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A study to determine if nurses in a general hospital on medical-surgical units are aware that there are opportunities to practice rehabilitation nursing in their daily nursing activities

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BOSTON UNIVERSITY  
SCHOOL OF NURSING

Thesis

A STUDY TO DETERMINE IF NURSES IN A  
GENERAL HOSPITAL ON MEDICAL-SURGICAL  
UNITS ARE AWARE THAT THERE ARE OPPORTUNITIES  
TO PRACTICE REHABILITATION NURSING IN  
THEIR DAILY NURSING ACTIVITIES

Submitted by

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A Field Study in Partial Fulfillment of the Requirements  
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## CHAPTER I

### INTRODUCTION

Rehabilitation is a term which has come into common usage within the last fifteen years in the medical and allied professions. Rehabilitation centers have sprung up throughout the country in order to provide comprehensive rehabilitation programs. The increasing need for personnel especially prepared to do rehabilitation work was recognized by the government when Public Law 565 was passed by Congress in 1954. This provided funds for people interested in advanced and specialized education leading to work in the field of rehabilitation.

One of the major potentialities for limited rehabilitation services which has been overlooked is the general hospital. However, increased demands for hospital beds have initiated an awareness of rehabilitation by hospitals as a means of earlier discharge and greater availability of bed space. Increased interest in and programs for treating the effects of trauma, congenital conditions and chronic and degenerative diseases,

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rather than interest centered on acute illness, have made rehabilitation a prime concern of the general hospital. Although there is much controversy over where rehabilitation services should be provided-in a general hospital or whether it requires other types of facilities-there is agreement that if rehabilitation is to be considered in a broad sense as something which must be planned for or begun as soon as the illness or injury occurs, then of necessity it must be a prime concern of the general hospital and its staff from the day of admission.<sup>1/</sup>

Comprehensive rehabilitation in a general hospital is recognized as a comparatively new concept. Until recently the majority of the medical profession regarded rehabilitation as an "extra-curricular" activity dealing with social work, welfare activities and vocational guidance. That trend is now being reversed, and while many physicians are still not familiar with the aims and technics of comprehensive rehabilitation, they are realizing more and more that the care of the patient does not end when the acute phase of the illness ends, but rather when the patient has been trained to live and work with his remaining facilities.<sup>2/</sup>

<sup>1/</sup>Scott W. Allen, Rehabilitation: A Community Challenge, pp.40-42

<sup>2/</sup>Robert E. Neff, "Rehabilitation is a Logical Addition to the Hospital's Service", Modern Hospital, February 1958., vol. 90 No. 2, pp.62-63.

It is no longer necessary to argue the values of rehabilitation, but in many areas of the country such services are unavailable to the citizens of smaller communities. The development of rehabilitation services in the community hospital is a way of extending such benefits to these smaller communities. Every community hospital already has one basic service-nursing service- and with proper orientation and teaching, the nursing staff can implement rehabilitation practices into the nursing care of the patients.<sup>1/</sup>

#### Statement of the Problem

This study was directed to determine if the nurses on medical-surgical units are aware that there are opportunities to practice rehabilitation nursing as part of their daily nursing activities. The following specific areas were investigated as a means of furnishing information relative to nurses' awareness of rehabilitation and rehabilitation nursing concepts:

1. How these nurses defined rehabilitation.
2. How these nurses defined rehabilitation nursing.
3. How these nurses saw the role of the nurse on the rehabilitation team.

<sup>1/</sup>A. Worbey Kendell, M.D. "Rehabilitation-A Doctor's Viewpoint". Hospitals March 16, 1956 vol. 30 pp.39-43

4. How the nurses related their own concepts of rehabilitation to the care they gave patients.
5. How much rehabilitation they felt could be done in a general hospital.
6. How the professional background and work experience of the nurses affected their views on rehabilitation.

#### Justification of the Study

Experts in the field of chronic disease and long term illness are urging that units for the care of such patients be built into a general hospital, or be located where they will develop a close working association with a general hospital. These patients need not only special services such as intensive social case work, physical medicine, vocational guidance and recreation, but require the usual range of services available in a general hospital. The development of rehabilitation services in a general hospital will prevent the deterioration process in many less severely disabled persons and keep them from reaching a totally dependent state. Neglect of disability is far more costly than an early program of rehabilitation which could restore an individual to his highest level of physical, emotional, economic, social and vocational independence.<sup>1/</sup>

<sup>1/</sup>Leonard A. Scheele, M.D., "New Opportunities for Planning Health Facilities". Hospitals March 16, 1956 Vol. 30. p37

The writer's interest in this problem came from hearing many nurses express the opinion that rehabilitation can be done only in special centers. Based on her experience, the writer also felt that many nurses believe that rehabilitation is primarily the responsibility of physiatrists and physical and occupational therapists, and that there is little or no role for the nurse on the rehabilitation team. An understanding of the role of the nurse on the rehabilitation team and of how good nursing care contributes to the rehabilitation of the patient should enable the nurse in a general hospital to extend the services of other team members and should challenge her to find opportunities to increase her contribution to the total rehabilitation of the patient.

#### Scope and Limitations

This study was conducted in a 250-bed community hospital within a ten-mile radius of Boston. For purposes of the study, five medical-surgical units were considered as one because of their similarity of patient population and staffing pattern. Thirty-eight graduate nurses were assigned to these units as either head nurses, assistant head nurses or staff nurses. Although student nurses, nurses' aides and ward clerks are also considered nursing personnel on these units, only twenty graduate nurses employed on these units on the day and evening

shifts were interviewed for the collection of data for the study.

Interviews were conducted on five different days within a two-week period and selection of the units for interview each day was on the basis of the staffing and the demands of the unit. Interviews were from one half hour to three quarters of an hour long and were carried out in the privacy of a small ward conference room.

The findings of the study pertain solely to the participants involved and may not be applicable to staff nurses generally.

#### Definition of Terms

The terms as used throughout the study are defined as follows:

Rehabilitation-the restoration of a handicapped person to the greatest physical, mental, social, vocational and economic usefulness of which he is capable.

Rehabilitation Nursing-basic nursing care with technics for the preservation of the functional

abilities of the patient; teaching the patient to relearn the activities that have been lost or minimized by his illness and assisting him to master the skills taught to him by other members of the rehabilitation team.

Rehabilitation Center-a facility operated for the primary purpose of assisting the handicapped through a comprehensive program of medical, psychological, social and vocational services.

Staff nurses-includes head nurses, assistant head nurses and general duty nurses.

Hospital X is used to designate the hospital in which the study was conducted.

#### Preview of Methodology

An interview guide was developed and used with twenty graduate nurses employed on five medical-surgical units of a general hospital. Interviews lasted one half to three quarters of an hour and were recorded on Soundsciber dizes. They were later transcribed and the transcriptions analyzed. Interpretations were made and conclusions drawn.

### Sequence of Presentation

Chapter II has reference to the theoretical framework of the study and statement of the hypothesis; Chapter III presents the methodology of the study and Chapter IV contains the presentation and analysis of the data. The study concludes with Chapter V which presents a summary and conclusions and recommendations based on the findings.

## CHAPTER II

### THEORETICAL FRAMEWORK OF THE STUDY

In the last twenty years general hospitals in the United States have undergone a great change in the services which they offer to patients and in the characteristics of the patients whom they serve. The number of patients treated in hospitals has increased greatly, not only due to an increased number of beds but also because each bed is now used for the treatment of a larger number of patients annually. This is made possible by larger average occupancy ratios and by a decreased length of stay of each patient.

Findings of a survey<sup>1/</sup> of a typical general hospital showed that during the years 1932-1952 the average length of stay per admission decreased from 12.8 days to 9.8 days. The hospital's occupancy rose from 70 percent to 93 percent. These two factors combined increased the annual number of patients per bed from 19.4 to 34.9. A second change was in the age composition of admissions. Admissions of children under 10 rose from

<sup>1/</sup>"50 Years of Health Progress" Health Information Foundation, September 1957. vol vi. no.7

9.1 percent to 14.3 percent; the 45-64 age group rose from 25.7 percent to 32.9 percent of the total admissions; and the patients 65 and over more than doubled from 9.0 percent to 19.8 percent. Within the 65 and over age group itself the average age rose: persons aged 65-69, constituting half of all the admissions in this group in 1932, decreased to 38 percent in 1952 and the 75 and over group increased from 19 percent to 32 percent within the same span of time. A third change was the services needed by the patients. The proportion of patients who required medical rather than surgical management doubled in this period of time from 14 percent to 28 percent. This shift was related to the increase in the average age of the patient; the older the patient the more likely he was to require medical rather than surgical treatment. Although in general the patient's stay in the hospital in 1952 was shorter than in 1932, the decline was relatively greater for the surgical patient. In 1932, 56 percent of all surgical patients stayed in the hospital 11 days or longer; in 1952 this proportion decreased to 26 percent. The study went on further to indicate that "the age of the average patient in the hospital is rising, that non-surgical patients are on the increase and that there is today a clustering of care for the patient during early and late years of life. These trends point to a need for continual study and evaluation of the job ahead....., these trends mean keeping pace with the changing needs of a growing population which makes even greater demands for the

benefits of medical and hospital care."<sup>1/</sup>

As the length of life has expanded, the incidence of chronic disease has increased. Many patients with chronic illness could function both in their homes and communities much more effectively if they had the advantage of modern rehabilitation. Rehabilitation of patients with chronic disease is no less dramatic than that of an individual with an acute illness or, who, as the result of an accident, needs rehabilitation.<sup>2/</sup> Many chronic conditions might be prevented if the acute situation was dealt with properly and promptly. With the increased number of admissions of patients 65 and over in general hospitals and the increase in the proportion of medical to surgical patients, an awareness of the different needs of the patient has arisen.

The philosophy of rehabilitation recognizes that although much has been lost through disease and disability, much may remain in terms of trainable reserve. The process of medical rehabilitation has been designed to lessen or prevent the deleterious effects of inactivity, to minimize disability and to train patients with residual permanent disability in technics of overcoming handicaps. Medical rehabilitation in prolonged illness is concerned with prevention of disease, minimization

1/ Ibid.

2/ Florence Jones Terry, et al. Principles and Technics of Rehabilitation Nursing p. 147

of disability and retraining of the handicapped. It uses activity in various forms as a therapeutic tool. It is medicine's answer to its responsibility for physical, mental, social and vocational problems created by disease.<sup>1/</sup> Lacking specific measures in the cure of many chronic illnesses, those affected by disability must be taught through rehabilitation to live and work as effectively as possible with their remaining abilities. The technics of physical rehabilitation, sociology, psychology, social service, vocational guidance and auxiliary services need to be utilized to teach the disabled to live to the full extent of their capabilities within the limits of their disabilities.<sup>2/</sup>

The dramatic changes that have taken place in the whole field of rehabilitation have greatly influenced nursing. Rehabilitation has been accepted as a necessity in all nursing services and presents a real challenge to nursing. The need for giving total patient care and providing continuity in care from the general hospital to the convalescent home, clinic or patient's home has been emphasized by the emergence of rehabilitative principles in nursing.<sup>3/</sup> Phillips<sup>4/</sup> points out that

<sup>1/</sup>Mary Switzer and others. "Medical Rehabilitation Redefined"  
The Physical Therapy Review, November 1955, vol.35no.11pp.614-621

<sup>2/</sup>Edith Buchwald Physical Rehabilitation for Daily Living p.10

<sup>3/</sup>Terry, et al. Op.Cit. p.65

<sup>4/</sup>Elizabeth Phillips, "The Role of the Nurse in Rehabilitation",  
The Canadian Nurse, October 1956, vol. 52. No. 10. pp. 810-818

"until recently rehabilitation and vocational placement were synonymous and that herein lies the difficulty that has been met in realizing the scope and limitations of the nurse on the patient care team. However there is much to bridge the gap between the bed and the job and it is in this phase that the nurse can become a vital team member. Rehabilitation nursing should be part and parcel of general nursing care and available to all patients."

In the introduction to "Principles and Technics of Rehabilitation Nursing" by Terry, et al., Jensen<sup>1/</sup> emphasizes that it is no longer asked if the nurse should know about the rehabilitation or what her role on the rehabilitation team should be; instead attempts are being made to integrate the principles and technics of rehabilitation into clinical subjects for students and to prepare nurses, supervisors and clinical instructors with enough background to vitalize the programs. Morrissey<sup>2/</sup> urges that the curricula of undergraduate nursing programs be enriched with rehabilitative principles. As students nurse patients, they are nursing people, and everything that a student brings to the total care of the patient is aimed at his ultimate and complete recovery. Every illness is a disability to some degree,

1/Deborah Jensen, editor, "Introduction in Principles and Technics of Rehabilitation Nursing" by Terry et al p.iii

2/Alice Morrissey "Preparation of the Nurse for Her Role in Rehabilitation", International Nursing Review, vol.3 no.2. pp.25-33

either physical or emotional, and therefore every illness requires some understanding of ultimate rehabilitation on the part of those treating it, even if recovery is uncomplicated. With this philosophy the student nurse will be able to broaden her horizons so that she views each patient as one who may eventually be rehabilitated and thus she will more readily practice principles of rehabilitation in her total nursing care.

All nursing requires patience and understanding of the patient and his family, but rehabilitation nursing requires even more. The nurse must encourage the patient to do things for himself even if it would be easier to do it for him. This is imperative in an integrated program of nursing and physical medicine to produce an effective rehabilitation program.<sup>1/</sup> Terry<sup>2/</sup> emphasizes that graduate nurses also need a philosophy of rehabilitation. They need to believe whole-heartedly in the rehabilitation orientation which emphasizes teaching the patient to do for himself rather than to do things for him. This philosophy is a vital life-giving concept which recognizes that there are very few completely helpless patients and that hardly any situation is entirely hopeless. It is a philosophy which needs to be exemplified in the person of the nurse if she is to be effective.

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<sup>1/</sup> Ibid.

<sup>2/</sup> Terry, et al. Op. Cit. P.70

Hartigan<sup>1/</sup> points out that nurses have been slow to recognize and acknowledge what they have to offer in rehabilitation. When special services are not available, the nurse directs and supervises the care of the patient and obtains the same results—yet the nurse is not aware she has had a part in the patient's rehabilitation. The concept of total patient care that is now emerging in nursing might well lessen the increasing demands for rehabilitation centers and trained personnel. Total nursing care includes providing physical and emotional care for the patient, caring for his environment, carrying out treatments prescribed by the physician, teaching the patient and his family the essentials of the care they must render, giving general health instructions and supervising of auxiliary personnel. The skills and knowledge are already developed and established. The activities need to be reviewed to see if they are being used to the fullest extent. Factors implicit in nursing care which contribute to rehabilitation and are often overlooked are:

1. understanding the patient as a person, not as a case
2. recognizing that within simple nursing procedures there is much that can be done which will set the patient on the road to full rehabilitation.
3. teaching the patient and his family within the reference of his illness.
4. working with other services to provide best possible

1/Helen Hartigan, "Nursing Responsibilities in Rehabilitation", Nursing Outlook December 1954, vol. 2 no. 12 pp. 649-651

assistance for meeting the patient's total needs.

The responsibilities of the nurse in rehabilitation are several. Nursing care in rehabilitation is nursing broadened and extended beyond the alleviation of the ills of the body. Nursing in rehabilitation comprises all the fundamental techniques of general bedside nursing care along with certain special techniques. The first objectives of rehabilitation, the prevention of deformities, and instructions in activities of daily living are essentially within the realm of nursing. The nurses' responsibility is to start the process early and they can do this by employing the principles of good body mechanics and body alignment, by teaching the patient simple exercises which will preserve muscle tone and prevent contractures, by using mechanical aids that are designed to prevent physical deformities and by teaching the patient to do for himself rather than to do for him.<sup>1/</sup>

Morrissey<sup>2/</sup> also points out that rehabilitation in its modern concept is comparatively new to nursing. It is a method of treating sick and disabled patients by the integration of

1/Alice Morrissey "The Nurse and Rehabilitation", American Journal of Nursing November 1954, vol. 54 no. 11 pp. 1354-1355

2/"Preparation of the Nurse for Her Role in Rehabilitation", International Nursing Review, vol. 15 no. 2 pp. 25-32

various services available in most communities and in many hospitals, an integration brought about by the awareness of the intrinsic worth of the patient as a person. If a nurse is to carry out a true concept of rehabilitation she cannot work only in terms of the doctor, herself and the patient. Rehabilitation nursing demands a broadening of horizons, an extension of knowledge and skills, a concern for the care of the whole patient, a desire to work with inter-professional personnel and an ability to co-ordinate the various contributions of allied professional groups into the nursing care of the rehabilitative patient. Nurses are called upon to play three main roles in rehabilitation: (1) practitioner of basic nursing care, (2) leader and teacher of the arts and skills of rehabilitation, (3) a co-ordinator who weaves the strands of the many threads of rehabilitation with care and continuity until rehabilitation is achieved. The nurse needs to gain skills in working with people of various disciplines. Through her belief in team work and her skill in working as a team member, and understanding the team contributions, she becomes the co-ordinator. She collects the data and the information from all team members and utilizes this information to unite every facet of rehabilitation care into total patient care. In doing so she becomes the key person on the rehabilitation team inasmuch as the physician, the physical and occupational therapists, the psychologist, the speech therapist, the social worker and others depend on her to carry on their work when they are not there. Consequently, the nurse must

understand the objectives and goals of the plan of care for the patient and be ready to assist in these activities when necessary.

Rehabilitation is not confined to the convalescent period of an illness. It begins at the onset of the illness when the patient is required to make the first adjustment to a new condition. Much of the ultimate result of recovery is determined at this time. Proper care hastens and influences the degree of recovery which a patient is able to achieve.<sup>1/</sup> In writing of her own experiences, Barton<sup>2/</sup> states that

"rescue from a disaster cannot come too quickly or start too early. If it is not brought to the victim of a disaster soon, if he is allowed to be in bed for a long time doing nothing, there will be a serious psychic lesion which may result in paralysis of the will. Rehabilitation should in some measure, however little, be successful from the start, for if repeated efforts fail there is a belief that there is no real aim in existence and finally leads again to paralysis of the will. The effort to recover must enlist the mind and heart as well as the body for we know that, due to the interdependence of body functions there cannot be purely a physical disability just as there can be no purely mental disability."

Implications of rehabilitation for nursing are many. Nursing must develop professional nurse leaders who will bring to the practice of nursing and teaching of others the knowledge of

1/Hartigan. Op. cit.

2/Betsey Barton. And Now to Live Again P. 32

an all-inclusive type of patient care. If the nurse can help the patient achieve maximum efficiency and teach him to do for himself the many things now done for him, then total nursing will be given and in a dynamic rehabilitation program many chronically ill patients will become independent and will be able to assume the more useful activities of life.<sup>1/</sup> Compared to the older concepts of curative medicine and surgery and the more recent field of preventive medicine, rehabilitation is in its infancy. Properly nurtured and developed, its contributions will mean the difference between independence and hopelessness for millions of disabled people. As with all medical care, much of its success will depend on good nursing.<sup>2/</sup>

The writer believes that in order for a nurse to perform in the above described manner she needs a definite awareness of the components of rehabilitation so as to be able to incorporate them as an integral part of the general nursing care she extends to patients. This belief is the basis of the following hypothesis: the more aware a nurse is of the concepts of rehabilitation nursing, the more likely she is to include these concepts as part of the nursing care she extends to all patients.

1/Alice Morrissey "The Nurse and Rehabilitation" The American Journal of Nursing, November 1954, vol. 54 no. 11. pp. 1354-1355

2/Howard A Rusk, M.D., "Implications for Nursing in Rehabilitation" American Journal of Nursing February 1948 vol.48 no.2 p.76

## CHAPTER III

### METHODOLOGY

The study was conducted in a community hospital of 250 beds within a ten mile radius of Boston, which offers medical-surgical, obstetrical and pediatric services. There is an active physical medicine department, a social service department, but no other special services commonly considered in rehabilitation. The hospital also conducts its own school of nursing.

The patient areas used for collection of data were the five medical-surgical units of the hospital with a bed capacity on each unit of 25-34. Because of the similarity of the units in patient population and staffing patterns, they were considered in toto as one for purposes of this study. The average diagnostic distribution of the patients on the units was 1/3 orthopedic and 2/3 medical-surgical with an average length of stay in the hospital of 7.3 days. The average diagnostic distribution is included as it is felt that the type of patients the hospital serves might influence the nurses' concepts of rehabilitation.

Participants in the study were twenty out of thirty-eight graduate nurses employed on the medical-surgical units and included four head nurses, three assistant head nurses, and thirteen general duty nurses from the day and evening shifts during the two weeks the interviews were held. This particular selection was made because the interviews with these people were possible within the confines of the interviewer's time.

After a review of the literature and from the writer's experience an interview guide, consisting of thirteen questions, was developed, designed to show (1) the professional education and work experience of the nurse, (2) any exposure the nurse may have had to rehabilitation, (3) the nurse's own concept of rehabilitation and rehabilitation nursing, (4) how the nurse related her concept of rehabilitation and rehabilitation nursing to the nursing care she gave to patients in her daily work, (5) the nurse's feelings about general hospitals and rehabilitation centers as the place to carry out rehabilitation. The interview guide appears at the end of this chapter.

Data for the study were collected through recorded interviews with graduate nurses working on the selected areas. Because of the similarity of patient population and staffing patterns on these five units, they were considered in toto as one unit. The nurses were informed through a memo from the nursing office to the effect that a study was to be conducted by a

Master student from Boston University. The subject was not announced until the writer met the nurses on the day of the interview in order not to pre-establish opinions; however, it was stressed in the memo that all participation would be voluntary. The interviews were held on five days during a two-week period and were arranged through the supervisor of the unit according to the demands of the unit. In order to encourage participation each nurse was assured at the time of the interview that she and the hospital would not be identified. Since a Soundscraper was used to record the interviews the writer felt that assurance of anonymity would decrease the reluctance of the nurses to participate in a recorded interview and this opinion proved correct. The interviews were conducted in the privacy of a small ward conference room and took from 1/2 to 3/4 hours each.

The interview method<sup>1/</sup> for collecting data was used in order to insure proper interpretation of questions and clarification of answers. This method enabled the writer to obtain the participants' views and definition of terms rather than a book definition. The interviews were recorded so that there could be an accurate source of the data. The interviews were transcribed and analyzed at a later date.

<sup>1/</sup>Maria Jahoda, Morton Deutsch and Stuart A Cook.  
Research methods in Social Relations p. 147

## INTERVIEW GUIDE FOR THESIS DATA

1. From what school of nursing did you graduate--within how many years?
2. Have you had rehabilitation nursing taught as a course per se?
3. Have you had any courses with the principles of rehabilitation integrated into the course?
4. How would you define rehabilitation?
5. Have you ever worked anyplace where there was emphasis on rehabilitation?
6. How would you define rehabilitation nursing?
7. What kind of patients did you take care of today?
8. Did you do anything in the care of these patients that you would call rehabilitation nursing?
9. Do you think that only special kinds of patients need rehabilitation? What kind?
10. Do you think that rehabilitation should be done in special centers or hospitals rather than general hospitals?
11. Do you think that there are any areas in general nursing care where rehabilitation principles might be integrated? Where?
12. When during a patient's illness do you think that rehabilitation should be started?
13. Do you think that a rehabilitation program could successfully be carried out in a general hospital? (Why not?) (How?)

## CHAPTER IV

### ANALYSIS OF THE DATA

This chapter is concerned with the presentation and analysis of the data. Responses to individual questions were considered and tabulated. An attempt was made to determine if any relationship existed between the educational background and work experience of the nurse and her concept of rehabilitation. The analysis also tried to relate the nursing care which the nurse performed in her daily activities to her concept of rehabilitation nursing and to present the feelings which the nurses had about rehabilitation practices in general hospitals.

In order to relate the nurse's concept of rehabilitation to her educational background and work experience, the responses to the first five questions of the interview guide were grouped and analyzed as shown in Table I. All but one nurse were graduates of three-year schools of nursing and had had no course in rehabilitation per se. All but three had had principles of rehabilitation integrated into their orthopedic courses and one or two other courses. Five nurses had affiliated at hospitals where there was emphasis on rehabilitation, and one nurse had worked in a hospital which was geared to rehabilitation for crippled

children. The range of years since graduation was from 1-31 years.

Table 1. Definitions of Rehabilitation--the Educational Background and Work Experience of the Nurses

Definitions of Rehabilitation	Number of Nurses	Type of School	Years Graduated	Had rehabilitation Course	Had Rehabilitation integrated into Courses	No Rehabilitation integrated into Courses	Emphasis on Rehabilitation in work Situation	No emphasis on Rehabilitation in Work Situation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1. Getting patient back to home and community.....	5	3-yr.	3-21	no	2	3	1	4
2. Helping patient to help himself as much as possible.	5	5-yr.	1-5	no	5	-	2	3
3. Bringing patient back to society so he can work to best of his ability.....	2	3-yr.	1-3	no	2	-	-	2
4. Returning patient to a life as close as possible to the one before illness or injury	2	3-yr.	1-18	no	2	0	-	2
5. Working around potential to get maximum advantage of possibilities.....	2	3-yr.	3-6	no	2	-	1	1
6. Educating people to live with illness and disability acceptance of illness.....	1	3-yr.	1-2	no	1	-	-	1
7. Process enabling patient to attain best possible status physically, emotionally and socially.....	1	4-yr.	1	no	1	-	1	-
8. Progressing from restricted activity to normal activity.	1	3-yr.	3	no	1	-	-	1
9. Making provisions for someone who is disabled.....	1	3-yr.	31	no	1	-	1	-

It was possible to isolate nine definitions of rehabilitation from the twenty responses. They are presented as follows:

1. "work around every potential to get maximum advantage of all possibilities
2. to get the patient back into the home and the community
3. to bring the patient back into society so that he can work to the best of his ability
4. to educate people to live with illness and deformities- acceptance of illness
5. to return the patient to a life as close as possible to the one he had before the illness or injury
6. a process enabling the patient to achieve or return to the best possible status physically, emotionally, and socially
7. to help the patient help himself as much as possible
8. a process by which an individual progresses from restricted to normal activity
9. to make provisions for someone who is disabled."

The most inclusive and acceptable definition of rehabilitation when compared to definitions found in rehabilitation texts was that of "a process enabling the patient to achieve the best possible status physically, emotionally and socially" and was given by a graduate of a collegiate school of nursing where rehabilitation had been integrated into the curriculum.

This may be interpreted as significant in showing the relationship of the educational background of the nurse to her concept of rehabilitation. In general there did not seem to be any relationship between time of graduation, work experience and educational background and the concepts of rehabilitation held by the nurse.

The nurses were also asked their definition of rehabilitation nursing and what kinds of patients they thought needed rehabilitation. Thirteen nurses felt that all patients needed rehabilitation to some degree; seven believed that rehabilitation was necessary for patients with cerebral vascular accidents, orthopedic conditions, physical handicaps and for elderly patients with geriatric problems.

Seven definitions of rehabilitation nursing were isolated out of the twenty responses and are as follows:

1. general nursing care including physical therapy and occupational therapy
2. teaching the patient to care for his personal needs
3. teaching the patient to use the functions that remain
4. teaching the patient special skills to replace lost ones
5. urging the patient to do more for himself
6. helping the patient understand his problem
7. teaching limitations of activities and diet as well as

activities for daily routines

The interviewer then asked the nurses to recall what they had done that day which they considered rehabilitation nursing. Nine out of the twenty nurses interviewed had been assigned to distribute medications or to be in charge of the ward. One of these nine responded that while she had done no rehabilitation nursing herself she had directed others to do it; the other eight responded that they had done no rehabilitation nursing. Three nurses out of the twenty had been assigned to "helping out" and they felt that they had done nothing which was rehabilitative in nature. Eight out of the twenty nurses interviewed had been assigned to bedside care of patients. The relationship of the definitions of rehabilitation nursing that they gave and the patient care that they rendered that day and which they identified as rehabilitative in nature, is illustrated in Table 2.

Table 2. Skills mentioned in Definition of Rehabilitation Nursing and the Number of Times Skill Was Carried Out

Skills Mentioned in definition of Rehabilitation Nursing	No. of times skill mentioned	No. of times nurse felt that skill was performed in care of patient
(1)	(2)	(3)
1. teaching use of remaining functions.....	7	-
2. helping patient to understand disability.....	3	-
3. general nursing care and physical and occupational therapy.....	3	-

(concluded on next page)

(Table 2. Continued)

Skills Mentioned in Definition of Rehabilitation Nursing	No. of times skill mentioned	No. of times nurse felt that skill was performed in care of patient
(1)	(2)	(3)
4. teaching care of personal needs	2	-
5. teaching special skills to replace lost ones .....	2	-
6. teaching patient to do more for himself.....	2	2
7. teaching understanding of limitations as well as activities and diet for daily routine	1	-

Another question was asked to learn what kinds of patients the nurses had cared for the day of the interview. The diagnoses of patients that had been assigned for bedside care included:

1. appendectomies
2. herniorrhophies
3. prostatectomies
4. cerebral vascular accidents
5. coronaries
6. congestive heart failure
7. ulcers
8. gastric bleeding
9. alcoholism
10. fractures of the tibia, wrist and hip

There seemed to be little or no relationship between the definitions of rehabilitation nursing given by the interviewees and the patient care activities the nurses performed which were rehabilitative in nature. The rehabilitative technics that were identified in the care of the patients were those of starting the patient to bathe himself and some form of ambulation. It is interesting to note that although ambulation was not mentioned as a skill in the definitions given of rehabilitation nursing, it was the most frequently mentioned example of a rehabilitation nursing activity, particularly in relation to orthopedic patients. Ambulation was identified as a rehabilitative activity by all the nurses caring for the seven orthopedic patients. However, it was identified as a rehabilitative activity by only one nurse in the care of 11 medical-surgical patients. It would appear from the diagnoses of the patients that there were opportunities for rehabilitation which were not recognized by the nurses. Many of the basic rehabilitation nursing skills generally accepted<sup>1/</sup> such as exercising, positioning, uses of self care aids and mechanical devices were not mentioned by any of the nurses.

Questions were asked in an effort to find out the thoughts and feelings nurses held about rehabilitation centers and rehabilitation being done in general hospitals. Some of the answers to the questions regarding the possibilities of rehabilitation

<sup>1/</sup>Alice Morrissey, Rehabilitation Nursing p. 81

being carried out in general hospitals were rather interesting and significant as they would appear to influence the nurses' awareness of the opportunity to practice rehabilitation nursing in a general hospital. They are quoted verbatim:

"Centers are the place for rehabilitation. People there are after only one thing. In general hospitals more important things are going on-or at least they seem more important."

"Depends on the diagnosis and age. Patients that are 75 and over should be in hospitals-those 39-60 in centers."

"Centers are best for some like polios. People there (in centers) have more knowledge, not like the aides here."

"Time and talent are limited in a general hospital. They would have to increase the facilities and get people with special training."

Five of the nurses interviewed felt that rehabilitation should be done in centers where rehabilitation was the primary objective; one nurse felt that rehabilitation could be done successfully in general hospitals if a program was planned utilizing all the facilities available and bringing in some that might be available elsewhere in the community; twelve nurses felt that rehabilitation should be started in a general hospital but that transfer to a center should be made as soon as possible; two nurses felt that separate units could be developed in general hospitals for this purpose and there should be specially trained personnel for these units. All the nurses believed that rehabilitation should be started at the onset of the illness or as soon as the acute stage was over. Three nurses felt that rehabilitative technics should be planned and carried out as special

treatments, while the other seventeen felt that rehabilitation technics could be integrated into general nursing care. There is little evidence in the data to illustrate that this was integrated to any significant degree in the nursing care that was carried on that day.

In summary, the educational background and work experience of the nurse seemed to have little relationship to her concept of rehabilitation and rehabilitation nursing. The data indicated that the nurse saw her major contribution to rehabilitation as assisting the patient in ambulation. It was also indicated that the majority of the nurses believed that rehabilitation centers or special units within general hospitals were the best places in which to carry out rehabilitation programs.

In areas where nurses were aware of rehabilitation, such as orthopedics, they tended to practice principles of rehabilitation. This fact, plus other instances in the data, substantiates the hypothesis that the more aware nurses are of rehabilitation and rehabilitation nursing, the more likely they are to include these concepts as part of their general care.

## CHAPTER V

### SUMMARY, CONCLUSIONS and RECOMMENDATIONS

This study was undertaken in an attempt to see if staff nurses in a general hospital on medical-surgical units are aware of the opportunities for practicing rehabilitation in their daily nursing activities. The study was conducted in a community hospital of 250 beds, within a ten-mile radius of Boston, which offers medical, surgical, obstetrical and pediatric services. Data for the study were collected by interviews with the staff nurses on five medical-surgical units of the hospital. The questions asked in the interview were designed to show (1) the professional background and work experience of the nurse, (2) any exposure the nurse might have had to rehabilitation, (3) the nurse's concept of rehabilitation and rehabilitation nursing, (4) how the nurse related her concept of rehabilitation and rehabilitation nursing to the nursing care she gave patients in her daily work and (5) the nurse's feelings about general hospitals and rehabilitation centers as the place to carry out rehabilitation.

The data were analyzed by grouping the responses to the first five related questions to determine if any relationship existed between the nurse's educational background and work experience and her concept of rehabilitation. The responses to the next four questions were analyzed together in an attempt to show the association between the nurse's definition of rehabilitation, the type of patient she thought needed rehabilitation and what skills she performed in her daily nursing care of patients that she would call rehabilitation nursing. The remaining data were concerned with the responses to questions regarding when rehabilitation should be started and how the nurses felt about rehabilitation being carried out in general hospitals or rehabilitation centers.

The findings revealed that, in general, there did not seem to be any relationship between time since graduation, work experience and educational background and the concepts of rehabilitation held by the nurses. There seemed to be little or no relationship between the definitions of rehabilitation nursing as given by the interviewees and the care activities the nurses performed and which they felt were rehabilitative in nature. It also appears from the findings that the nurses saw ambulation of patients as their major contribution to rehabilitation.

The data further indicates that the nurses felt that rehabilitation nursing could be integrated into general nursing care

but in actual practice they did not perform those skills which they believed were rehabilitative, or at least were not aware that they were doing them. The findings also show that staff nurses believed that rehabilitation has a place in the general hospital but disagreed as to the extent that rehabilitation could be integrated into care extended to patients in a general hospital.

### Conclusions

After analysis of the data the following conclusions have been made:

1. The hypothesis of the study, namely that the more aware nurses are of rehabilitation and rehabilitation nursing, the more likely they are to include these concepts as part of their general nursing care, was substantiated.
2. Nurses in a general hospital are not aware of the opportunities for rehabilitation of the medical-surgical patients.
3. Staff nurses in a general hospital see ambulation of orthopedic patients as their major contribution to rehabilitation.

4. On the basis of the frequency of reference to ambulation of orthopedic patients as rehabilitation nursing and the number of nurses who have had rehabilitation integrated into courses, it appears that this integration is done mainly in orthopedic courses.

5. Most staff nurses believe that rehabilitation nursing can be integrated into general nursing care, but in actual practice do not perform those skills which they believe are rehabilitative or are not aware that they are doing them.

6. Most staff nurses believe that rehabilitation has a place in the general hospital but disagree as to the extent that rehabilitation can be carried out in a general hospital.

7. There is a need to acquaint staff nurses with the opportunities for rehabilitation in a general hospital.

#### Recommendations

On the basis of the findings of the study the following recommendations are made:

1. That principles of rehabilitation be integrated into curricula of schools of nursing and not remain restricted

to the orthopedic course.

2. That consideration of rehabilitation concepts and practices in general hospitals be a part of an active in-service programs in these general hospitals.

3. That a study be done in an attempt to find out why nurses do not practice the skills they feel are rehabilitative in nature and yet part of general nursing care.

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