1957

Some factors affecting practice by hospitalized patients of self-care activities learned in occupational therapy

SOME FACTORS AFFECTING PRACTICE BY HOSPITALIZED PATIENTS OF SELF-CARE ACTIVITIES LEARNED IN OCCUPATIONAL THERAPY

By

Dorothy I. Taylor, R. N.
B. S. Teachers College
Columbia University 1949

A field study submitted in partial fulfillment of the requirements
for the Degree of Master of Science
in the School of Nursing
Boston University
August, 1957

First Reader: Lena M. Plaisted
Lena M. Plaisted

Second Reader: Dorrian Apple
Dorrian Apple

This study was supported in part by a training grant from the Office of Vocational Rehabilitation, Department of Health, Education and Welfare.

TABLE OF CONTENTS

TABLES

CHAPTER I

INTRODUCTION

"Prejudice is a cripple like polio - a crippled spirit is worse to live with than a lame leg."
Elsie Oakes Barber

Many individuals in society have crippled spirits due to various factors in their environment. One of these factors may be the attitude of society toward the physically handicapped and chronically ill.

In the past the less fortunate in society have been abandoned, neglected, pitied, persecuted, derided; but as time moved forward so did the treatment of the crippled. A flickering but hopeful light slowly emerged through the dark years and the treatment of the crippled improved. Gradually society acknowledged a responsibility toward those crippled in the defense of their country and the improvement in attitude and treatment towards the "disabled," as they came to be called, progressed rapidly and spread to include other handicapped members of society.

Alice Morrissey[1] notes "that the word 'cripple' has different connotations in different languages, but they are all derogatory . . .

---

1. Morrissey, A., Rehabilitation Nursing, page 8.

'cripple' in modern English usage brings forth mingled emotions of pity, patronage and sometimes scorn, but never equality." The improvement in attitude has brought a desire to emphasize a program that will restore the dignity of the individual. This program is known as Rehabilitation and is designed to help the physically handicapped and chronically ill.

Dr. Howard Rusk[2] gives the following definition: "Rehabilitation is a program designed to enable the individual who is physically disabled, chronically ill or convalescing to live and to work to the utmost of his capacity. It is an integral part of clinical, non-institutional and community responsibility in meeting the problem of chronic illness."

Miss Mary Switzer,[3] Director of the Office of Vocational Rehabilitation says, "Rehabilitation is a bridge spanning the gap between uselessness and usefulness, between hopelessness and hopefulness, between despair and happiness."

Rehabilitation is being accepted by society as a challenge to be of service to the physically handicapped and chronically ill. Representatives of the professional fields contributing to the effectiveness of the program are striving to make the service available to increasingly larger numbers of the population. Nursing is among those asking, how may we best serve in this program of rehabilitation?

---

[2] Quoted by Terry, Florence, et al. Principles and Technics of Rehabilitation Nursing, p.13

[3] Ibid. p. 14

Long before a handicapped person is ready for job placement he must have mastered the rudiments of self-care.[4] Not only for the handicapped who may be preparing for job placement is self-care important, but also for those who may not be able to return to employment and for those with chronic illness. In many chronic diseases the only hope that can be offered the patient is the opportunity for training or retraining in the activities of daily living, promoting as much independence for the patient as his capability permits. To do this it is necessary to recognise the limitations of the disability and to emphasize the remaining ability, building on it to increase self-independence. In some patients independence may be washing face and hands, feeding or dressing themselves, even though they are confined to a wheelchair.

"Retraining in the basic activities of daily living is primary; it is simply a matter of 'first things first,' for daily activity skills are the basis for all subsequent activities."[5]

Edith Buchwald[6] states: "Activities of daily living play an important part in a rehabilitation program for the physically handicapped. The only way to learn these activities lies in long and strenuous practice; the only possible way of reaching the goal is through exercise."

---

4 Phillips, Elisabeth, The Role of the Nurse in Rehabilitation. Canadian Nurse, 52:10:810 Oct. 1956

5 Rusk, Howard. in: Buchwald, E. Physical Rehabilitation for Daily Living. p.vi

6 Ibid. p.v

To assist the patient toward personal independence the nurse must understand the procedures in self-care and encourage the patient to practice these as the opportunity occurs. This concept of nursing is different from the concept instilled for many years, when the nurse was taught how to do things for the patient. Today in rehabilitation, we emphasize teaching the nurse how to help the patient do things for himself.

Activities of daily living include everything involved in human relationships. All the little things that we do from the time we wake in the morning until we go to sleep at night - getting out of bed, washing, brushing the teeth, combing the hair, eating, dressing and getting to work by whatever means of transportation available. Ability to do these things means the difference between independence and dependence on others for care.

Edith Buchwald[7] states the "activities of daily living (A.D.L.) can be divided into three main groups:

"I. Self-care activities.

"II. Ambulation, elevation and traveling activities.

"III. Hand activities."

Group I, Self-care activities, are those being studied here. To the physically handicapped and chronically ill, training or re-training in these activities is an important part of therapy.

---

[7] op. cit. p.3

Performance of self-care activities by the patient may be the first indication that he accepts the role assigned him by his disability or chronic illness and is willing or eager to build on these activities so that he may once more be an active member of society.

This investigator is vitally interested in rehabilitation nursing and is of the opinion that the application of the principles and techniques involved in rehabilitation nursing may be integrated with the nursing care given to patients in a general hospital. If the patient is to be helped to do things for himself the opportunity must be provided to practice what he is being taught. The experience of the investigator in a general hospital has revealed that many patients want to carry out what they are taught in the physical medicine department.

Because of the need for patients to practice what they learn in the occupational therapy department the investigator wished to find out the nature of the carry-over into practice of self-care activities on the nursing unit. This involves performance of activities on the unit as compared to the activities taught in the occupational therapy department and the means of communication by which the nursing staff learns about the teaching done in the occupational therapy department.

Hospital X was chosen for the study as it is a hospital admitting patients who are suffering from chronic diseases and cancer who may potentially benefit from medical and surgical treatment and are capable of being rehabilitated. The patients have the same disabilities that may be found in a general hospital.

At Hospital X there is a department of physical medicine and rehabilitation under the direction of a physiatrist. One of the integral services of the department is the occupational therapy service. In this service the activities of self-care in daily living are taught. The members of the nursing service staff on each nursing unit include registered professional staff nurses, licensed practical nurses, and hospital attendants under the leadership of a head nurse who is a registered professional nurse. In this situation study of the carry-over to the nursing unit of activities of self-care as taught in the occupational therapy department should provide pertinent information.

In order to compare the performance of the activities on the unit with the activities taught by the occupational therapist, thirteen patients were selected for study. The criteria used in selecting the patients for this study were:

1. The disabilities of the patients are similar to those disabilities that may be found in a general hospital.

2. The activities of self-care in daily living, such as personal hygiene, eating, and dressing, are being taught them.

The self-care activities studied at this time are those being taught in the occupational therapy department in Hospital X that can be carried over and practised on the nursing unit. They include activities pertaining to:

1. Hygiene - washing and drying hands and extremities, brushing teeth, brushing and combing hair, shaving, or applying cosmetics.

2. Eating - eating with spoon or fork, cutting soft food or meat, drinking with a straw or from a cup or glass.
3. Dressing - for the bed patient: putting on and removing pajamas, robe, slippers;
for the wheelchair or ambulatory patient: putting on and removing undershirt or brassiere, socks, stockings, shoes, cardigan garments.

The hand skills as taught in the department were not studied independently, but were noted as they occurred while patients were dressing. Information about the carry-over of the activities was obtained by observing the patient being taught the activity by the occupational therapist, and observation of the patient performing the activity on the nursing unit.

In order to obtain information about the means of communication by which the nursing staff learns about the teaching done in the occupational therapy department, interviews were held with five occupational therapists, seven head nurses and twenty-five members of the nursing staff caring for the selected patients. The records of the selected patients were reviewed to compare:

1. The notes made, by the occupational therapist, of the activity being taught and the progress of the patient in performing the activity.
2. The notes made, by members of the nursing staff, as to the activities being performed by the patient.

Chapter II will include the review of the literature pertaining to the importance of teaching the activities of daily living, the need for communication among team members to insure that the patient will receive the most benefit from the teaching, and the value of self-care

activities to the patient.

In Chapter III the methods used to collect the data will be discussed and the details of the interviews, observations and review of records will be presented.

In Chapter IV, the findings based on the data collected will be presented and discussed.

Chapter V presents the summary and recommendations based on the findings.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

"We will help the handicapped individual only as we understand his needs as a person, not only the needs created by his handicap but also those which he has in common with other human beings."
-Charlotte Towle

Teaching and encouraging self-help on the part of the patient are measures which have received much emphasis in recent years. The concept of rehabilitative nursing care considers these to be an integral part of good nursing care. Today, nurses must accept the fact that nursing has a responsibility to teach the patient to help himself. The nurse must help the patient to become self-sufficient rather than dependent.

Montag and Filson[1] in discussing the care of the patient with long-term illness state: "To teach the patient to help himself, then to permit him the opportunities to help himself even though time consuming, are two things the nurse herself must learn to do. Personal cleanliness is another essential with both psychological and physical implications. The patient may do much of this care himself with only occasional assistance from the nurse. It is the nurse who is responsible for making it possible for the patient to do this care in

---

[1] Montag, M. and Filson, M., Nursing Arts, p. 390

whatever ways the needs of the patient indicate."

An example of this need to help the patient help himself is found in the teaching of the patient with multiple sclerosis. Marks and Goodgold[2] state that, "Treatment program is primarily directed toward the acquisition if possible of those activities of daily living necessary for proficient function at a specific level in his own environment, i.e. bed, wheelchair, ambulatory. An increase in muscle strength is of little value unless it is functionally significant as evidenced by an improvement in the patient's ability to perform his activities of daily living."

In teaching the patient with an upper extremity amputation, the therapist must select the activities of daily living that are most meaningful to the patient at the time. The nurse will need to be aware of the plan made by the therapist so that the patient may be assisted to gain skill in the use of the prosthesis by practice on the unit of the activities taught in the occupational therapy department.

In considering self-care activities and the hemiplegic patient, Rudin[3] writes: "In general the sooner physical medicine rehabilitation procedures are instituted the better the results . . . The patient is taken to occupational therapy for activities which aim at (a) improvement of coordinated movements of the upper extremity, especially the

---

2 Marks, M. and Goodgold, J. "Rehabilitation of the Patient with Multiple Sclerosis." Journal of the American Medical Association, 156:755, October 23, 1954

3 Rudin, L.N. "Physical Medicine and Rehabilitation in Hemiplegia." Maryland State Medical Journal, 7:202, April 1955

hand, (b) to teach the patient activities of daily living compatible with his disability. He undertakes personal care such as dressing, shaving, feeding, opening doors, using the telephone and writing. The cardinal rule is 'to work with the patient and not for the patient' encourage him to do things for himself regardless of how clumsy he may appear in the process."

This is an important time for the nurse to follow through on what the occupational therapist is teaching and help the patient overcome his awkwardness by giving him the opportunity to practice dressing himself, shaving and so forth on the nursing unit.

Greer[4] in an article for occupational therapists, "Motivation of the Brain Damaged Person," states:

> "Many patients are unwilling in the early stage of treatment to accept training in the activities of daily living. It's not just perversity on his part. Learning to care for self in spite of a disability is an admission that the condition may not be possible of correction or that at least it may take a long time. That may create more anxiety than the patient can cope with in the early stages. But with no group is the general goal of 'knowing the self, accepting the self, and being the self' more important.
>
> How a person feels about his handicap is a more important factor in determining his social and personal adjustment than is the handicap itself."

The nurse must be alert to detect the patient's response to the disability or chronic illness and plan for self-care activities by the patient accordingly. Knocke and Knocke[5] state: "An antagonistic

---

[4] Greer, G.I."Motivation of the Brain Damaged Person." American Journal of Occupational Therapy, 9:156, July-August 1955.

[5] Knocke, F.S. and Knocke, L.S. Orthopaedic Nursing, page 247

attitude on the part of the patient is frequently a reaction to an improper psychologic approach on the part of the nurse."

Rehabilitation of the breast cancer patient may begin immediately following surgery. The nurse will, as soon as possible, encourage self-care activities in eating, combing and brushing the hair, and the like, with the hand and arm of the affected side. This may seem a simple matter, but is a part of the nursing care of these patients that is frequently not stressed and the patient goes home with a stiff shoulder from lack of use and poor positioning. This can be avoided if the nurse will encourage the self-care activities listed, simple as they are.

The importance of self-care for the orthopedic patient, where prolonged bedrest and immobilization by casts, frames, or braces are factors in the treatment, is evident and the nurse must help the patient self-sufficient despite his limitations.

The Commission on Chronic Illness[6] makes the following statement: "Rehabilitation is an innate element of adequate care and properly begins with diagnosis. From this concept it follows that rehabilitation is applicable alike to persons who may become employable and to those whose only realistic hope may be a higher level of self-care."

The teaching of self-care activities is only one phase of the rehabilitation process, but it is one of the basic steps in the program.

---

[6] Commission on Chronic Illness. Care of the Long Term Patient, Vol. II, p. 133.

In philosophy it is said that every man has a goal in life; in rehabilitation the patient must be helped to set realistic goals for himself. Dawson[7] reminds us: "In working with the older patient remember that his motivation for physical restoration is much weaker than that of the younger man."

The nurse and therapist working with the hemiplegia must be willing to consider the patient's individual needs and work for the satisfaction of them, though the patient may consider something else more important. Greer[8] states, "We must meet the patient where he is and we must stimulate him in the area where he can and will respond in a manner that will bring about his positive participation. . . Without motivation we rehabilitate not to creative living but only to existence which has never been enough for man."

In "Capacity and Motivation" we find the following statement: "Capacity is a term used to indicate the individual's ability, fitness, endowment, in a general sense, the non-motivational aspects of his behavior. As contrasted with motivation it refers to what the individual can do rather than what he intends to do."[9] The patient who desires to maintain his self respect and pride may be helped by the nurse to develop his ability to become as self-sufficient as possible.

---

7 Dawson, A.R. "Emotional Aspects of Medical Rehabilitation" Southern Medical Journal 46:53 January 1953.

8 Greer, G.I. op. cit., p. 156

9 Levy, D. "Capacity and Motivation," American Journal of Orthopsychiatry, 27:4, January 1957.

Alice Morrissey[10] lists ninety-nine physical activities necessary for daily living and she states: "At least half these items fall within the realm of nursing care. Among these are activities that the patient may learn to perform in a bed or wheelchair. These are non-ambulatory or nonwalking activities . . . Basically there are some fundamental principles that are relevant to all instruction in self-care methods."

In teaching the patient self-care activities or in assisting the patient to practice the activities taught by the occupational therapist, the nurse must remember that the patient must do the work alone. The nurse needs to accept this if she is to help the patient in his attempt to achieve independence. Another important point for her to remember is that there are individual differences in people. In this program of self-care there are no rigid procedures to be followed: there are basic techniques, but adaptations to meet the individual requirements of the patient are the rule rather than the exception.

In "Activities of Daily Living, A.D.L.," Lawton[11] emphasizes the following factors,

> "To stimulate and teach the patient in terms of daily necessities is not something that just happens or that is picked up 'naturally' as he goes along, but it has to be carefully planned and practiced and the teaching toward this end is an important program . . . It cannot be emphasized

---

[10] Morrissey, A., Op. cit., p. 144

[11] Lawton, E.B. Activities of Daily Living A.D.L. Rehabilitation Monograph X. Institute of Physical Medicines and Rehabilitation, N.Y.University and Bellevue Medical Center, 1956, p.4.

> too often, that just going through the motions is not the same as carrying out an activity. If we want to test and train the patient to become efficient in daily activities we must provide the furniture and equipment used in daily life. . . adaptations in equipment may be necessary. We should also consider if a patient cannot be trained to function unaided, adaptations that may make it easier for him and for the person who has to help him."

Self-care activities properly taught to the patient, and practiced by him under the guidance and supervision of the nurse, may mean the difference between a life of dependence and a life of independence. "To be able to share a little in the return of self-respect and human dignity to the man or woman rendered incapable of physical activity by disease or injury is one of the joys of nursing."[12]

In those situations in which an occupational therapist is a member of the rehabilitation team, she is usually the one responsible for teaching the self-care activities; but it is the nurse who searches for and plans opportunities for practice in the patient's daily living on the unit.

Waterman and Lang[13] note that the nurse needs to be familiar with and understand the activities taught the patient as she is usually responsible

> "For interpreting the philosophy underlying the technique of self-care to the family and friends if they are to cooperate completely. They must appreciate that each activity of the

---

12 Morrissey, A. Op. cit., p. 149

13 Waterman, T.L. and Lang, V. Chronic Illness, p.305

> patient that he masters is one step along the road to self-care and eventual recovery.
>
> "The nurse assists others as they strive to develop abilities and activities designed to transform the patient from a helpless bed-fast invalid into an individual capable of sufficient self-care to make him independent to a degree that makes it possible for him to get along without assistance from others."

Some patients may need training to use the left hand to perform the tasks formerly done with the right hand; other patients may find the training or retraining a more complicated matter, such as lacing the shoes and tying a bow with one hand, fastening or unfastening buttons.

The results of the joint efforts of the patient, his family, the therapist and the nurse to help the patient become self-sufficient, actively interested in his own progress and emotionally able to cope with the unwelcome changes his illness may have created are evident in the progress made by the patient toward independence.

Fuerst and Wolff[14] state that the experts in physical medicine who are members of the rehabilitation team working with the patient are able to measure scientifically the patient's capacities in relation to at least 150 physical demands. Once the patient's limitations are determined, then a program of planned activity and exercise can begin. These physical demands may include such routines as being able to brush the teeth, comb the hair, cut meat into small pieces, and lift a cupful

---

[14] Fuerst, E and Wolff, L. Fundamentals of Nursing, p.305

of liquid.

The opportunity for the patient to practice the self-care activities that he is being taught is present in the daily routine planned for him. When all concerned with patient care are aware of the activities the patient is able to perform, the effectiveness of the program is markedly increased. This awareness depends upon the communications among the team members responsible for patient care.

Our means of communication are an important part of our lives, and how we make our meanings clear to others effects our relationships with them. "Speech is one form of communication and, if we realize that speech is that through which we most constantly influence one another,"[15] we will understand the effect communication has on those with whom we have contact.

As each team member is informed about fields outside his own he realizes that each has a contribution to make in the care of the patient. Skill in interpersonal communications is based on awareness and understanding of the contributions made by other members to the rehabilitation program of the patient.

Phenix[16] says, "We must strive for increased skill in supplying information to people, in sharing with them the purposes, aims and values of the profession we represent - always keeping in mind that when

---

15 Overstreet, H.A. The Mature Mind p. 57

16 Phenix, F. "What's Needed to Coordinate Services for Rehabilitation" Hospital Management, 80:5, 90 November - December 1955

the ideas we think are important are not accepted by others, or when we meet with resistance, perhaps we need to re-examine both the validity of the idea and our skill in communication."

Communications skill depends upon the individual and his personal and professional security. Not only must we consider this but certain other factors are also important. Words may convey different meanings to each individual, therefore it is necessary that the words used be clearly understood by those hearing or reading them. In developing good communication skill it is well to remember that there are two kinds of communication as stated by Benne and Muntyan.[17]

"1. Spreading the facts when 'everybody wants to know what's happening'.
"2. Conveying assumptions, values and philosophy which provide the basis for new insights and new procedures.

"The first type deals with communication for which there is ready acceptance while the second type attempts to do many things at once. . . seeks to produce readiness for, interest in, and committment to new ideas. This implies action."

When we consider these two types, it is possible to relate them to the communications between members of the rehabilitation team. As an effort is made to gain cooperation in carrying out a new procedure the method of communication needs to be examined if full agreement is to be secured. Notes on the patient's record are one means of communication to share information but these notes never tell the whole story. Team conferences will do much to improve the relationship

---

17 Benne, K. and Muntyan, B. Human Relations in Curriculum Change. p. 265.

between team members.

Crail and Holt[18] give three excellent reasons to justify the time involved in team conferences, namely, "1. The problem of coordination of services arises as a diversity of specialists share the responsibility of treating the patient. 2. Opportunities to share information and ideas are requisite to coordination of work. 3. The team conference provides a group situation in which the development of ability to think together insures a more consistent treatment program for the patient."

These conferences will provide for consistency and also for unity in the program. Sometimes the patient may feel he has no one person who is fully aware of what is going on and to whom he can go for help. Unity in the program will develop when there is mutual understanding of what each discipline offers the patient. This mutual understanding may be gained in two ways, by "(1) recognition of the particular area of competence for which training and experience has prepared the given expert to offer a specific rehabilitation service, and (2) knowledge, understanding and appreciation of the value that services by other experts may have for the individual in terms of his total restoration."[19]

Having achieved this mutual understanding the unified efforts

---

[18] Crail, C. and Holt, J. "Coordinated Approach to Patient Care." American Journal of Occupational Therapy, 5:193 Sept.-Oct. 1951

[19] Elledge, C. Rehabilitation of the Patient, p. 85

will become more evident and the patient will find that the person from whom he seeks help is informed of the total program and is able to meet his needs. This feeling of confidence will do much to increase his response to the prescribed treatment and be reflected in the progress he makes toward independence through practice of his self-care activities.

Communication is improved when the team members develop a working relationship and put their heads together over common problems. This working relationship facilitates the use of words and translates them into action. Dowling[20] says, "People working in groups are more adept at solving problems than the individual." The occupational therapist and nurse working together may devise a better way for the patient to do self-care. The nurse who is with the patient for longer periods of time frequently is aware of areas where help may provide the motivating factor to start the patient on his road to recovery. The therapist is more familiar with methods and/or devices to provide the help in a given area. When these two work together, the patient receives the benefit of the combined effort.

Team conferences at regular intervals will help eliminate many difficulties that might arise when regular conferences are not held. The team members learn to synthesize their individual contributions into a unified patient centered program.

---

[20] Dowling, F. "Good Communication is More Than 'Sweet Talk.'" Hospitals, 31:43, February 1957

Team conferences may be complemented by written communications. As indicated, notes on the chart are a helpful form of communication and when used with the conferences, prove very valuable. In some hospitals the usual channel of communication between departments is the record of the patient's progress written on a specified form that is a part of his record. It is important that notes showing progress made by the patient or changes in his condition be written by members of each department if this channel of communication is to be effective and the patient is to receive the full benefit from his hospitalization and rehabilitation.

This review of literature pertinent to self-care activities, as a part of the rehabilitation program planned for the patient, shows the importance of teaching the patient self-care activities, and stresses the need to provide the opportunity for the practice of these activities on the unit by the patient. The means of communication, used to transmit information, to members of the nursing staff, about the activities taught the patient, need to be clearly understood by all using them.

CHAPTER III

METHODOLOGY

"It is the set of the sails
and not the gales
That determine the way we go."
-Anon.

This study is concerned with the need for patients to practice on the nursing unit what they have learned in the occupational therapy department. A hospital was chosen that had rehabilitation of the patient as one of its aims, in order that performance of self-care activities on the unit might be compared with the activities taught in the occupational therapy department, and that the means of communication by which the nursing staff learns about the teaching done in the occupational therapy department might be studied. At this hospital an adequate number of patients may be found to meet the criteria established for the selection of patients, i.e., the activities of self-care in daily living are being taught in the occupational therapy department, and the carry-over of practice to the nursing unit can be observed. Hospital X met these requirements and permission was obtained to collect the data there.

A total of 105 hours was spent in obtaining the data. This time was spread over a period of seven weeks. The most concentrated period was four consecutive six-hour days spent in the occupational therapy department observing the occupational therapists teaching the patient the activities of self-care. In the other six weeks,

observations were made on the nursing units to note the activities performed by the patients. These observations were made during morning care, at meal times, and in the late afternoon in order to note the activities performed at various times of the day.

Also, in this six-week period, interviews were held with the head nurses, members of the nursing staff and occupational therapists. The average time per interview was approximately twenty minutes. A conference was held with the supervisor of the occupational therapy department to learn which of the patients, being taught activities of self-care, met the criteria for selection of patients.

Hospital X, located in a suburb of Boston, has a normal bed capacity of 600 patients. At the present time the average daily census is 250 patients. This hospital provides specialized facilities for the diagnosis and treatment of patients suffering from chronic diseases and cancer who may benefit from such hospitalization. The patients cared for are all cases of chronic illness who may be helped by medical or surgical treatment and are capable of being rehabilitated. There is a doctor on each unit who is responsible for referral of patients to the physiatrist in charge of the physical medicine and rehabilitation department.

The occupational therapy department in this hospital, an integral part of the physical medicine and rehabilitation department, has a large work area, a woodworking shop, and a room used for the individual teaching of the activities of daily living. There are six occupational therapists in the department including the supervisor.

Each nursing unit within this hospital accommodates thirty or

thirty-one patients. The nursing staff on a unit consists of a head nurse, an assistant head nurse, registered professional staff nurses, licensed practical nurses, hospital attendants (male and female), and a unit secretary.

The rehabilitation supervisor is a member of the nursing service staff. She supervises, teaches and guides the nursing service personnel in giving rehabilitative nursing care; maintains active liaison between nursing, physical medicine, and social service; and maintains active liaison between the hospital and community.

Regular conferences are held every week. Those attending include the physiatrist, the supervisors from the physical medicine and occupational therapy departments, the speech therapist, the social worker, the rehabilitation supervisor, the unit doctor, and the supervisor and head nurse from the specific unit. At these conferences the progress of the patients on the unit are discussed and needed changes in the planned program are made. If a patient is being considered for discharge each conference member is able to contribute to the plans for the care of the patient at home and all members are aware of the total plans being made.

Approximately sixty patients from the various units are being treated daily in the occupational therapy department. The records of these sixty patients were reviewed to determine diagnosis, age, and sex. The investigator desires to integrate the principles and techniques of rehabilitation nursing with the nursing care of patients in a general hospital, therefore observations were made on patients similar to those found in a general hospital as to diagnosis, age,

and sex.

The criteria established for the selection of patients are these:

1. The disabilities of the patients are similar to those disabilities that may be found in a general hospital, and

2. The activities of self-care in daily living, such as personal hygiene, eating and dressing are being taught these patients.

Review of the records found thirteen patients who met both desired criteria. They included four with right hemiplegia; three with left hemiplegia; and one each with polio, rheumatoid arthritis, fracture of C5-C6, dislocated prothesis of the hip, cord compression, and Parkinson's disease. The patients ranged in age from twenty-one to seventy-three years. The following table gives the age and sex of the selected patients.

TABLE I

AGE AND SEX OF SELECTED PATIENTS

Age	M	F	Total
20 - 29	1	1	2
30 - 39		2	2
40 - 49		1	1
50 - 59	1	1	2
60 - 69	1	3	4
70 - over	2		2

To secure relevant information about the activities of self-care in daily living, charts from various institutions were studied and compared. Hygiene, eating, dressing, toilet activities and hand skills that are being taught in these institutions and those activities which might be carried over and practiced on the nursing unit were noted.

With the exception of activities pertaining to toilet activities, those taught by the occupational therapist in Hospital X are similar to the activities of hygiene, eating and dressing taught in other institutions. All of the self-care activities taught in Hospital X may be carried over and practiced on the nursing unit.

The activities of self-care as taught by the occupational therapist are recorded by her on a form, as follows:

I. Hygiene
   - A. Wash hands
   - B. Dry hands
   - C. Wash extremities
   - D. Brush teeth
   - E. Clean finger nails
   - F. Brush or comb hair
   - G. Shave
   - H. Put on cosmetics

II. Eating
   - A. Eat with hand
   - B. Eat with spoon
   - C. Eat with fork
   - D. Cut soft food
   - E. Cut meat
   - F. Drink with straw
   - G. Drink from cup
   - H. Drink from glass

III. Dressing
   - A. Bed
     1. Put on pajama top
     2. Remove pajama top
     3. Put on pajama pants
     4. Remove pajama pants

5. Put on robe
6. Remove robe
7. Put on johnny
8. Remove johnny
9. Put on slippers
10. Remove slippers

B. Wheelchair or ambulatory
1. Put on undershirt or bra
2. Remove undershirt or bra
3. Put on underpants
4. Remove underpants
5. Put on socks
6. Remove socks
7. Put on stockings
8. Remove stockings
9. Put on shoes
10. Remove shoes
11. Put on slipover garment
12. Remove slipover garment
13. Put on cardigan garment
14. Remove cardigan garment

C. Skills
1. Fasten buttons
2. Unfasten buttons
3. Fasten grippers
4. Unfasten grippers
5. Fasten cuff button
6. Unfasten cuff button
7. Pull up zipper
8. Pull down zipper
9. Lace
10. Unlace
11. Tie bow
12. Tie shoe lace
13. Untie shoe lace
14. Tie necktie
15. Clip on tie
16. Fasten buckle
17. Unfasten buckle
18. Put on eyeglasses
19. Remove eyeglasses
20. Clean eyeglasses

The occupational therapist records the planned program on a specified form. The self-care activities that she is planning to teach the patient are listed. As the patient improves in his ability, or if he is having trouble performing the activity, these facts are noted on

the record by the occupational therapist. This record is kept up to date and when the patient is able to perform the activity independently a notation of that accomplishment is made on the record. The occupational therapist reads the patient's record when he arrives in her department to note any changes in medical treatment or any remarks made by members of the nursing staff that may affect the planned treatment for the day.

Members of the nursing staff have access to the patient's record and this means of communication with the occupational therapy department has been explained in the orientation program when they join the nursing staff of the hospital. A specific form is provided on which members of the nursing staff may record medications given, treatments carried out, and pertinent remarks about the patient.

Each patient's record was reviewed (1) to note whether the self-care activities being taught were recorded and progress made by the occupational therapist, and (2) to note whether the members of the nursing staff recorded specific self-care activities performed by the patient.

Another method used to obtain relevant data was the focused interview with (1) those members of the nursing staff involved in actual patient care, (2) the head nurses on the nursing units of the selected patients, and (3) the occupational therapists who taught the selected patients.

The purpose of the interview varied with the groups being interviewed, but the over-all objective was to obtain information pertinent to the practice of self-care activities by the patient on

the unit.

In the focused interview the emphasis is on a given experience and the effects of that experience. Some of the characteristics of a focused interview that made it applicable to this situation are:[1]

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

> The members of the nursing staff interviewed are involved in the actual care of the patient being studied.
> The occupational therapists interviewed are doing the teaching of the activities of self-care to the selected patients.

(2) A content analysis has been made of the situation by the investigator.

> The investigator has studied the nursing unit situation and the plans made for the nursing care of the selected patients. Observations were made in the occupational therapy department to note the activities being taught.

(3) An interview guide is fashioned setting forth the major areas of inquiry to locate the pertinent data to be obtained in the interview.

> An interview guide was prepared by the investigator - copies of the guides prepared for each group being interviewed are found in Appendix A, B and C.

(4) The interview is focused on the subjective experiences of the respondents. The information obtained enables

---

[1] Merton and Kendall (1946) as quoted in Jahoda, M., Deutsch, M., and Cook, S. Research Methods in Social Relations, p. 156.

> the investigator to test the validity of her hypothesis and it may give rise to new hypotheses.

This type of interview permits the use of structured questions, but also permits the interviewer to ask questions in the manner most acceptable to the respondent. The respondent is free to express himself but the direction of the interview is in the hands of the interviewer. The focused interview enables the interviewer to obtain definite information from the respondents involved in the situations and as far as possible to confine the discussion to the issues about which information is desired.

The interviews held with the members of the nursing staff involved in actual patient care were directed to: (1) the plans for care made by the staff members, (2) the staff Member's awareness of the activities taught by the occupational therapist, and (3) the means of communication used by the staff member to obtain information about the activities performed by the patient.

Members of the nursing staff were selected for interviewing on the basis of their assignment to the selected patient. The members giving actual patient care included five registered professional staff nurses, twelve licensed practical nurses and eight hospital attendants. The location of the selected patient on a specific nursing unit and the individual needs of the selected patient caused a variance in the number from each category of the nursing personnel. The interviews with the nursing personnel were held in a small room on the nursing unit and the respondents were interested in the problem, cooperative and thoughtful.

From the guide prepared for the interviews with the head nurses of the specific units, the investigator wanted to obtain information about the following: (1) whether the head nurse had visited the occupational therapy department and the extent to which she was aware of the self-care activities being taught by the occupational therapists; (2) the means of communication she used to obtain information about the activities performed by the patient; (3) how members of the nursing staff were informed of the patient's ability to do specific activities; and (4) whether she allowed time in planning patient assignments for the patient to do self-care.

The majority of the head nurses were interested in the problem and gave thought to their replies. One head nurse felt that she did not have time to discuss the problem and felt little could be done about it. She did not seem interested in the planned programs of the patients as they pertained to rehabilitation, her chief interest being that medications were given and the treatments done.

In the interviews with the five occupational therapists the areas considered were two: (1) whether the activity being taught could be practiced on the unit during the learning period, and (2) the means of communication used to notify the unit of general plans and problems or accomplishments in the performance of a specific activity.

These interviews were held in the occupational therapy department. The therapists were interested in the problem and cooperative. Their replies indicated interest in helping the patient become as self-independent as possible and in making the rehabilitation program as effective as possible.

Observation was the third method used to collect data for the study of this problem: "Scientific observation is distinguished from non-scientific observation by its place and purpose within the set of inter-related activities which constitute scientific inquiry rather than by the quality of the observing."[2]

Observation permits the recording of behavior simultaneously with its spontaneous occurrence. The use of observation techniques in the actual situation made it possible to note what activities were being taught and the reaction of the patient to the teaching.

To study the activities taught by the occupational therapists in Hospital X, the five therapists in the department were observed while teaching the thirteen selected patients the self-care activities needed by each patient. These activities were taught in half-hour class periods daily. The same therapist taught the same patient all his needed activities. Each therapist was observed four times with each patient being taught.

The patient was observed on the unit to note whether he was carrying over the practice of the activities he has been taught. Each patient was observed three times at different times of the day. In the observations it was noted whether the specific activity of self-care was being carried out and whether all activities the patient had been taught were being practiced. In as much as specific activities were being taught to the patient a check list of the activities facilitated the observation. A copy of the list of these activities is in Appendix D.

---

[2] Jahoda, M., Deutsch, M., and Cook, S. Op. cit.,

CHAPTER IV

FINDINGS

Life must be measured by thought and action, not by time.
-Sir John Lubbock

As stated earlier, in order to study the nature of the carry over into practice of self-care activities on the nursing unit, observation of the occupational therapist teaching the patient self-care and of the patient practicing on the unit was done. To determine what self-care activities the patient might practice during the learning process the occupational therapists were asked, "What activities may be practiced by the patient on the unit during the learning period?" All five occupational therapists replied, that all activities may be practiced while the patient was learning the activity. One therapist qualified the use of adapted equipment in eating; she felt this should not be used until the patient felt quite secure in using it.

Table 2 shows the number of items in each activity of hygiene, dressing and eating that the investigator observed being taught in the occupational therapy department and the number of items the patient was practicing on the unit. A copy of the list of these activities is in Appendix D. Five of the thirteen patients did all of the activities on the unit that they were learning in the occupational therapy department. Eight of the patients did not do all they had been taught to do. The

TABLE 2

Activities of Self-Care Taught to Patients by the Occupational Therapist Compared with Activities Practiced by the Patients On The Unit

Patient	1		2		3		4		5		6		7		8		9		10		11		12		13	
	Taught	Practiced	Taught	Practiced	Taught	Practiced	Taught	Practiced	Taught	Practiced	Taught	Practiced	Taught	Practiced	Taught	Practiced	Taught	Practiced	Taught	Practiced	Taught	Practiced	Taught	Practiced	Taught	Practiced
Activity I. Hygiene 5 Items	3	3	2	0	3	1	3	3	4	3	3	2	2	0	4	4	1	0	4	2	1	1	4	4	4	4
II. Dressing 12 Items	11	11							11	9	8	4			11	9	11	3	11	7						
III. Eating 6 Items	4	4	4	2	2	2	2	2	4	4	4	4	5	2	4	3	3	3	4	4	3	3	4	4	4	4

investigator asked the eight patients why they did not do all of the activities. One patient stated that her head was sore and she could not comb her hair, four of the patients stated they did not have enough confidence in themselves to perform the activity alone. Three of the patients said there was not time to do the activity themselves, or the nurses were too busy to help them and it was easier to let someone else do the activity.

These observations show that about one third of the patients did all the activities and the other patients need reassurance and help from the nurses to do the activity. "This reassurance will be experienced by the patient when he finds that he is respected and understood by the nurse who assists him to recognise and develop his own resources and thereby restore his confidence in himself."[1] From this table it may also be noted that patients carried out more of the eating activities on the unit than dressing or hygiene.

It seemed possible that patients might practice some activities when some staff members were present and not practice them for other staff members. The twenty five staff members were asked, "What activities of self-care does the patient do for you?" Their replies indicated that, six of the patients did all the items in each activity for all members of the nursing staff. One of the patients did one item of hygiene for all staff members and did not do the other item of hygiene she had been taught for any of the staff members. Four of the patients

---

1 Gregg, Dorothy, Reassurance. American Journal of Nursing, 55:171, February 1955.

did not do all items of hygiene for all staff members, but did all other items of self-care they had been taught for all of the staff members. Two of the patients did all items of eating for all the staff members but did not do all items of dressing for all staff members.

The items of self-care which the patients did not do for all of the staff members were those pertaining to dressing and hygiene. Some of the staff members stated they did not have time to let the patient do self-care. Most of the staff members said they were not aware patient was able to perform the activity.

It would appear that the nature of the patient's relationship with the staff had an effect on the performance of the activities on the unit, since we note that seven patients varied in performance with different staff members. Knocke and Knocke[2] have expressed the idea that relationships between the patient and nurse may effect the performance of an activity by the patient, and these findings suggest that relationship is a factor in the patient's performance of activities on the unit.

It seems likely that the amount of planning for self-care will have an effect on the amount of practice done by the patient. In order to find out the kind of planning done by the staff members, they were asked, "Do you definitely plan for the patient to do self-care activities?" To this question fourteen said they included self-care by the patient in their plans. About half of the members in each category

---

[2] Knocke, F.S. and Knocke, L.S. op. cit. p. 247

made this type of plan. Eleven of the members said if the patient's schedule permitted, or if they had enough time they had the patient do some self-care activities.

The head nurses were asked,"Do you plan, when making the assignment, for the patient to do self-care?" Three of the seven said they definitely planned for the patient to do self-care; three said if time permitted and the patient's schedule did not interfere; four said they encouraged but did not definitely plan for the patient to do self-care.

Since the staff mentioned time as a factor in making plans for the patient to do self-care, and the patient has mentioned that the nurses were too busy to help them perform this self-care, it may be that a hindering factor in the patient-staff relationship is this perception by the patient of the pressure felt by the nurse to complete a given assignment.

When we consider that about one-half of the head nurses encouraged but did not plan definitely for the patient to do self-care, the question might be asked, "How aware is the head nurse of the program being offered in the occupational therapy department?" Knowledge of the program of self-care activities being taught and the importance of practice on the unit might influence her plans for patient assignment. Only one of the seven head nurses had visited the occupational therapy department when the question was asked during the interview. Most of them expressed an interest in the program but felt they did not have time to visit the department. In the interviews with the twenty-five members of the nursing staff the answers to the question, "Have you

visited the occupational therapy department?" showed that two of the twenty-five had visited the department, one a registered professional staff nurse, the other a hospital attendant. Two of the hospital attendants said that one class in their program of study was on the occupational therapy department and the program of treatment being given in the department. The other twenty-one had had no specific contact with the department.

More knowledge of the program being offered in the occupational therapy department may help the members of the nursing staff to plan for more self-care by the patients and make the progress notes on the patient's record more meaningful to them.

The formal means of interdepartmental communication are the notes on the patient's records. To supplement this means of communication a practice of holding conferences on the unit has been established. In order to find out which means of communication were used, questions about communication were included in the interviews held with the five occupational therapists, seven head nurses and the twenty-five members of the nursing staff.

To the question, "How do you notify the nursing unit of the plans for treatment that you have made for the patient?," the five occupational therapists stated they used the specified form in the patient's record, and all said the unit conferences were helpful. In addition to these means of communication two of the five therapists talked to the head nurse about plans for the patient. One of the therapists said she talked to whoever was at the desk about the general plans made for the patient.

In reply to the question, "How do you notify the nursing unit of the self-care activity you are teaching the patient?," all occupational therapists stated they used the specified form in the patient's record and the unit conferences. One of the five therapists spoke to the head nurse or the nurse in charge, three of the five therapists spoke to anyone at the desk. One therapist said she made personal contact only if a specific problem or special adaptation of equipment was involved.

The replies to these questions indicate that all five therapists use the established channel of communication - notes on the specified form in the patient's record - to notify the nursing unit of the plans made for and specific activities taught to the patient. Four of the five made additional efforts to notify the nursing unit of the specific activity. The unit conferences were mentioned by all five as a good means of communication between the departments.

The seven head nurses in charge of the specific nursing units were asked the following questions:

1. "How do you know what the general plan of activity are for the patient when he is in the occupational therapy department?" One head nurse occasionally read the notes on the patient's record, one said she called the department if a specific question or problem arose. Three said they got their information when the therapist came to the unit. Six of the seven relied on the unit conferences for information.

2. "How do you know what activities of self-care the patient may perform?" All seven asked the patient or got their information from the unit conferences. Six of the seven observed what the patient was

doing. One talked to the therapist about the activities the patient could do.

3. "How do the members of your staff know what activities of self-care the patient is able to do?" All seven said the staff members asked the patient what he could do, six of the seven said the staff observed the patient then followed through on what they saw him doing. Five said they told the staff members, when the patient assignment was made, what the patient was able to do.

In general the head nurses obtained their information about the self-care activities the patient was able to perform from the patient himself, either by asking him or by observation of his actions on the nursing unit. Six of the seven head nurses relied on the conferences, which were held once every five or six weeks on each unit, for information of the activities the patient might perform. Only one head nurse occasionally read the notes on the specified form in the patient's record. The opportunity to discuss the progress of the patient with the patient himself or at the staff conferences seemed to be more meaningful to the head nurse and was preferred by her as a means of communication.

The interviews with the members of the nursing staff assigned to give nursing care to the selected patients were revealing as to the means of communication they used to learn what activities of self-care the patient was able to perform. They were asked, "How do you find out what activities the patient may perform?" One licensed practical nurse stated that she read the progress note on the patient's record; two, a registered professional nurse and a hospital attendant, talked to the occupational therapist. The other twenty-two asked the patient what he

could do for himself and followed his reply for performance of the activity. Eleven said they observed what the patient did for himself and two said the head nurse had told them what the patient was able to do.

This group favored verbal means of communication, with the majority getting their information from the patient. A few talked to the head nurse or occupational therapist. Two said they listened to the conferences but only one read the progress note although all had access to the patient's record and equal opportunity to read the record.

The patient's record was reviewed (1) to note whether the self-care activities being taught were recorded and progress notes made by the occupational therapist, and (2) to note whether the members of the nursing staff recorded specific self-care activities performed by the patient. The review of the records showed that all of the occupational therapists recorded the specific activity being taught on the specified form and progress notes were found on twelve of the thirteen records. The number of progress notes varied from one to four according to the length of time the patient had been receiving instruction in self-care activities. On three of the thirteen records a member of the nursing staff had noted self-care performed by the patient.

The results of this review indicate that the written record of the patient's progress in activities of self-care is maintained by the occupational therapist but there is little written evidence of the activities performed on the unit by the patient. The review also indicates that the occupational therapist who wants information about the activities the patient is performing on the unit must use means of

communication other than the patient's record to obtain this information.

In summary, the means of communication used by the occupational therapists are the notes made on the patient's record. However, the head nurses and staff members find verbal communication with the patient and in the unit conferences most meaningful in learning what self-care activities the patient may perform. More awareness and understanding by the nursing personnel of the program carried out in the occupational therapy department might increase the use of the notes on the patient's record as a means of communication to be used by all. This awareness and understanding might make the unit conferences more meaningful and the carry-over in the practice of self-care activities by the patient might be increased. Many of the members of the nursing staff and some of the head nurses obtain their information about performance of self-care activities from the patient. This might not happen if the accepted means of communication were used by all concerned.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

I steer my bark with Hope ahead,
and Fear astern.
-Thomas Jefferson

This study was conducted in a hospital that admits patients suffering from chronic diseases and cancer, who are capable of being rehabilitated. The purpose of the study was to determine the nature of the carry over into performance on the nursing unit of self-care activities that are taught in the occupational therapy department. To do this, it was necessary to compare the self-care activities practiced on the unit by the patient with those taught in the occupational therapy department and to study the means of communication by which the nursing staff learns of the self-care activities being taught by the occupational therapist.

At this hospital there is a department of physical medicine under the direction of a physiatrist; the occupational therapists in the department teach the activities of self-care to the patients. A rehabilitation supervisor teaches, guides and supervises the members of the nursing staff in rehabilitative nursing. Each unit doctor refers the patients to the physiatrist who directs the rehabilitation program for the patients. The selected patients met two criteria, namely, they had disabilities similar to those found in a general hospital, and they were being taught self-care activities by the occupational therapist.

A sample of thirteen patients was used.

To determine the nature of the carry-over into practice on the unit of the performance of self-care activities as taught by the occupational therapist, observations were made of the therapist teaching the selected patients the self-care activities to note what activities the patients were being taught. This was followed by observations of the same patients on the nursing unit performing the same activities.

Interviews were held with the five occupational therapists to determine the activities that could be practiced on the unit during the learning period and also to determine the means of communication used by the therapists. Interviews were held with the seven head nurses and twenty-five members of the nursing staff to determine their awareness of the program carried out in the occupational therapy department, what activities the patient performed on the unit, whether definite plans were made for the patient to do self-care activities on the unit, and how they found out what activities the patient was able to perform.

The patient's records were reviewed to determine whether the self-care activity was noted and whether progress notes were made by the occupational therapist. This review also included notes made by the members of the nursing staff as to the self-care activities performed by the patients.

Findings based on observations of the selected patients practicing the self-care activities on the nursing unit, show that the patients did practice all eating activities, but about one-third of the selected patients did not do all of the items of hygiene and dressing they had been taught by the occupational therapist.

Since about one-half the patients varied in performance with different staff members, this suggests that the relationships between staff members and patients have an effect on patients' performance of self-care activities on the unit. Another factor affecting the patients' performance of self-care on the unit was lack of time. This was expressed by both patients and nurses. Another was lack of information by the nurses that the patient was able to perform various activities of self-care.

Definite planning for the patient to do self-care varied in both the head-nurse group and among the members of the nursing staff. Approximately one-half of the head nurses encouraged but did not definitely plan for the patient to do self-care. Of the five registered professional nurses, twelve licensed practical nurses, and eight hospital attendants on the nursing staff interviewed, approximately one-half from each group did not definitely plan for the patient to do self-care. Lack of time and the patient's schedule were reasons given for not planning self-care by the patient. One of the head nurses and four members of the nursing staff had visited or had planned information about the program in the occupational therapy department. Neither group is fully aware of the program carried on in the department. Awareness of the self-care activities taught and the importance of practice by the patients may increase the opportunities planned by the nursing staff for the patient to practice self-care.

Occupational therapy transmits information to the unit about the activities taught the patient by means of the notes written on the specified form in the patient's record. The findings indicate that this

channel of communication is little used by nursing personnel, since only one in seven head nurses, and one of the twenty-five members of the nursing staff, stated they read the notes on the patient's record. However, both groups of nursing personnel stated they obtained much information from the unit conferences and both groups asked the patient what self-care he was able to do. The accuracy of the latter means of getting information is questionable and we may recall that some of the members said they were not aware of the patient's ability to do a specific activity. This may very well occur, when asking the patient what he can do, is the usual means of communication. Findings from observations of the patients indicate that the selected patients were not practicing all of the activities they had been been taught.

The findings obtained from the observations, interviews, and review of the patient's record as to the nature of the carry-over into practice of self-care activities on the nursing unit indicate that:

1. The patients did not practice on the unit all activities of self-care they had been taught by the occupational therapists.

2. Relationships between staff members and the patients have an effect on the performance of self-care activities by the patient.

3. The means of communication by which the nursing staff learned about the teaching done in the occupational therapy department are not the means of communication used by the occupational therapist to transmit this information.

4. A lack of adequate interdepartmental communication contributed to the patient's failure to practice on the unit all self-care activities he had been taught.

5. Unit conferences were an accepted means of communication by both occupational therapists and members of nursing personnel.

From the findings obtained in this limited study of the practice of self-care activities on the nursing unit, the following recommendations are made:

1. That an effort be made to explore the area of interdepartmental communications. In as much as unit conferences are an accepted means of communication it might be advisable to investigate ways of holding these conferences more frequently.

2. That a study be made of results obtained following frequent planned conferences compared with results obtained using other means of communication.

3. That a program be provided whereby members of nursing personnel may develop more awareness of and interest in programs of self-care for the patients.

4. That an effort be made to assist members of the nursing staff in planning time for the patient to practice self-care on the unit.

BIBLIOGRAPHY

Benne, Kenneth, and Muntyan, Bozidar, Human Relations in Curriculum Change New York: Dryden Press, 1951

Buchwald, Edith, Physical Rehabilitation for Daily Living New York: McGraw - Hill Book Company, Inc. 1952

Commission on Chronic Illness Care of the Long Term Patient Vol. II Cambridge: Harvard University Press: 1956

Elledge, Caroline Rehabilitation of the Patient Philadelphia: J . B. Lippincott Company, 1948

Fuerst, Elinor and Wolff, LuVerne Fundamentals of Nursing Philadelphia: J.B. Lippincott Company, 1956

Jahoda, Marie, Deutsch Morton, and Cook, Stuart W., Research Methods in Social Problems, Part One New York: Dryden Press, 1951.

Knocke, Frederick and Knocke, Lasell Orthopaedic Nursing Philadelphia: F.A.Davis Company, 1951

Lawton,Edith B. Activities of Daily Living A.D.L. Rehabilitation Monograph X The Institute of Physical Medicine and Rehabilitation New York University Bellevue Medical Center, New York, 1956

Montag, Mildred and Filson, Margaret Nursing Arts, 2nd Ed. Philadelphia: W.B.Saunders 1953

Morrissey, Alice Rehabilitation Nursing New York: G. P. Putnam's Sons, 1951

Overstreet, H. A. The Mature Mind New York: W.W. Norton and Company Inc. 1949

Terry, Florence, et al. Principles and Techniques of Rehabilitation Nursing St. Louis: C.V. Mosby Co., 1957

Waterman,Theda and Lang Valorus Chronic Illness St.Louis: C.V. Mosby Co., 1955

BIBLIOGRAPHY

PERIODICALS

Crail, Constance and Holt, James. "Coordinated Approach to Patient Care," American Journal of Occupational Therapy 5:193 September - October 1951

Dawson, A.Ray. "Emotional Aspects of Medical Rehabilitation," Southern Medical Journal 46: 53 January 53

Dowling, Fred, "Good Communication is More than 'Sweet Talk," Hospitals 31:43 February 1957

Greer, G. Irene, "Motivation of the Brain Damaged Person," American Journal of Occupational Therapy 9:156 July - August 1955

Gregg, Dorothy. "Reassurance" American Journal of Nursing 55:171 February 1955

Levy, David M. "Capacity and Motivation," American Journal of Orthopsychiatry 27:4 January 1957

Marks, Morton and Goodgold, Joseph, "Rehabilitation of the Patient with Multiple Sclerosis," Journal of American Medical Association 1956: 755 October 23, 1954

Phenix, Florence L. "What's Needed to Coordinate Services for Rehabilitation," Hospital Management 80: 5:90 November - December 1955

Phillips, Elisabeth. "The Role of the Nurse in Rehabilitation" The Canadian Nurse, 52: 10: 810 October 1956

Rudin, Louis N. "Physical Medicine and Rehabilitation in Hemiplegia," Maryland State Medical Journal 7:202 -206 April 1955

Towle, Charlotte. "Common Human Needs" Published by Federal Security Agency Social Security Board Bureau of Public Assistance Report 8

APPENDIX A

INTERVIEW GUIDE FOR MEMBERS OF NURSING STAFF

1. Have you visited the occupational therapy department?
   Have you had any contact in which you learned about the program carried out there?
2. Do you definitely plan for the patient to do self-care activities?
3. How do you find out what activities the patient may perform?
4. What activities of self-care does the patient do for you?

APPENDIX B

INTERVIEW GUIDE USED FOR HEAD NURSES

1. Have you visited the occupational therapy department?
2. How do you know what the general plans of activity are for the patient when he is in the occupational therapy department?
3. How do you know what activities of self-care the patient may perform?
4. How do the members of your staff know what activities of self-care the patient is able to do?
5. Do you plan when making the assignment, for the patient to do self-care?

APPENDIX C

INTERVIEW GUIDE USED FOR OCCUPATIONAL THERAPIST

1. What activities of self-care may be practiced on the nursing unit during the learning period?
2. How do you notify the nursing unit of the plans for treatment that you have made for the patient?
3. How do you notify the nursing unit of the self-care activity you are teaching the patient?

APPENDIX D

The List of Activities Taught the Patient by the Occupational Therapist and Used in the Observation of the Patient by the Investigator and Also Used for the Interviews with Members of the Nursing Staff.

Patient	1	2	3	4	5	6	7	8	9	10	11	12	13
I. Hygiene													
Wash face-hands													
Brush teeth													
Shave													
Apply cosmetics													
Comb or brush hair													
II. Dressing													
Put on robe													
Remove robe													
Put on pajamas													
Remove pajamas													
Put on undershirt - bra													
Put on underpants													
Put on slacks - skirt													
Put on blouse - skirt													
Put on cardigan garment													
Put on socks													
Put on stockings													
Put on shoes													
III. Eating													
Use Spoon													
Use fork													

Patient	1	2	3	4	5	6	7	8	9	10	11	12	13
Drink with straw													
Drink from glass													
Drink from cup													
Use adapted equipment													

APPENDIX E

GUIDE USED IN REVIEWING PATIENT RECORDS

1. Did the occupational therapist record on the specified form the specific activity the patient was being taught?
2. Were progress notes of patient's performance of the activity made by the occupational therapist?
3. Did the members of the nursing staff record the performance of self-care by the patient on his record?