring for patients with neurological or orthopedic disability or following a mastectomy. The most commonly noted teaching method used to reinforce the principles was that of on-the-spot teaching.

The members of the affiliating school faculty did not believe they should be responsible for teaching the principles of exercise therapy and felt there was little opportunity for students to practice while on affiliation. Incidental teaching and patient-centered clinics were mentioned by two faculty members as the methods they used to reinforce the principles.

Because of the importance of team relationships in nursing and particularly in rehabilitation, one section of the interview was devoted to how students learn about team relationships. Table 13 illustrates data obtained by interview relative to the area of team relationships. The majority of faculty of X School of Nursing felt a responsibility to present the importance of establishing rapport with co-workers to the student nurses. All believed that the best way to assist students to develop skill in relating is to assist her (1) to understand her own role and the role of others of the health team, and (2) to emphasize through discussion the principles of inter-personal relationships throughout the total
Table 13. Teaching Areas Used by Clinical Instructors in the Presentation of the Principles of Team Relationships

<table>
<thead>
<tr>
<th>Teaching Areas Involved in Presentation of Team Relationship Principles</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 11</td>
<td>n = 5</td>
</tr>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>1. Principles of team relationships are taught to students . . .</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>2. Instructors expect students to have been introduced to these principles before being assigned to these clinical areas . . . . . . . . . . . . . .</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>
educational program.

Since rehabilitation is an integral part of comprehensive nursing care and since there is an awareness among the faculty of the value of rehabilitation in the curriculum, it was relevant to ascertain if there was an active rehabilitation program in X Hospital to provide the necessary learning experiences for student nurses. Interestingly enough, as shown in Table 14, eighty-two per cent of the faculty believed there was no active rehabilitation program in X Hospital. There were active programs in existence in each of the represented agencies. The term "active rehabilitation program" varied in individual meaning. It appeared that there is more rehabilitation taking place than the faculty is actually aware because the term "rehabilitation" is not attached to many aspects of nursing care. The faculty members stated during the interview that the head nurse in Hospital X plays a very active role on the rehabilitation team. She often initiates rehabilitation measures and helps plan patient care with the doctor. The head nurse can add greatly to the education of the student by including her on the rehabilitation team. Only one instructor felt that students participate in a rehabilitation program, four felt that the student participated sometimes, and six felt that she did not.

The answer may well be that much participation takes place
Table 14. Existence of an Active Rehabilitation Program in X Hospital and the Five Affiliating Agencies

<table>
<thead>
<tr>
<th>Existence of an Active Rehabilitation Program</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n - 11</td>
<td>n - 5</td>
</tr>
<tr>
<td>X School of Nursing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Affiliating Schools</td>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td>1. An active rehabilitation program exists</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>2. Students have an opportunity to participate in programs</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>3. Students are included in doctor-nurse conferences</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>4. The graduate nurse plays an active role in the rehabilitation team</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>5. The student nurse is included in the rehabilitation team</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
when the instructor is not in the clinical area.

Table 15 summarizes the various teaching methods used by the instructors of X School of Nursing and the affiliating faculty to reinforce the students' learning experiences relative to active rehabilitation programs. It was the combined opinion of both faculties that on-the-spot teaching was used more frequently to supplement the learning relative to active rehabilitation programs. There are patient-centered clinics planned by twenty-seven per cent of the home school faculty and forty per cent in the affiliating schools. There was also the group discussion method used by both faculties. The faculty of X School of Nursing also used films to supplement the learning relative to active rehabilitation programs.

Since physical therapy, occupational therapy and speech therapy are considered to be three of the most important aspects of rehabilitation, one section of the interview was concerned with the opportunity provided students for learning the role of allied professions concerned in rehabilitation as a basis for understanding the importance of team relations. Questions were asked as to the existence of these therapies and if and when students have opportunities to see the
Table 15. Teaching Methods Used by Clinical Instructors to Reinforce Learning Relative to Active Rehabilitation Program

<table>
<thead>
<tr>
<th>Teaching Methods Used by Instructors</th>
<th>Number of Instructors</th>
<th>Percentage of Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 11</td>
<td>n = 5</td>
</tr>
<tr>
<td></td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td>1. Patient centered clinics ...........</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2. Incidental teaching ...............</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>3. Group discussion ..................</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Films ............................</td>
<td>2</td>
<td>-</td>
</tr>
</tbody>
</table>
therapies in action. Table 16 presents these data. (See Table 16 on page 60). X Hospital does not have a physical, occupational or speech therapy department. However, physicians on the hospital staff send a physical therapist from an affiliated clinic to the hospital when the need arises. All of the faculty members of X School of Nursing felt there was opportunity for the student to observe a physical therapist working with patients. Many of the instructors commented that exercises are frequently demonstrated by therapists to nurses, and students have some opportunity to practice the exercises under supervision.

Because experience with physical therapy in X Hospital is limited, the faculty uses a variety of teaching methods as illustrated in Table 17 to supplement actual physical therapy experience. (See Table 17 on page 61). All hospitals used for affiliation have active physical therapy departments, but only three members of the affiliating faculty provide opportunity for the students to see physical therapy in action. The affiliating faculty also used a variety of teaching to supplement actual physical therapy experience.

As Table 16 illustrates the student nurses have no opportunity to observe occupational therapy in their home school. The following vicarious experiences were
Table 16. Rehabilitation Facilities Available for Learning Experiences During Clinical Experience

<table>
<thead>
<tr>
<th>Physical Medicine Departments</th>
<th>Physio Therapy</th>
<th>Occupational Therapy</th>
<th>Speech Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>X School of Nursing (n=11)</td>
<td>Yes (2)  No (3)</td>
<td>Yes (4)  No (5)</td>
<td>Yes (8)  No (9)</td>
</tr>
<tr>
<td>Affiliating Schools (n=5)</td>
<td>Yes (6)  No (7)</td>
<td>Yes (10)  No (11)</td>
<td>Yes (12)  No (13)</td>
</tr>
<tr>
<td>Students visit departments during clinical experience</td>
<td>2 9 5 0</td>
<td>0 11 4 1</td>
<td>1 10 2 3</td>
</tr>
<tr>
<td>Students have opportunity to see therapist in action</td>
<td>10 1 3 2</td>
<td>2 9 2 3</td>
<td>0 11 0 5</td>
</tr>
<tr>
<td>Students experiences planned to reinforce understanding of therapies</td>
<td>9 2 2 3</td>
<td>7 4 3 2</td>
<td>9 2 1 4</td>
</tr>
</tbody>
</table>
Table 17. Teaching Methods Used by Instructors to Supplement Learning Relative to Physical Medicine

<table>
<thead>
<tr>
<th>Teaching Methods Used by Instructors</th>
<th>Physiotherapy</th>
<th>Occupational Therapy</th>
<th>Speech Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
<td>X School of Nursing</td>
<td>Affiliating Schools</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Patient-centered clinic . . . . . .</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Incidental teaching . . . . . . .</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Field trips . . . . . . . . . . .</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Group conferences</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Observations . . . . . . . . . .</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Lecture . . . . . . . . . . . . .</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Films . . . . . . . . . . . . .</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
mentioned by instructors as methods they employ to supplement actual experience in the area of occupational therapy: (1) Tours are arranged by two instructors to observe in an active occupational therapy department. (2) Patient-centered clinics are arranged to emphasize the value of occupational therapy.

The affiliating schools with the exception of the Public Health Agency have active occupational therapy programs that are considered an integral part of nursing care and yet the student does not have opportunity in any of the agencies to observe the occupational therapist working with a patient.

The existence of a speech therapist within a hospital setting is not common. Table 16 illustrates that there is no therapist of this type at X Hospital and the student has no real experience in this area. The only opportunity afforded the student would be an occasional observation with a consultant therapist. The faculty, cognizant of the lack of this experience, provided a variety of teaching methods to supplement the learning of the student. These teaching methods are shown on Table 17. While on affiliation the student has very little opportunity to observe the therapist at work with a patient even though there are available services. Because of the great number of students and comparatively
small therapy rooms, the therapist feels that the progress of the patient may be impeded. Consequently, the student is not included in this experience. The affiliating school makes little effort to supplement this lack in its curriculum. It appears that the affiliating faculty feels that X School of Nursing should assume responsibility for the majority of the learning in the area of speech therapy.

The philosophy of a faculty in a school of nursing is important not only in the area of overall curriculum planning but also is reflected in the course content and clinical learning experiences planned for the students. An instructor cannot teach that which she does not believe. Therefore, if the faculty is conscious of the value of rehabilitation to the patient and its relationships to comprehensive nursing care, it can be assumed that these principles will tend to be included in learning experiences provided through the entire educational program. An attempt was made during the interview to ask questions that would reveal the prevailing philosophy of the faculty members of X School of Nursing and the affiliating schools. It is interesting to note that the entire faculty of X School of Nursing said that the term rehabilitation was a combination of a philosophy, a concept, a program and a method. It seemed to the writer
that the instructors were cognizant of the true meaning of rehabilitation and were aware of the newer concepts of rehabilitation.

The affiliating faculty were not in comparable agreement. Two of the five affiliating members of the faculty had the same meaning for the term rehabilitation but one felt that it was a philosophy, another thought it was a program, and the last felt that it was both a philosophy and a concept. The writer finds these facts very interesting because while there is a difference of opinion among the faculty of the affiliating school, each of these members appears to be oriented to rehabilitation. The question in the interview that asked if the concept of rehabilitation extended throughout all patient care in the hospital, brought interesting responses.

Four members of the faculty of X School of Nursing agreed that the concepts did exist throughout the hospital. Two instructors thought that it only partially existed, and five felt that the concept of rehabilitation did not extend throughout all patient care. The following reasons were given in support of the last statement:

1. The concept of rehabilitation is more often present when the patient has an orthopedic difficulty.

2. The doctors are not as aware of the newer concepts of rehabilitation as are the nurses.
3. Rehabilitation seems to start and end with the nurse playing the leading role.

4. There is not enough future planning done for the patient and his family.

5. Not all patients are considered for rehabilitation, only a selected few.

6. The referral system is not used enough.

7. There is a lack of team nursing and rehabilitation facilities in X Hospital.

The faculty of the affiliating schools agreed that the concept of rehabilitation extended throughout all patient care. The three major reasons given to support this statement were:

1. There is an emphasis on the "whole patient."

2. There is future planning for the patient.

3. There is active team participation. All members of the team are in contact with the patient.

When the sixteen faculty members were asked what patients particularly needed rehabilitation, all except one agreed that all patients had this need. Also, all members agreed that rehabilitation starts with the admission of the patient to the hospital. Although all felt that rehabilitation can take place in a general hospital, suggestions were made relative to developing a more effective program.

These included:

1. In-service education for all members of the staff.

2. Greater emphasis on patient and family teaching.
3. More rehabilitation facilities within the hospital setting; i.e. physiotherapy, occupational therapy, educational therapy, speech therapy.

4. Greater emphasis upon the future of the patient rather than just the present.

5. An awareness of each team member of her role as well as the role of other members.

6. Case conferences with all members of the professional team.

7. Better coordination of services.

8. Better interpretation of the true team concept.

9. More individualized care of the patient and more personal contact with the family.

The faculty of X School of Nursing and that of the affiliating agencies seemed aware of weak areas relative to rehabilitation in the curriculum. Both faculties were supplementing real clinical experience by various vicarious experiences. There appeared to be a rehabilitation consciousness among both faculty groups, and a desire existed to implement more of the concepts of rehabilitation into the curriculum. A particular emphasis is made in Hospital X and in X School of Nursing to give and to teach comprehensive nursing care. Since rehabilitation is an integral part of comprehensive nursing care, it can be assumed that more rehabilitation is done for patients than is supposed by the faculty involved in this study that was undertaken to ascertain if provision was being
made within the curriculum of one particular school of nursing for the integration of the principles and practice of rehabilitation nursing.
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was undertaken to answer the question, Is provision being made within the curriculum of one particular school of nursing for the integration of the principles and practice of rehabilitation nursing?

X School of Nursing, which has a student body of 178 and is located in a large metropolitan area, was chosen as the locale for this study. The five agencies that were used by this school for affiliation for their students were also included. Eleven members of the faculty of X School of Nursing, the home school, who had clinical teaching responsibility and five faculty members representing each of the affiliating agencies respectively were interviewed. The faculty member of the affiliating school who was interviewed was that particular instructor who taught her specific specialty of nursing to the students of X School of Nursing.

The interview was used to ascertain the rehabilitation philosophy of each faculty member, the principles and
techniques of rehabilitation taught to the students of X School of Nursing and the educational methods used by various faculty members to provide for the integration of the principles and practice of rehabilitation.

An interview guide was developed and used to test the hypothesis, that because the concepts of rehabilitation are not freely understood by the members of a faculty and because the philosophy of rehabilitation does not prevail throughout a general hospital and within a faculty group, the principles of rehabilitation are not integrated throughout the total curriculum.

The interview guide was based on the Statements of Beliefs Regarding the Rehabilitation Aspects of Nursing as set up by a Work Committee of the National League for Nursing in 1956. Questions were developed around the fifteen areas selected by the writer to represent the principles and techniques which should be taught to students of nursing if rehabilitation concepts are to be integrated throughout a program of study.

Conclusions

To answer the question, Is provision being made within the curriculum of one particular school of nursing for the
integration of the principles and practice of rehabilitation, it was necessary:

1. To ascertain the prevailing philosophy with the faculty of X School of Nursing regarding rehabilitation.

It was found that the faculty members of X School of Nursing who had classroom responsibility were conscious of the importance of including rehabilitation nursing in the courses they teach. The instructors apparently taught more rehabilitation than they realized and each seemed anxious that the student be taught to be cognizant of the value and techniques of true comprehensive nursing care. From the interview it seemed evident that the faculty was cognizant of the rehabilitation needs of the patient and was attempting to increase emphasis in the area of rehabilitation and its relationship to comprehensive nursing care. Data also revealed that there was more opportunity to teach the principles and techniques of rehabilitation in the classroom than in the clinical setting. The affiliating faculty recognized the value of rehabilitation in the curriculum, yet it appeared that among certain members of the affiliating faculty the true meaning of rehabilitation was not wholly recognized. It must be emphasized, however, that the principles of rehabilitation are being taught by the faculty of affiliating agencies.
2. To ascertain the rehabilitation and techniques taught to the student of X School of Nursing.

Data revealed that the principles and techniques of rehabilitation that were taught to the student nurse of X School of Nursing varied with the instructor, the subject she taught and the clinical facilities available. It appeared that the affiliating faculty assumed that the faculty of the home school have the responsibility to establish a broad base of knowledge regarding rehabilitation upon which the affiliating faculty can build. There seemed to be little communication between the two faculties as to course content and each acted as a separate entity. The affiliating agencies had more resources for rehabilitation than X Hospital, yet learning experiences in the various physical medicine departments are not always made available to student nurses. Both faculties teach more of the various aspects of rehabilitation in the classroom than in the clinical area. There seemed to be an obvious effort on the part of all instructors to teach the various aspects of rehabilitation and comprehensive nursing care early in the nursing program. It appeared that there is concerted effort to teach certain aspects of rehabilitation nursing to the student nurse in the classroom but there is limited communication between departments to ascertain if all aspects are being
3. The educational methods used by various faculty members to provide for the integration of the principles and practice of rehabilitation.

There were various methods used in the clinical area by instructors to supplement the learning experiences in the classroom. Incidental teaching rather than planned teaching seemed to be done by both faculties. The use of this type of teaching signifies that there is clinical supervision and teaching on the wards and the instructors are cognizant of the value of real experiences for the student nurses. The patient-centered clinic is used as often as the instructor feels is possible. Teaching in the clinical area of the home school seemed to be hampered by the lack of physical facilities and opportunities for the student to practice the techniques of rehabilitation. The affiliating agencies seemed to have less difficulty. There seemed to be more opportunity to function as a team member in the affiliating schools. It appeared that the faculty of X School of Nursing, cognizant of the lack of facilities and opportunities to have the students practice the techniques of rehabilitation, used as many teaching methods as possible to supplement the available opportunities. The instructors of this school appeared to be making a conscientious effort to afford the student
nurse as many real learning experiences as possible and to be supplementing these experiences with vicarious experiences presented in a variety of educational methods.

Since this study has been based on the premise that, because the concepts of rehabilitation are not freely understood by members of a faculty and because the philosophy of rehabilitation does not prevail throughout a general hospital and within a faculty group, the principles of rehabilitation are not integrated throughout the total curriculum, it may be stated that the hypothesis was not wholly supported. The concepts are understood by the majority of the faculty of X School of Nursing, the principles and techniques are integrated throughout the program effectively and the philosophy of rehabilitation does prevail in a general hospital and in the faculty group.

**Recommendations**

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

1. An in-service educational program should be initiated to afford the members of the nursing staff and faculty the opportunities to become acquainted with the newer rehabilitation methods and principles. This
program could bring about greater insight into the value of rehabilitation to the patient and his family, and its relationship to comprehensive nursing care.

2. A yearly planning period to include faculty members of X School of Nursing and the faculty of the affiliating schools should be put into practice. At such meetings the course content from all areas can be analyzed and reconstructed. The weak areas can be pinpointed, the areas of repetition and omission evaluated, the sequence, presentation of various aspects of nursing care and by whom, can be carefully weighed and delegated.

3. The opportunities to practice the techniques of rehabilitation in the clinical area should be strengthened and increased. It may be necessary to provide a short affiliation in an active rehabilitation unit to meet this need.

4. The teaching method of patient-centered clinics should be utilized more frequently by all faculty members to illustrate the various aspects of rehabilitation mentioned in Chapter III of this report.

5. A course in rehabilitation nursing presented in the student's senior year can be used to tie together the threads of rehabilitation that have been presented to her throughout the entire program. At this time, a concentrated effort can be made to strengthen the areas
of weakness relative to rehabilitation, to allow the student to practice techniques heretofore not available to her and to allow the student to weigh carefully the value of rehabilitation and its relationship to comprehensive nursing care.
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APPENDICES
APPENDIX A

ASSUMPTIONS OF REHABILITATION

OR

BASIC BELIEFS REGARDING THE REHABILITATION ASPECTS OF NURSING

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

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

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

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

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

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

7. The nurse has a role as a member of the rehabilitation team and as such:
   a. Understands and promotes the objectives of other disciplines.
   b. Is sensitive to the patient's and family's feeling tone and degree of readiness to move toward immediate and long-term goal, factors which influence her functioning as an effective member of the team.
   c. In carrying forward the goals in the program of rehabilitation, has a responsibility for instruction, supervision, correlation and direction of activities of members of the nursing team to meet the needs of the patient and his family.
d. Recognizes that the role of the nurse changes with the patient's needs and workers available under different circumstances and at different times.

8. Certain fundamental attitudes are basic to comprehensive care, and therefore to rehabilitation.
   a. Recognition of the worth of every individual.
   b. Recognition of the right of each individual to be different from us.
   c. Expectation of optimum development of comfort, satisfaction and accomplishment for every patient.

9. There are many components of comprehensive patient care which are initiated by the nurse and which make definite contributions to rehabilitation. These include such aspects as rest, comfort, emotional support, health teaching and nutrition.
   a. The nurse draws on a background of social, physical biological sciences as a basis for selecting nursing skills to utilize in planning nursing care to meet the needs of the patient for optimum physical independence.
   b. The nurse with her specific learning experience in nursing and close association with the patient:
1) Identifies the needs of the patient and his family and transfers this information to appropriate members of the health team (nursing team of interdisciplinary team).

2) Identifies the patient's innate residual potentialities in light of his social and cultural mores and fundamental beliefs and maximizes these assets in the attainment of his goals in rehabilitation.

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

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

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

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

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

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

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

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

7) Recognizes the need for special therapy to assist the patient in his activities of daily living such as dressing, walking up stairs, cutting foods, etc., Discussing these needs with the physician and other members of the health team and supporting and/or participating in the therapy initiated.

8) Recognizes when the patient could benefit from self-care devices and environment adjustments and discussing the need for such with the physician and other health workers, and then
assisting in introducing such devices and adjustments as is indicated by the patient's needs.

d. The nurse's contribution with patients and families is consistently implemented through referrals between nursing groups, i.e., nurse to nurse, service to service, and hospital service to services in the community through:
   1) Specific nursing care plans.
   2) Knowledge and utilization of community resources.
   3) Cooperative planning with active participation of the nurse as a member of the team.

10. Educational methods influence the students' understanding of and skill in giving comprehensive care. These should include opportunities for:
   a. Study of patients as individuals.
   b. Close and prolonged association with the individual patient.
   c. Planning details of nursing care for each patient including both short and long-term goals.

11. Instructors attitudes of concern for patients and their families affecting the learning of students.
12. Selected resources in the community should be utilized as an aid to realization of the curriculum objectives for the rehabilitation aspects of nursing.

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

Interview Guide

Name (Optional) ________________________

Present Position ________________________

Length of Service ________________________

Professional Education

School of Nursing ______ Diploma ______ Collegiate ______

Degrees ______

B.S. ______ Major ______

M.S. ______ Major ______

Clinical Education:

Advanced Clinical Courses

Courses in Rehabilitation

List courses which you feel best prepared to teach your chosen specialty.

Is there a specific course called rehabilitation in your school? Yes ______ No ______

If there is such a course -

Who teaches it?

When is it taught?

First year ______ Second Year ______ Third Year ______

Do you feel that rehabilitation is being integrated throughout the program in your school?

Yes ______ No ______

If not, why not?
1. Do you teach the basic principles and techniques of rehabilitation to student nurses?
   Yes______  No_______  Sometimes_______
   Examples: 

2. Do you teach these principles in the clinical area as well as the classroom?
   Yes______  No_______  Sometimes_______

3. Do you expect students to have learned (introduced)(to) these rehabilitation principles before they are assigned to your clinical area?
   Yes______  No_______
   Where -

4. Do the students have an opportunity during the clinical experience that you supervise to practice the techniques of rehabilitation?
   Yes______  No_______  Sometimes_______
   Examples:

5. What teaching methods do you use to reinforce the learning of rehabilitation nursing skills?
   Patient-centered clinics____  Other________________

6. Do you present the principles of patient and/or family teaching to your students?
   Yes______  No_______  Sometimes_______
   When __
7. Do you expect the students to have learned (been introduced) (to) these principles before they are assigned to your clinical area?

Yes______ No______

Where --

8. Do students have an opportunity, during the clinical experience that you supervise, to practice the principles of teaching patients and/or family?

Yes______ No______ Sometimes________

Examples:

9. What teaching methods do you use to reinforce the principles of patient/family teaching?

Patient-centered clinics______ Other________

10. Do you teach the use of the referral form to student nurses in your teaching area?

Yes______ No______ Sometimes________

When:

11. Do you expect the students to have learned (introduced to) about the referral form before they are assigned to your clinical area?

Yes______ No______ Sometimes________

Where --

12. Do the students have an opportunity during the clinical experience that you supervise to participate in the use of the referral form?

Yes______ No______ Sometimes________

Examples:
13. What teaching methods do you use to reinforce the learning relating to the use of the referral form?

   Patient-centered clinics   Other

14. Do you teach the basic principles of posture and body mechanics to student nurses in your clinical area?

   Yes   No

   When

15. Do you expect students to have learned (introduced to) these principles before they are assigned to your clinical area?

   Yes   No

   Where

16. Do the students have an opportunity during the clinical experience that you supervise to practice the principles of posture and body mechanics?

   Yes   No   Sometimes

   Examples:

17. Do you provide an opportunity for student nurses to become acquainted with the social and physical resources that exist within your hospital setting? (For example, social service, Red Cross services, Physio-therapy, Occupational and Educational therapy)

   Yes   No   Sometimes

   Enumerate:

18. Do you expect the student to have some knowledge of these resources before they are assigned to your clinical area?

   Yes   No   Where
19. Do you teach the student nurse the basic principles of patient positioning to prevent deformity?
   Yes_____ No_____  
   When_____  

20. Do you expect the student to have learned (been introduced to) these principles before they are assigned to your clinical area?
   Yes_____ No_____  
   Where_____  

21. What teaching methods do you use to re-inforce the learning of patient positioning.
   Patient-centered clinics_____ Other__________  

22. Do you teach the principles of active and passive exercises to maintain muscle tone and range of motion?
   Yes_____ No_____  
   When_____  

23. Do you expect the student to have learned these principles before they are assigned to your clinical area?
   Yes_____ No_____  
   Where_____  

24. Do the students have an opportunity during the clinical experience that you supervise to practice the principles of exercise?
   Yes_____ No_____ Sometimes__________  
   Examples:
25. What teaching methods do you use to re-inforce the principles of exercise:

Patient-centered clinics____ Other_______

26. Is team nursing practiced in this hospital?

Yes_____ No_____  
How_____

27. Do you teach the students the basic principles of team relationships in your clinical teaching area, i.e. working with other nursing groups, such as practical nurses?

Yes_____ No_____  
How_____

28. Do you expect students to have acquired the skills and understandings of these principles before they are assigned to your teaching area?

Yes_____ No_____  
Where____

29. Do nurses have an active opportunity, in this hospital, to plan with the doctor for the care of the patient?

Yes_____ No_____ Sometimes_____  

30. Is there an active rehabilitation program in this hospital?

Yes_____ No_____

31. Do the student nurses have an opportunity, during the clinical experience that you supervise, to participate in a rehabilitation program?

Yes_____ No_____ Sometimes_____  
How_____
32. What teaching methods do you use to reinforce learning relating to active rehabilitation programs?

Patient-centered clinics Other

33. Is the student included in the conference between doctor and nursing personnel?

Yes No Sometimes

34. Does the graduate nurse play an active role on the rehabilitation team?

Yes No Sometimes

How

35. Is the student included on the rehabilitation team?

Yes No Sometimes

How

36. Is there a physiotherapy department in this hospital?

Yes No

37. Does the student have an opportunity during the clinical experience that you supervise to observe the physiotherapist working with patients?

Yes No Sometimes

38. What other opportunities do you offer the students to re-inforce the above experience?

Patient-centered clinics Other

39. Is there an occupational therapy department in this hospital?

Yes No
40. Do the students have an opportunity during the clinical experience that you supervise to observe the occupational therapist working with patients?
   Yes_______ No_______ Sometimes_______

41. What other opportunities do you offer the students to re-inforce the above experience?
   Patient-centered clinics_______ Other_______

42. Is there a speech therapist in the hospital?
   Yes_______ No_______
   If yes --

43. Does the student have an opportunity during the clinical experience that you supervise to observe the speech therapist working with patients?
   Yes_______ No_______ Sometimes_______

44. What other opportunities do you offer students to reinforce the above experience?
   Patient-centered clinics_______ Other_______

45. Do you teach rehabilitation as part of comprehensive nursing care?
   Yes_______ No_______
   How:

46. What does the term rehabilitation mean to you?
   _____ a philosophy   _____ a program
   _____ a concept   _____ a method
   _____ a combination of these

47. Does the concept of rehabilitation extend throughout all patient care in your hospital?
   Yes_______ No_______
   Why do you say this?
48. What patients need particular emphasis on rehabilitation?

___ all

___ geriatric

___ neurological

___ pediatric

___ orthopedic

___ medical

___ surgical

49. When in the plan for patient care does rehabilitation start?

___ from admission on

___ during the acute stage

___ the convalescent period

___ after discharge from the hospital

50. Do you believe that care relative to rehabilitation can take place in a general hospital?

Yes_______  No_______

How_______