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A comparative study of covert nursing problems as perceived by a certain group of orthopedic patients and the professional nurses on the same unit

A COMPARATIVE STUDY OF COVERT NURSING PROBLEMS AS PERCEIVED BY A CERTAIN GROUP OF ORTHOPEDIC PATIENTS AND THE PROFESSIONAL NURSES ON THE SAME UNIT

BY

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CHAPTER I

INTRODUCTION

In recent years nursing has been influenced by advances in medicine and by the invention of numerous mechanical devices. These have made many nursing tasks easier, but in turn have added to the complexity of the nurse's responsibility. From the beginning of nursing, it has always been the nurse's responsibility to understand the patient's needs and to give good bedside nursing care. However, today she must also know and understand the scientific and technical principles of the mechanical devices used in the care of the patient. Thus, a significant degree of attention has shifted from the patient to mechanical devices.

Besides, as set forth by Dr. E. D. Churchill of Harvard University:

> There are many technical procedures today for which a doctor could not write out adequate orders because he doesn't know how they are carried out. . . . This situation may be summed up by the simple statement that with the growing complexities of medical and surgical care, the doctor has shifted the responsibility for a wide range of intricate and precise technics to the nurse. . . .[1]

Good patient care is the main objective of all hospitals and all health team members. Because there are an insufficient number of staff nurses for general hospital service, and because the nurse has more complicated responsibilities than ever before, the time she can spend with the patient is greatly reduced.

A patient in the hospital is not only physically sick, but he also

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[1]Committee on the Functions of Nursing, A Program for the Nursing Profession (New York: The Macmillan Company, 1948), p. 48.

has many covert problems, both emotional and sociological, caused by his physical condition. It has been acknowledged by the nursing profession that comprehensive nursing care should be given to all patients. Care of the patient as a whole includes not only the physical, but emotional and sociological aspects as well.

Because of the diversity of personalities and backgrounds among people, no two patients will react in exactly the same way to the stress of illness. Hence the problems they raise are varied. If only routine physical care is given to the patient, this is not sufficient to meet the patient's total individual needs.

The importance of nursing the whole patient with emphasis upon identifying covert nursing problems was mentioned as early as 1857 by Miss Florence Nightingale when she said:

> I would call attention to something else, in which nurses frequently fail in observation. There is a well-marked distinction between the excitable and what I will call the accumulative temperament in patients. One will blaze up at once, under any shock or anxiety, and sleep very comfortable after it; another will seem quite calm and even torpid, under the same shock. . . .
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> Again, the nurse must distinguish between the idiosyncrasies of patients. One likes to suffer out all his suffering alone, to be as little looked after as possible. Another likes to be perpetually made much of and pitied, and to have some one always by him. Both these peculiarities might be observed and indulged much more than they are.[2]

A patient may appear composed outwardly, while inwardly he is very much troubled. It is unfortunate that so much valuable nursing time is spent in routine matters while the patient is longing for someone to help

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[2]Faye G. Abdellah, Patient-centered Approach to Nursing (New York: The Macmillan Company, 1960), p. 7; citing Florence Nightingale, Notes on Nursing (Philadelphia: J. B. Lippincott Company, 1946), pp. 65-66.

him with his covert problems.

> As we increase our knowledge of the way in which psychological forces and environmental factors affect disease and recovery we become more aware that emotional needs of a patient are every bit as real as his physical needs. . . . Nursing, which combines science and humaneness, is not only a profession, but an art. Human needs which are understood can be met; when those needs are met, therapeutic objectives are more easily attained.[3]

Thus, through a more complete understanding of the total patient and his human needs, the nurse will become skilled in recognizing both overt and covert nursing problems.

Statement of the Problem

This study was undertaken to identify the covert nursing problems of orthopedic patients, and to determine whether the professional nurse perceived a patient's covert nursing problems adequately and accurately in relation to the way the patient saw them.

Justification of the Problem

Although no acute illness can be foreseen, accidents and surgery are always a surprise and shock to the patient. The unexpected disruption of his life's pattern, and the possible necessity for permanently changing that pattern, may present very real problems for the patient. A crippling condition can mean that the patient and his family are faced with serious problems. These center around emotional and social adjustments, as well as physical appearance and limitations.

Orthopedic patients were chosen because the investigator was interested in orthopedic nursing. The orthopedic patient's hospitalization

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[3]Lucile Petry Leone, "Our Future Patients . . . and Their Nursing Needs," American Journal of Nursing, LVII (January, 1957), 50-57.

and convalescence may encompass a long period of time, and a disability, deformity, or disfigurement resulting from his illness or injury gives rise to more physical, emotional, and sociological problems than many other types of physical illness.

It is important for the nurse to have a good relationship with the patient; to understand him, so that she may be able to identify his nursing problems adequately and accurately.

Since nursing education has placed an emphasis upon certain overt nursing--relating to the signs and symptoms of the disease, the physiological changes of the patient, which most nurses readily identify--the investigator felt that this study should be centered on the identification of covert nursing problems which trouble the patient and which are often overlooked or misunderstood by the professional nurse.

Scope and Limitations

This study was conducted on two adult orthopedic wards at a large hospital which was designed for the medical and surgical care of patients with chronic diseases. This hospital was located in the Greater Boston area. It had a total capacity of 700 beds and two orthopedic units, with an average daily census of twenty-six patients.

For this study a sample of patients and professional nurses was expressly selected. The study involved:

1. Patients on the adult orthopedic wards.
2. Patients whose ages ranged from 40 to 60.
3. Male patients only.
4. Wage earners of the families.

5. Patients who had been hospitalized for a period of at least two months at the time of study.
6. Patients who appeared to be well oriented and were able to talk with the interviewer.
7. Professional nurses selected were, in the opinion of the supervisor and the head nurses of the service, the ones most directly concerned with the care of the patients included in the study.

This study was limited to identifying covert nursing problems by both the patients and the professional nurses caring for them.

Definition of Terms

In order to clarify the terms to be used throughout the study, the following definitions are given:

Comprehensive Nursing--includes physical and emotional care of the patient, care of his immediate environment; carrying out treatments prescribed by the physician; teaching the patient and his family the essentials of nursing care which they may have to perform; participation in activities for the prevention of disease and the promotion of health, and delegating to other workers activities which they perform for a specified patient.[4]

Nursing Problem--a condition faced by the patient or family which the nurse can assist him or them to meet through the performance of her professional functions.

Overt Nursing Problem--an apparent condition faced by the patient or family which the nurse can assist him or them to meet through the per-

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[4]National League for Nursing, "Tentative Statements on Nursing Education," Nursing Outlook, II (February, 1954), 83.

formance of her professional functions (e.g., a patient with a decubitus ulcer requires care by the nurse to promote healing of the ulcer and prevention of other ulcers).

Covert Nursing Problem--a concealed or hidden condition faced by the patient or family which the nurse can assist him or them to meet through the performance of her professional functions.[5] (E.g., a patient with a fracture of the hip was unable to sleep because of his anxiety about being in traction. If he fell asleep and turned involuntarily, this might cause severe pain.) The covert nursing problems were the patient's anxiety, which the nurse must find ways of relieving. The solution to these problems helped to solve the overt nursing problem--the patient's inability to sleep.

Preview of Methodology

Sample free answer-type questions were pretested. A little revision was made, and the revised free-answer questions were used on a selected group of patients with orthopedic conditions and on the professional nurses who were most directly concerned with the care of the patients included in the study. In order to provide the opportunities for the participants to explore the subjects, rejoinders were used.

Sequence of Presentation

In the first chapter, the proposal was presented for studying identification of covert nursing problems presented by a certain group of patients with orthopedic conditions. The purpose of this study was to ascertain the accuracy and adequacy of the identification of patients'

[5]Abdellah, op. cit., pp. 6-7.

covert nursing problems by the professional nurses. The terms, Nursing Problems, Overt Nursing Problems, Covert Nursing Problems, and Comprehensive Nursing were defined in relation to their use in this study. The scope and limitations were described. The preview of methodology was presented.

The remainder of the study is divided into the following chapters: Chapter II, Theoretical Framework of the Study, covers the literature reviewed prior to conducting the study, the basis for and statement of the hypothesis. Chapter III, Methodology, describes the tools used to collect the data and the procurement of the data. Chapter IV presents the findings and the analysis of the data. Chapter V contains a summary of the study, the conclusion, and the recommendations.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

As set forth by Hippocrates[1] 2,400 years ago, in order to cure the human body it was necessary to have a knowledge of the whole of things. Nightingale[2] said that it was commonly supposed that the nurse was there to spare the patient from making physical exertion for himself; she also would say that the nurse should be there to spare him from worrying about himself. It was recognized long ago that a knowledge of physical symptoms was not enough in the care of persons who were ill.

However, in the past, great emphasis has been placed upon the study of disease as a means of understanding illness. Evidence in nursing literature points out that nursing personnel have not been giving comprehensive nursing care to patients. As reported by the National League of Nursing Education,[3] during the rapid development of the public health movement earlier in this century the concept of comprehensive nursing was neglected to a great extent in institutions. As a result, hospital nurses tended to ignore the preventive and social aspects of nursing because these aspects of nursing tended to be identified with public health

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[1] Canby G. Robinson, The Patient as a Person (New York: The Commonwealth Fund, 1939), p. 1.

[2] Florence Nightingale, Notes on Nursing (New York: D. Appleton and Company, 1946), p. 115.

[3] National League for Nursing Education, A Curriculum Guide for Schools of Nursing (New York: National League for Nursing Education, 1937), p. 21.

nursing.

A review of the literature indicated that it is widely recognized today that other factors--sociological and psychological--play a very important part in the patient's comfort and well-being while he is in the hospital. Therefore, more, but not enough, attention has been given to these factors by those in the nursing profession.

Published articles concerned specifically with identifying the patient's covert nursing problems are few in number. However, there are several that pertain to the sociological and psychological aspects of nursing care. A study of a patient's view of a hospital which was undertaken by Day[4] reported that emphasis was placed upon the need for hospital personnel to improve their philosophy of the purpose of hospital and to improve their understanding of the emotional needs of patients.

In 1947 Randall[5] conducted a poll of patient opinions concerning their hospitalization in four Minnesota hospitals. Though the results showed that patients were generally satisfied with hospital care, there were many complaints in the areas of ideas about home care and explanation of the hospital schedule. This would tend to increase the patients' anxieties and thus produce covert problems.

A study directed by Connors[6] in 1951 was made of the emotional problems of patients on a diagnostic service. She indicated that patients

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[4]John W. Day, "A Patient's View of a Hospital," Hospitals, XIV (January, 1940), 18-20.

[5]Margaret Randall, "Polling Patient Opinions," Hospitals, XXI (October, 1947), 4, 43.

[6]Patricia M. Connors, "A Study of the Emotional Problems of Patients on a Diagnostic Service" (unpublished Master's thesis, Boston University School of Nursing, 1951), pp. 66-69.

had problems which they would discuss with the nurses. Therefore, these problems could be identified by means of conversation and observation. But there was generalized agreement among the nurses that they were not giving the patient sufficient help to meet his emotional needs.

Dolan[7] and her co-authors reported in 1952 on the social expectations and desires of psychiatric patients. They found that since there were differences in patients' social experiences, expectations, and desires due to sex and behavior, a more individual approach to patients was necessary. They also found that nurses spent less than half of their time carrying out the emotional aspects of care. In this study, the patients stated they would like nursing personnel to spend more time giving emotional care to them.

In 1953 Kohl[8] conducted a study of patient and nurse attitudes held toward certain sociological and psychological factors in nursing care in a private hospital. The study was divided into four areas: (1) care of the mind and spirit, (2) care of the social environment, (3) care of the physical environment, and (4) health education within the hospital. The responses to the first three areas revealed adequate satisfaction. Prominent weaknesses were seen in the last one, which dealt with health education within the hospital. This demonstrated a definite need for the nursing personnel to discuss the patient's home care with him and/or his family before his discharge from the hospital. Of the 124 nursing per-

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[7]Regina Dolan, June E. Johnson, and Francoise M. Robitaille, "A Study of the Social Expectations and Desires of Psychiatric Patients" (unpublished Master's Thesis, Boston University School of Nursing, 1952), pp. 137-139.

[8]Ruth Kohl, "A Study of Patient and Nurse Attitudes Toward Certain Sociological and Psychological Factors in Nursing Care" (unpublished Master's Thesis, Boston University School of Nursing, 1953), pp. 27, 70.

sonnel who participated in the study, only 37 per cent felt that they always put the patient's special needs and desires first before they carried out routine hospital duties. Those who replied "always" included all of the nonprofessional personnel--eight nursing aides and two orderlies.

Lesser and Kean[9] studied the obstetrical patients' felt needs and their satisfaction with nurses in meeting these needs. They found that the patients' basic obstetric needs were well met, but the emotional and informational needs were only partially or inconsistently satisfied.

Leib[10] studied the opinions patients have about nurses. She reported that the patients wanted and expected emotional support from the nurse. Also the patient did not recognize the nurse's role in relation to economic or social problems, rehabilitation, or participation in health programs in the home or the hospital. This points out, then, that the nurse was not filling the role completely.

From a study done by Knowles[11] it was found that with the negative approach very little was found out about the patient. Little was obtained to report to other nurses or the doctors, and nothing was gained to put in the nurse's notes. But the positive approach encouraged patients to reveal more about how they actually felt, so that the nurse had

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[9]Marion Lesser and Vera Kean, Nurse-Patient Relationship in a Hospital Maternity Service (St. Louis: The C. V. Mosby Company, 1956), p. 204.

[10]Julia A. Sullivan, "A Study of the Medical-Surgical Patient's Expectations of Nursing Care" (unpublished Master's thesis, Boston University School of Nursing, 1958), pp. 9-10; citing "A Study to Determine the Opinions Patients Have About Nurses," p. 31.

[11]Lois N. Knowles, "How Can We Reassure Patients?" American Journal of Nursing, LIX (June, 1959), 834-835.

to make more accurate clinical judgment in regard to the patient's nursing needs.

In 1955 Abdellah[12] studied the methods of identifying covert aspects of nursing problems. She reported that the perceptions of the patient's nursing problems varied according to whether these perceptions were held by the patient or by the professional nurses. She further stated that patients were able to perceive many more nursing problems than the nurses. But the professional nurses could discover both covert and overt problems of their patients if they had a more thorough understanding of their patients and observed them closely.

According to Peplau,[13] there are four phases in the nurse-patient relationship which demonstrate the need for including social and psychological factors in nursing care. The first phase is that of orientation, which encourages the patient to express his needs and feelings. The second phase is identification, which is a way of meeting felt needs by the nurse who consistently symbolizes a person who helps, i.e., she provides the abundant and unconditional understanding and care needed by the patient. The third phase is exploitation, in which the covert problems may become known and the patient requires much support from the nurse. The fourth phase is resolution. In this phase, when all needs are fully met, they are gradually put aside willingly by the patient as he prepares to go home.

This is the ideal situation in the nurse-patient relationship.

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[12]Faye G. Abdellah, "Methods of Identifying Covert Aspects of Nursing Problems," Nursing Research, VI (June, 1957), 4-23.

[13]Hildegard E. Peplau, Interpersonal Relations in Nursing (New York: G. P. Putnam's Sons, 1952), pp. 17-42.

However, it cannot be attained through mere manual skill on the part of the nurse or by one who is technically competent alone. Patients may have different illnesses and different problems, but they are all human beings and individuals. If a nurse knows only the patient's physical diagnosis, treatment, and pathological changes associated with the disease, she may not always help the patient to achieve recovery in the shortest possible period of time.

Faddis and Hayman[14] indicated that when a person is sick, all kinds of emotional problems beset him. Illness tends to emphasize those already existing and very often causes new ones to arise. Sellew and Furfey[15] expressed the opinion that the needs which patients have are more apt to be of a psychological nature and that they are inseparable from nursing care. Because these needs are psychological, they cause social problems. Thus, in order to give effective patient care, the nurse must develop good interpersonal relationships with the patient. Jourard[16] confirmed this when he said that effective nursing care calls for a high degree of interpersonal competence and the nurse must have an accurate concept of the patient as he now is. He also stated that nursing has not made much progress in the field of knowing patients.

In conclusion, if nursing is the art of helping people feel better,

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[14]Magene O. Faddis and Joseph M. Hayman, Care of the Medical Patient (New York, Toronto, London: McGraw-Hill Book Company, Inc., 1952), p. 11.

[15]Gladys Sellew and Paul H. Furfey, Sociology and Social Problems in Nursing Service (Philadelphia: W. B. Saunders Company, 1946), p. 266.

[16]Sidney M. Jourard, "How Well Do You Know Your Patients?" American Journal of Nursing, LIX (November, 1959), 1568-1571.

as stated by Ingles,[17] the nurse must have the ability to identify and analyze patients' problems and apply effective solutions to them.

Bases of Hypothesis

From the findings of most of the studies, one may see that the emotional and sociological needs of patients have not been satisfactorily met. It is the purpose of this study to demonstrate that there is a lack of understanding between the nurse and the patient; that a patient's covert nursing problems were not perceived adequately and accurately in relation to the way the patient saw them.

This study does not pretend to find solutions to the covert nursing problems identified by the patients and by the nurses. It is concerned with the similarities and differences in the perceptions of the patients and the professional nurses in identifying covert nursing problems.

The purpose of professional nursing education is to prepare the nurse to identify and consider the nursing problems presented by the patients. This would enable the nurse to help solve those problems which lie within the nursing function. However, the writer felt that the patient has covert nursing problems which are seldom perceived by the professional nurses.

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[17] Thelma Ingles, "What Is Good Nursing?" American Journal of Nursing, LIX (September, 1959), 1247.

CHAPTER III

METHODOLOGY

Selection and Description of the Sample

The study was conducted on two adult orthopedic units at a large hospital in the Greater Boston area. This hospital was designed for the medical and surgical care of patients with chronic diseases. It had a capacity of approximately 700 beds. There were two orthopedic units. Each unit had thirty beds with an average daily census of twenty-six patients.

This hospital was chosen because there were two segregated orthopedic units and there were a large number of orthopedic patients who gave a sufficient sample for this study.

The study was done because the investigator was interested in obtaining a certain number of patients' perceptions of their own covert nursing problems, and to compare these problems with those perceived by the professional nurses on the same unit. It was also the investigator's aim to determine if there were any discrepancies present between the two sets of problems. The investigator felt that there were different problems within the total patient group used in the study, since each patient based his covert nursing problems on his social background, type of illness, kind of disability, degree of impairment, cosmetic appearance, and the nursing care he received.

In order to obtain a homogeneous group for the study, five married male patients between the ages of 40 and 60, who had been hospitalized

for a period of at least two months, were selected for this study. All these patients appeared to be well-oriented and were able to talk with the interviewer.

To determine the extent to which nurses recognize the nursing needs or problems of these orthopedic patients, and how well the nurses thought they met these needs, it was necessary to select those nurses most directly concerned with the care of the five patients included in the study. The total number of nurses who participated in the study was five.

Tools Used for Collecting Data

In Abdellah's[1] study, three methods which nurses might use to identify covert nursing problems of patients were explored. These methods were the picture study, the direct question, and the free-answer method. Since the investigator wanted to identify covert nursing problems in particular which involved psychological and sociological aspects, it was felt that the free-answer or open-ended interview was the more appropriate method. As Sellitiz[2] and her co-writers state:

> The interview is the more appropriate technique for revealing information about complex emotionally laden subjects or for probing the sentiments that may underlie an expressed opinion.

They also say that:

> The 'open-ended' question is designed to permit a free

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[1]Faye G. Abdellah, "Methods of Determining Covert Nursing Problems as a Basis for Improved Clinical Teaching," (unpublished Doctoral dissertation, Teachers College, Columbia University, 1955).

[2]Claire Sellitiz, Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations (New York: Henry Holt and Company, Inc., 1959), p. 242.

> response from the subject rather than one limited to stated alternatives. The distinguishing characteristic of open-ended questions is that they merely raise an issue but do not provide or suggest any structure for the respondent's reply; the respondent is given the opportunity to answer in his own terms and in his own frame of reference.[3]

It was also felt by the investigator that with the interview method, attitudes which would not be discovered by other methods might be obtained.

Because of the reasons mentioned, the free-answer method was chosen as a technique to ascertain responses from both the patients and the nurses.

The interviews held were nonstructured. Guides which listed the major topics for the interviews were prepared to help obtain the desired information. These guides were adapted from those used by Abdellah[4] in her study and were pretested before their use in the study. Little revision was necessary. The revised free-answer questions were used on a selected group of patients with orthopedic conditions and on the professional nurses who were most directly concerned with the care of the patients included in the study.

The questions, although worded differently for the patients and the nurses, were set up to gain similar responses from both the patients and the nurses.

Two copies of the interview guides for both the patients and the professional nurses are contained in Appendices A and B, respectively.

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[3] Ibid., p. 257.

[4] Faye G. Abdellah, "Methods of Identifying Covert Aspects of Nursing Problems," Nursing Research, VI (June, 1957), 8-9.

Procurement of Data

The Director of Nursing Service of the hospital was personally approached by the investigator in order to acquaint her with the study and to obtain permission to conduct the study in the hospital. After securing her approval, the investigator met with the supervisor and the head nurses of the orthopedic service and the purpose of the study was explained to them. The supervisor and the head nurses were cooperative in helping to select suitable patients for the study.

A list of patients who were available for the study, and the nurses who were directly concerned with the care of these patients, were secured. After this was accomplished, the investigator planned the approach to be used in interviewing both the patients and the nurses.

Patients were told the investigator was a graduate student at the Boston University School of Nursing and that she was at the hospital to conduct a study for the purpose of obtaining valuable clues as to ways in which nursing care might be improved. They were informed that for the purpose of this study the term "nurse" signified graduate nurse. The patients were assured that their interviews would be confidential, and no patient would be identified. All patients who participated in the study were cooperative.

The places for interviews with the patients varied. They were conducted in a vacant office, visiting room, or in the ward if the patient was confined to bed. In the latter case, the patient's unit was always screened. The time for each interview with the patient varied from forty-five minutes to two hours. All patients enjoyed the opportunity to talk.

All interviews with the professional nurses were held in a vacant office. The nurses were asked to give their reactions to certain questions which related to the care of their patients. The time for each interview with the nurses was twenty-five minutes to one hour.

The investigator took notes during the interview with each patient and each nurse. Key phrases or words were abstracted from the nursing problems stated or inferred from the verbatim interviews to facilitate the handling of the data.

CHAPTER IV

PRESENTATION, ANALYSIS, AND DISCUSSION OF DATA

Introduction

This chapter is concerned with the presentation, analysis, and discussion of the data obtained from the interviews with five orthopedic patients and five professional nurses in the same units.

The writer was satisfied that it was possible to establish a degree of rapport that made the interviews successful to such an extent that most patients were willing to reveal their feelings to her despite the fact that she was a stranger to them. Many of the patients who had been in the hospital for rehabilitation and physical therapy, in spite of the time they had spent, still had the need to verbalize their feelings.

No two patients will react in exactly the same way to the stress of illness, because each patient may base his covert problems on his social background, type of illness, kind of disability, degree of impairment, cosmetic appearance, and the types of nursing care he received. Therefore, each patient's problems have been presented in a short vignette in order to point out the differences in the perceptions of their problems. Also, a comparison has been made between the patient's and the nurse's perceptions of each individual patient's covert problems. For easier identification, the patients' responses have been coded from 1 to 5, and the nurses' responses from A to E.

Presentation and Discussion of Data

Patient 1, admitted on November 23, 1960, was a 56-year-old white married male with a diagnosis of paraplegia of unknown etiology. For eighteen years this patient had complained of involuntary spasms in the legs. Until 1955 his sensory responses were normal. However, during that year the sensory responses became reduced. His spasms became worse, especially on movement or manipulation of the lower extremities. Associated with this were aching pains in the knee joints due to arthritis.

This slowly developing spastic paraplegia and rheumatoid spondylitis were crippling him. Although he still had some voluntary motion, the patient did not move his lower extremities because of the severe pain from muscular spasms. As a result, the knee joints became ankylosed. A muscle spasm of the bladder had resulted in an inability to void and incontinence.

He was admitted to this hospital for physical therapy of his lower extremities and for bowel training. He was given general exercise for both upper extremities and the shoulder girdles to increase strength and tolerance. He was also having functional wheelchair training in order to learn how to transfer himself from bed to chair and back to bed.

This patient, a janitor, was on retirement from his job. He was depressed because of his long-term illness and the fact that the prognosis was poor. He felt helpless, and disliked having to be dependent. Because of involuntary muscle spasms and lack of muscle power, he had no confidence in walking with crutches prior to the ankylosis of the knee joints.

This patient felt that the nurse did not understand him or treat

him as an individual. He also felt that he did not receive adequate nursing care. He mentioned that he was confined to bed because of a cold. While he was in bed, he was not able to keep his legs in the prescribed position because of the paralysis. As a result, decubiti developed on the lateral aspects of both ankles within those two weeks. He was blamed by the nurse for being "not cooperative." Since he was inactive, he stated that he had gained more weight and was unable to move around with two elbows.

The patient expressed concern over finances. He desired to go home so that he might work part time. He wished the family physician to change the Foley catheter when he was discharged from the hospital, but feared he would be unable to meet the cost of visits. He also worried about the cost of a wheelchair for use at home. As he was unable to return to his former job, he planned to make bird cages as a means of income.

Nurse A felt that the patient was cheerful and mixed well with the other patients on the ward. The nurse was aware of the patient's financial concern, yet she felt that the patient was unwilling to begin any type of vocational training. She mentioned that the patient could learn typing, which might be a way of earning a living after discharge from the hospital, since he had two normal hands. It seemed that she was not familiar with her patient's background and the fact that typing required more than manual skill. She further stated that this patient did not want to get out of the wheelchair and do things for himself. She stated that this was due to his spasms but did not realize that the patient was overweight and had difficulty in moving around with two elbows. She gave

no clues regarding his job interests.

Patient 2, a 57-year-old white married carpenter, fell from a ladder one year ago. He sustained a neck injury from the fall which caused him to become quadriplegic. He had loss of sensation in the right leg. On admission to a local hospital, he was placed in skeletal traction and had a decompression laminectomy shortly afterward. Following this he had a progressive return of sensation and active motion. He was admitted to this hospital on August 8, 1960 for rehabilitation--physical therapy and bowel training.

The patient had improved to the extent that he was able to come to a sitting position on the edge of the bed with minimal assistance. He was learning to use self-help devices and ate part of his meals from a sitting position with no support. He exercised his hands and arms to increase their strength. The patient looked forward to physical therapy because he disliked the feeling of dependency. He expressed a desire to use crutches so that he might go home as soon as possible. Since the patient saw the improvement in his physical condition, he did not express deep concern about the future. He made no reference to future employment or finances.

Nurse B felt that the patient was depressed and discouraged because he had been in the hospital for a long period of time. She also felt that he was lazy because he did not want to do things for himself. She did not mention his increased ability to care for himself or indicate insight into the inherent slowness of any progress. She realized his needs for encouragement; his needs for bowel training and assistance in getting in and out of the bed. She felt that the patient needed someone

to talk to because of his depression and added that the family was faithful in visiting him. She also mentioned that the patient had difficulty in accepting physical care from the nurse, that he would rather have a man to wash him.

It was apparent that there was a difference between the patient's and the nurse's perceptions of the patient. The nurse felt that the patient was discouraged, and yet the patient appeared cheerful in talking about his improvement. Also, the nurse felt that the patient was too dependent, yet the patient seemed anxious to cooperate in all his exercises. The small degree of progress, which meant much to the patient, was unnoticed by the nurse.

Patient 3 was a 55-year-old white married truck driver who had a history for the past twenty-five years of rheumatoid arthritis involving multiple joints. He moved about with crutches or canes until two years ago, when he developed gangrene of the toes. As this responded poorly to local excision, he had a bilateral midthigh amputation in July, 1960. He was told that his gangrene was due to smoking cigars.

At the time, the rheumatoid arthritis was still in the active stage. There were increasing deformity and limitation of motion of all joints of the upper extremities, with general muscle weakness. He had been in a wheelchair and bed for the past year and was unable to transfer himself from bed to chair without assistance.

The patient was admitted to this hospital on December 19, 1960 for physical therapy. An exercise program for the upper extremities was prescribed. However, because of the severe limitation of motion in the upper extremities and the prognosis, the physical therapist questioned

whether this patient would ever be able to use short boots and crutches for ambulation.

The patient stated that he had had no difficulty in breaking his smoking habit. He mentioned that he needed help with washing and feeding himself. He said that he did not want a nurse to give him routine physical care; he would rather have a man to assist him with bathing. The patient expressed strong feeling against the nurses because he felt they "paid no attention" to him. The patient said that he did not receive any care from the nurse and did not want the nurse to care for him. He said that the moaning and groaning of other patients in the ward made him upset and lonesome. Because the hospital atmosphere was depressing, he wished to go home where he "would have more freedom." He looked forward to driving a car, visiting friends, and playing poker, though he realized that he would not have the strength to pull the wheelchair into the car and handle a car safely by himself.

Nurse C felt that this patient was helpless, wanted sympathy, and was reluctant to help himself. She said his dependence came about by his family, who overnursed him. She did not seem to realize the physical limitations of the patient. She sensed that the patient did not want her to give him physical care, preferring to have a man attend him. She felt the patient's resentment, but did not understand it and hence seemed unable to find a solution to the problem. The nurse had difficulty in talking to the patient, since he never voiced his feelings to her. Therefore, due to the lack of good nurse-patient relationships, the nurse was unable to assist the patient with his covert problems.

Patient 4 was a 46-year-old white married fire captain who fell

down the cellar stairs at home on February 16, 1961, sustaining a fracture of the seventh thoracic vertebra, which in turn caused an immediate paraplegia. He had a laminectomy on the same day in a local hospital. The paraplegic symptoms remained, with complete sensory loss and incontinency of bowel and bladder.

This patient had a history of a psychiatric disorder which required treatment. He seemed to be well oriented, but showed a high degree of sensitivity toward the interview and was very cautious in answering the questions. He was admitted to this hospital on March 3, 1961 for rehabilitative care--exercise of the shoulders and upper extremities, passive range of motion for both lower extremities to prevent flexion and contracture, and for bowel and bladder training.

This patient's problems were many. He complained of difficulty in making an adjustment to his illness and was extremely sensitive. He stated that he had difficulty in concentrating and his memory was poor. He also said that he needed medication to relieve tension and anxiety. He worried over the fact that he could not go to sleep at night without medication. He was deeply concerned about the possibility of having to see a psychiatrist. Prior to the accident the patient had been active socially. As a result of inactivity and his many worries, he became depressed. He found it difficult to keep his mind occupied while in the hospital and expressed a keen desire to go home. He did not appear to have any craft work at the bedside or books for casual reading. He realized that he would be unable to return to his job. He looked forward to recuperation and return to useful work.

Nurse D realized that this patient needed a great deal of under-

standing and attention, "because of his many worries and the feeling of being neglected." She noticed that the patient was sensitive and needed explanation of every treatment or procedure involving him. She stated that the patient had difficulty in adjusting to the hospital way of life and needed attention from the nurses. She mentioned that the patient had a history of psychiatric treatment and had difficulty in concentrating, sleeping, and was afraid of seeing a psychiatrist. She also stated that the patient was very depressed because of the incontinency and the paralysis of the lower extremities and he was discouraged because of little improvement. He could "stay a little longer on the tilt table but there was no active motion nor sensation return." Since the patient was not doing anything all day long but thinking of himself, she said she would "like to talk to him more and get him interested in something." However, she said she could not manage to talk to him simply because she was the only staff nurse in this thirty-bed unit.

Patient 5, a 55-year-old white former mechanic in an electric company, had been well until 1950, when he developed pain in his left hip and general muscular weakness. A diagnosis of rheumatoid arthritis was made. Following this he developed septic arthritis of the left hip. Repeated incisions and drainage were necessary. Later he developed rheumatoid changes in both temporal-mandibular joints with subsequent difficulty in opening his mouth. Other joints became involved, with increasing deformity and limitation of motion and muscular weakness. For the past three years he had been restricted to the chair and bed.

The patient was admitted to this hospital on April 27, 1960 for corrective surgery of the temporal-mandibular joints. He was also in the

physical therapy program. He was learning to stand and hoped to walk with crutches, though he realized that his badly fused knee joints and deformed elbows and hands would be great hindrances. He had learned to transfer himself from the bed into the chair and back without assistance.

This patient's chief concern was his family. He felt his responsibility as a husband and father to a high degree. He wished to know all about his condition and how to care for himself, so that his care would not be a burden to his family. He admitted that at times he became depressed and discouraged due to his long-term illness. Although he wanted to go home as soon as possible because of financial problems, he had no knowledge of the length of his hospital stay.

Nurse E stated that the patient was depressed and discouraged on occasions because of the long-term disease and the poor prognosis. She felt that he needed emotional support from the family. She also stated that it was difficult for the family to visit him, since they lived a good distance from the hospital. However, she did not realize that the patient wanted instruction concerning his illness and self-care, nor did she know the reason for his desire to go home.

Two tables have been set up to portray the significant similarities and differences in the perceptions of the patients and the professional nurses in identifying covert problems. Table 1 shows the covert nursing problems perceived by five orthopedic patients and five professional nurses in the hospital situation. Table 2 lists the covert nursing problems as perceived by five orthopedic patients and five professional nurses that might arise in the future after discharge from the hospital.

TABLE 1

COVERT NURSING PROBLEMS PERCEIVED BY FIVE ORTHOPEDIC PATIENTS AND FIVE PROFESSIONAL NURSES IN ONE HOSPITAL

Types of Problems	Perceived by the Patient					Perceived by the Nurse				
	1	2	3	4	5	A	B	C	D	E
I. Problems in Patient Himself										
Depression from long-term disability and hospitalization	x				x		x		x	x
Discouragement from little or no improvement of physical condition					x	x	x	x	x	x
Feeling of dependence	x	x			x		x	x		
Feeling of hopelessness				x	x			x		
Low spirit				x						
Self-pity--likes to feel helpless								x	x	
Loss of interest in everything					x					
Need to keep mind occupied--bound to think of the past and the future				x	x				x	
Difficulty in making mental adjustment				x					x	x
Disability of other patients discourages patient			x	x	x					
Lack of acceptance of illness				x					x	
Difficulty in adjusting to hospital routine			x						x	
Difficulty in concentration				x					x	
Confusion				x						
Increasing loss of memory				x						

(continued on next page)

TABLE 1 (continued)

Types of Problems	Perceived by the patient					Perceived by the Nurse				
	1	2	3	4	5	A	B	C	D	E
Need of medication to release tension and anxiety				x					x	
Unwillingness to express self			x					x		
Unfriendliness									x	
Impatience									x	
Persecution complex									x	
Worry about inability to sleep				x	x				x	
Worry about appointment with psychiatrist				x					x	
Illness necessitating change in life pattern	x		x		x					
Longing to get out of bed	x	x	x	x	x				x	
Worry over loss of balance while crutch walking	x	x			x					
Desire to recuperate and to be self-reliant	x	x		x	x				x	
Feeling of getting older and weaker					x					
Total	6	4	5	14	13	1	3	5	16	3
II. Problems Relating to Nurses and Nursing Care										
Desire to know cause of disease					x					
Need of health instruction					x					
Need to know what is going to happen					x				x	

(continued on next page)

TABLE 1 (continued)

Types of Problems	Perceived by Patient					Perceived by the Nurse				
	1	2	3	4	5	A	B	C	D	E
Lack of understanding between nurse and patient	x		x							
Neglected by nurses			x	x						
Resentment of nurse's indifferent attitude			x							
Resentment of nurse's inadequate care	x		x					x		
Distress because nurses do not see patient's needs	x		x							
Need of attention from nurses			x	x					x	
Need of individual treatment	x		x							
Desire for care met willingly by nurse	x		x							
Embarrassment in asking nurse to assist him	x	x	x						x	
Difficulty in accepting physical care from women nurses		x	x					x		
Total	6	2	10	2	3	0	0	2	3	0
III. Problems Relating to Family or Others										
Need of emotional support from family	x	x	x	x	x		x	x	x	x
Need for someone to talk to him							x	x	x	x
Lonesomeness and homesickness	x	x	x	x	x				x	x

(concluded on next page)

TABLE 1 (concluded)

Types of Problems	Perceived by the Patient					Perceived by the Nurse				
	1	2	3	4	5	A	B	C	D	E
Desire to go home for weekend	x					x				
Inability to return to work				x	x				x	x
Inability to support family					x					
Financial problems	x				x		x		x	
Feeling of being a burden to family				x	x					
Worry about conditions at home					x				x	
Family does not want patient home because of lack of bowel and bladder control						x				
Lack of visitors					x					x
Limitation of social activities		x	x	x						
Inability to participate in religious activities				x					x	
Total	4	3	3	6	8	2	3	2	7	5

TABLE 2

COVERT NURSING PROBLEMS PERCEIVED BY FIVE ORTHOPEDIC PATIENTS AND FIVE PROFESSIONAL NURSES THAT MIGHT ARISE IN THE FUTURE AFTER DISCHARGE FROM THE HOSPITAL

Types of Problems	Perceived by the Patient					Perceived by the Nurse				
	1	2	3	4	5	A	B	C	D	E
Inability to work	x			x	x	x			x	x
Feeling of being a burden to family				x	x					
Need for friendship			x	x		x				
Ability to drive a car			x							
Inability to be ambulatory				x					x	
Limitation of social activities		x	x	x					x	
Obtaining a wheelchair	x				x					
Inability to participate in religious activities				x					x	
Illness necessitating change in life pattern	x		x		x					
Arrangement with family doctor to change catheter at home	x									
Need of occupational therapy	x								x	
Total	5	1	4	6	4	2	0	0	5	1

It is interesting to note that the nurses recognized more problems related to the hospital situation than problems relating to the patients' future needs. All five nurses felt that the five patients were discouraged from little or no improvement of physical condition, yet only one patient admitted this problem. On the other hand, all five patients felt lonesome and homesick, but only two of the nurses stated this as a problem. It can be noted also that the nurses perceived more problems within the patients, but apparently did not realize that the patients wanted more attention from the nurses. One might say, then, that there existed a need for better nurse-patient relationship. Only one nurse of the five (Nurse D) had the insight to recognize the majority of the problems of her patients. Nurse B ranked very high in discovering six out of ten problems mentioned by Patient 2. The three remaining nurses recognized less than one half of the three patients' total problems.

Summary of Responses to Individual Questions
in Interviews with Patients

1. <u>If it were possible for you to have everything you wanted in the hospital, what would you like to have in relation to your nursing care</u>?

   Two patients said they had what they needed and there was nothing to complain about. Patient 1 stated that nurses did not know what patients needed and did not bother to find out what was needed. Patient 3 said that he was not receiving any and did not want any nursing care. Patient 5 stated that physical care was not enough--the nurse should give the patient instruction in self-care so that the patients would know how to

take care of themselves after discharge from the hospital. Patients 1, 2, and 3 said that they would like to have an orderly wash them in the morning.

2. If you were able to put yourself in the place of the nurse and have a patient just like yourself, what would you be concerned about in taking care of this patient?

The answers to this question were similar to those of the first question. Patients 2 and 4 said they would give the same physical care to their patients if they were the nurse. Patient 1 mentioned that he would find out what kind of care the patient needed and would give him individualized care. Patient 5 stated that he would give the patient physical care, plus health instructions in self-care which could be used at home.

3. What to you are the important things in your nursing care at the present time?

All patients except Patients 3 and 5 stated that the important things in their nursing care at the time were their bowel and bladder training and physical therapy. All patients wanted to be able to transfer themselves independently from bed to wheelchair and back to bed. They all wanted to be able to get out of the bed if they could manage to do so. Patients 3 and 5 said that most important to them was to gain strength so that they could transfer themselves independently. Patient 5 wanted instruction in self-care for use after discharge.

4. Would you tell me the particular problems which you are facing at the present time?

The answers to this question were similar to the answers to Question 3. The patients mentioned their physical problems. They hoped to recuperate to the point where they could care for themselves so that they could go home. Their main reasons for this were the financial problems due to long hospitalization and the fact that they wanted to be with their families.

5. How do you think the nurse can be helpful to you?

All answers of the patients to this question were alike. They said that since they had been receiving physical care, there was not much more for the nurse to do. They stated that because of their disabilities, they could not do much for themselves. However, they added that if the nurse really wanted to help them, she should try to find out their needs instead of waiting for the patients to ask for help.

6. How does your family react to your illness?

All patients' reactions to this question were the same. They stated that their families were very understanding and cooperative. The patients were pleased because their families had been visiting them faithfully in spite of the distance and the time. They felt sorry for their families but saw no alternative as they needed their families' support.

7. What concerns will you have in adjusting to your condition after discharge?

Since Patient 1 was able to use his hands, he stated that he planned to work part time making bird cages to help with the family finances. He was also anxious to go home to resume his

"homemaker" activities. Since he was unable to return to his former job as a janitor, he managed the home--cooked the meals and kept house. Patient 3 stated that when he went home he would like to be socially active--to visit his friends, to play poker, and to drive a car. Patient 4 stated that he would like to recuperate to the point where he could go back to work. The other patients hoped to be able to transfer themselves independently so their care would be less of a burden to their families.

Summary of Responses to Individual Questions
in Interviews with the Professional Nurses

1. <u>If it were possible for you to run the ward the way you would like to, what would you plan, as a whole, for the care of Patient X?</u>

The nurses answered this question in much the same way. They would give the physical care which their patients needed, because this was most important. Nurse D mentioned the patient's physical needs, but she also brought out the nurse's reponsibility for helping the patient with his other needs--emotional and sociological--which would release him from undue worry. She stressed that her patient should use his unaffected hands and learn some kind of handicraft to keep his mind occupied.

2. <u>Is there anything else that you would like to do for Patient X that you don't have the time to do?</u>

All nurses said that they would like to have the chance to talk to their patients more because the patients needed more attention from them. But they said they just did not have the time

to do so. Nurse D said that she would like to help the patient to help himself by explaining his care and teaching him about self-care. But she did not have enough time to do what she wanted to do.

3. What do you think Patient X is concerned about at the present time?

The nurses mentioned the physical problems which their patients had--bowel and bladder training and physical therapy. In addition, Nurse D said that her patient was concerned about his ability to concentrate, his difficulty in sleeping, and his prognosis.

4. Are there any particular problems of this patient that you feel concerned about?

The nurses referred to the same physical problems mentioned in Question 3. They were also concerned about their patient's depression and discouragement. They felt that they could do little to help since the depression and discouragement were due to long periods of hospitalization with little or no improvement in physical condition. They did not know how long it would take their patients to recuperate to the point where they could manage to help themselves and be discharged from the hospital.

5. How do you think you can be helpful to this patient?

All nurses stated that if they had more time, they would like to visit with their patients. They realized that their patients needed someone to talk to. Nurse D mentioned that she would

like to get her patient interested in some kind of handicraft in order to keep his mind occupied.

6. How does the patient's family react to his illness?

Most of the nurses stated that they did not know how patients' families reacted to their illnesses because they did not have any contact with the families. However, Nurse D stated that her patient's wife came to the hospital every day to visit. The wife appeared "overanxious about her husband's condition" and she wanted him home.

7. How do you think you can help this patient face his condition on discharge?

Four nurses did not know how to help the patients prepare for discharge. Nurse D stated that her patient needed help in accepting his physical disability.

In summary, it may be said that the interviews revealed covert nursing problems which were present in varying degrees. However, these covert problems were not recognized to a great degree by most of the nurses who participated in the study. Perhaps this was due to the fact that there was an apparent lack of adequate nursing staff and the nursing units were busy.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was concerned with the identification of the covert nursing problems of five patients with orthopedic conditions. An effort was made to determine whether the professional nurse perceived a patient's covert nursing problems adequately and accurately in relation to the way the patient saw them. The study was undertaken to test the hypothesis that patients have covert nursing problems which are seldom perceived by the professional nurses.

The study was conducted on two adult orthopedic wards at a large hospital which was designed for the medical and surgical care of patients with chronic diseases. Data were obtained by the use of the free-answer method. Both the patients and the professional nurses were interviewed individually. The five patients selected for this study were married males who were the wage earners in their families. Their ages were between forty and sixty and they had been hospitalized for a period of at least two months. The five professional nurses selected for this study were those most directly concerned with the care of the patients included in the study.

The study showed that covert nursing problems existed and were present in varying degrees. However, these covert problems were not recognized to a great degree by most of the nurses who participated in the

study. Perhaps this might be due to the fact that there was an apparent lack of adequate nursing staff and the nursing units were busy.

Conclusions

The conclusions based on the findings of the study may be divided into two parts: (1) those based on information from the patients in relation to their perception of their own covert nursing problems, and (2) those based on the nurses' perceptions of the patients' covert nursing problems.

Conclusions Drawn from Patient Data

1. Patients did give evidence of a considerable variety of covert nursing problems.
2. Patients' covert nursing problems were present in varying degrees according to their physical condition, degree of disability, length of hospitalization, and their backgrounds.
3. Patients were cognizant of emotional problems within themselves. A predominant one was the feeling of dependency, which they disliked. They wanted to recuperate and be self-reliant as rapidly as possible.
4. Patients did indicate that they needed more attention from the nurses and wanted to be treated as an individual.
5. Patients strongly showed that they desired emotional support from their families and longed to go home as quickly as possible.
6. Patients worried about the problems which might arise after discharge from the hospital.

Conclusions Drawn from the Nurse Data

1. Nurses did not extensively identify patients' covert nursing problems.
2. Nurses did not realize that the patients want more attention from the nursing staff.
3. Nurses recognized more problems relating to the hospital situation than those that might arise in the future after the patient was discharged.

The writer believes that the findings of the study indicate quite clearly that the hypothesis, as stated, has been proven. The findings of the study showed that covert nursing problems existed and were present in varying degrees. However, these covert problems were not recognized to a great degree by most of the nurses who participated in the study.

Recommendations

Since the sample was relatively small and there was an apparent lack of adequate nursing staff, the writer recommends:

1. That a similar study be done in a well-staffed hospital to see if similar findings might be obtained.
2. That a similar study be done using the direct-question method or picture-story method to determine if the same findings would be obtained.
3. That a study be done of other clinical groupings of patients to determine if their covert nursing problems differ from those of the orthopedic patients.

If the findings from similar studies coincide with the findings of this study, the recommendation would be that greater emphasis be placed on

the covert nursing problems of patients. The concept of the patient's covert nursing problems should be emphasized in in-service programs to enable the professional nurses to help solve those problems which lie within the nursing function.

APPENDIX A

GUIDE FOR INTERVIEWING PATIENT

APPENDIX A

GUIDE FOR INTERVIEWING PATIENT

You have had the experience of being a patient. I believe that you have some very valuable clues as to ways in which we can improve nursing care.

1. If it were possible for you to have everything you wanted in the hospital, what would you like to have in relation to your nursing care?
2. If you were able to put yourself in the place of the nurse and had a patient just like yourself, what would you be concerned about in taking care of this patient?
3. What to you are the important things in your nursing care at the present time?
4. Would you tell me the particular problems which you are facing at the present time?
5. How do you think the nurse can be helpful to you?
6. How does your family react to your illness?
7. What concerns will you have in adjusting to your condition after discharge?

APPENDIX B

GUIDE FOR INTERVIEWING NURSES

APPENDIX B

GUIDE FOR INTERVIEWING NURSES

I have a few questions to which I would like to get your reactions in relation to Patient X.

1. If it were possible for you to run the ward the way you would like to, what would you plan, as a whole, for the care of Patient X?
2. Is there anything else that you would like to do for Patient X that you don't have the time to do?
3. What do you think Patient X is concerned about at the present time?
4. Are there any particular problems of this patient that you feel concerned about?
5. How do you think you can be helpful to this patient?
6. How does Patient X's family react to his illness?
7. How do you think you can help this patient face his condition on discharge?

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