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The teaching role of the staff nurse

THE TEACHING ROLE OF THE STAFF NURSE

By

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CHAPTER I

INTRODUCTION

The nursing and related literature of the past ten years indicates that an increasing emphasis is being given to the teaching component of present day nursing. The educational program of schools of nursing attempt to implement this concept by providing opportunity and experience for student nurses to actively participate in patient teaching during their clinical experience. Benne and Bennis say that teaching patients is seen as a central part of nursing functions.[1] One often encounters statements to the effect that "to nurse is to teach" or that "every nurse is a teacher" which seem to imply that teaching and nursing are inextricably bound together.

The teaching role of the nurse is not a new development. While recent literature carries suggestions and proposals of methods and content suitable for teaching by nurses, or discusses various aspects of the nurse's teaching role, the early nursing literature of this country makes reference to this function also. A graduation address delivered at Lakeside

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[1]Kenneth D. Benne and Warren Bennis. "The Role of the Professional Nurse", American Journal of Nursing, Vol. LIX, (February, 1959), p. 197.

Hospital, Cleveland, on May 11, 1906 by Henry Hurd, M.D., develops the theme that as "missioner of health", the nurse must preach the gospel of hygienic living and healthful surroundings . . . the tuberculosis nurse must not only nurse the sick but also be responsible for the instruction of the family to prevent the spread of the disease to the community.[2] Stewart, writing in the American Journal of Nursing in 1915, includes among other, educational duties of the nurse as distinct from her bodily ministrations.

The American Nurses' Association lists three teaching responsibilities of the general duty nurse which are directed towards the patient, the student of nursing, and the nonprofessional personnel with whomthe general duty nurse may come in contact during her nursing duties.[3] If the staff nurse effectively teaches the patient while he is in the hospital, then he should be able to meet his health and sickness needs much more advantageously after his return to his home and employment.

The evolving concepts of nursing education which, in turn, are a reflection both of social changes and the contribution that educational psychology has made thorugh its re-

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[2]Henry M. Hurd. "Shall Training School for Nurses Be Endowed?", American Journal of Nursing VI (September, 1906), pp. 843-853.

[3]American Nurses' Association. Functions, Standards, and Qualifications for Practice of the General Duty Nurse. New York: General Duty Nurses' Section, American Nurses' Association.

search and findings on the teaching-learning process, stress the development of students' abilities to communicate and interpret the principles and practices of the conservation and promotion of mental and physical health.

Statement of the Problem

This is a descriptive study of the teaching activities of staff nurses in one general hospital. It was the purpose of this study to identify some specific occasions when the staff nurse in a general hospital engages in teaching activities.

Answers to the following questions were sought:

1. Does the staff nurse recognize and accept the responsibilities for teaching in her nursing practice?
2. What is the content of the staff nurses' teaching? administrative or nursing care procedures? Which items of nursing care procedures receive the most emphasis? those dealing with bodily care or emotional care?

Justification of Problem

The general duty or staff nurse employed in a hospital nursing service has many opportunities and responsibilities to teach during the course of her nursing practice. This teaching may be directed towards students of nursing, non-professional nursing personnel, and patients. Since the

teaching component of nursing is attracting more attention on the part of nursing education and service administrators, a study to determine the specific content and participants in the teaching process of staff nurses in a general hospital seems both appropriate and valuable.

It is hoped that an outcome of this study might result in a sharper awareness on the part of staff nurses of their responsibilities and the inherent potentialities for teaching in nursing practice.

Scope and Limitations

The sample selected for this study consisted of 11 registered nurses employed as general duty nurses on 3 medical-surgical and 1 emergency service units. These nurses were employed on the 7:00-3:30 and 2:30-11:00 tours of duty only. The hospital from which the sample was selected has a bed capacity of 185. The observation periods did not cover the entire tour of 8 hour duty. Approximately 7 hours were spent in observing daily for 6 days but these hours were spread over the day and evening tours of duty. This study had one severe limitation; no one staff nurse was closely followed or observed for the entire 8 hours in which she was employed. Neither was any one nurse followed entirely during the observation schedules. An attempt was made to detect as much of the teaching activity of all the nurses on one unit during each of the observation schedules, over a period of 6 days. It is conceivable that the nurses may have engaged

in more teaching activity than was detected. While the observer might be detained in observing one nurse, teaching by the other staff nurses could go unseen. Furthermore, it must be conceded that all the interactions with patients and nonprofessional staff could not be observed during the 42 hours by one observer.

Any conclusions or recommendations arising out of this study would of necessity be confined and limited to one institution and to a small segment of its staff nurses only. No valid conclusions based on this study can be applied to any other institution unless the study could be replicated in exact detail.

Definition of Terms

In this report the following terms will be used as defined here:

Nonprofessional Staff--includes nursing aides and orderlies who are employed as nursing service personnel in the hospital and who receive on-the-job training to prepare them for their duties.

Student of Nursing--Student in the diploma School of Nursing.

Staff Nurse or General Duty Nurse--A registered, professional nurse who is employed by a hospital and is responsible for the direct or indirect total nursing care of the

patient.[4]

Nursing Practice Area--Patient area of a hospital, e.g. medical-surgical unit or pediatric unit or out-patient area. Wherever patients are gathered to receive direct nursing care.

Hospital Nursing Service--provides the coordination of those functions that are delegated to the various categories of nursing personnel which in turn will provide direct patient care.[5]

Sequence of Presentation

Chapter II discusses the theoretical framework of the study. A review of the literature regarding the functions and responsibilities of the staff nurse, and the teaching functions of nurses, in general, will be presented. The statement of hypothesis will be included in Chapter II.

In Chapter III the methodology used in the study will be explained. Chapter IV will deal with the presentation and analysis of the data. Chapter V contains a summation of the study with recommendations and conclusions.

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[4] Ibid.

[5] Edythe Alexander et al. Nursing Service Administration. (St. Louis: C. V. Mosby Company, 1962), p. 14.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

It is not intended in this study to defend the thesis that teaching is an important component of nursing. This fact has already been well established and widely accepted as the professional literature amply testifies.[6]

One might be inclined to think, however, from the many articles and discussions on the subject of teaching in nursing, which have appeared in the nursing literature since 1950, that this subject did not receive any treatment or consideration in the earlier nursing publications. But in 1905, Robb speaks of the nurse engaged in district nursing "serving as an instructor in the art of right living and the maintenance of health."[7]

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[6]Virginia Streeter. "The Nurse's Responsibility for Teaching Patients", American Journal of Nursing, LII (July, 1953), pp. 818-20.

Statement of Canadian Nurses' Association. "Nurses: Their Education and Their Role in Health Programs", Canadian Nurse, LII (May, 1956), p. 347.

Geraldine Skinner, Evelyn Bateman, Kathleen Nichols. "To Nurse Is To Teach", American Journal of Nursing, LVIII (January, 1958), pp. 92-3.

[7]Isabel Hampton Robb. "The Affiliation of Training Schools for Nurses for Educational Purposes", Eleventh Annual Report the American Society of Superintendents of Training Schools, 1905, pp. 152-55.

Stewart expressed the view that the average nurse would be called upon to render educational duties as well as hygienic, administrative, social, professional, and personal duties. The nurse Stewart envisioned would:

> be expected to teach and influence those with whom she comes in contact, both sick and well, advising them how to prevent illness, how to recognize the beginnings of illness, and how to secure the conditions necessary for recovery and the maintenance of health. . . She will be confronted with conditions of mental and spiritual maladjustment which will require a deep understanding of human nature and a genuine and helpful philosophy of life. In all these ways she is as much a teacher as if she conducted classes in class-rooms.[8]

When Eleanor Roosevelt addressed the annual convention of the National League for Nursing Education in 1934, she remarked that from the point of view of teachers, it seemed as if a new field was opening up for the profession.[9] The teaching aspect of nursing was emphasized by Gowan in 1946, when she stated that nursing stresses health education and health preservation as well as ministrations to the sick.[10]

A report published after the ninth World Health Assem-

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[8]Isabel M. Stewart. "The Aims of Training Schools for Nurses", American Journal of Nursing, XVI (October, 1915 - 1916), pp. 319-27.

[9]Eleanor Roosevelt. "What Does the Public Expect from Nursing", Proceedings of the Fortieth Annual Convention, National League for Nursing Education, 1934.

[10]Sister Olivia Gowan. "Administration of Colleges and University Programs in Nursing, From the Viewpoint of Nursing Education" Proceedings of the Workshop on Administration of College Programs in Nursing, ed. Elizabeth R. Buddy, (Washington, D.C., The Catholic University of America, 1946), p. 10.

bly in 1956, lists five basic responsibilities of nurses. One of these gives recognition to the teaching function of nurses who serve as health teachers to patients and their families wherever they contact them.[11]

Among others, Caseley, Leone, and Schmahl speak of the increasing responsibility of nurses for the health education of the public.[12, 13, 14]

The staff nurse has responsibilities for teaching patients, the student nurses who are having clinical experience under her guidance, and the nonprofessional nursing personnel who are assigned to work with her. The staff nurse is the "role model" for the student nurses who may be assigned to the clinical area where the staff nurse practices. The quality of nursing that the student sees practiced in the clinical setting will influence her more than any classroom lecture or discussions. Students will pattern their nursing conduct and attitudes as well as understanding of people, on the model that the staff nurse creates for them.

"The nurse giving direct care to the patient is both

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[11]"Nurses: Their Education and Their Role in Health Programs", Nursing World, CXXX (August, 1956), p. 7.

[12]Donald Caseley. "Trends in Medical Practice-Their Implications for Nursing", Nursing Outlook, VIII (May, 1957), pp. 301-2.

[13]Lucile Petry Leone. "Design for Nursing", American Journal of Nursing, LIV (June, 1954), pp. 731-2.

[14]Jane Schmahl. "The Price of Recovery", American Journal of Nursing, LVIII (January, 1958), p. 88.

concerned and involved in the process of education".[15] Most routine duties of the staff nurse are concerned with some teaching and instructional activities. Brackett says that the nursing service department of a hospital provides the "learning climate" and "practice field" for students.[16] The staff nurse is an important member of the hospital team because she participates in the administration of the nursing service. Therefore, if nursing service provides a learning climate and practice field for students, it is safe to say that the staff nurse is involved and concerned in the process of the students' education. Meyer supports this claim when she describes the successful teaching activities of a staff nurse in a busy recovery room unit with a group of collegiate nursing students.[17]

Teaching is possible in a myriad of settings, not least of which is the hospital ward or patient unit. This is the classroom or laboratory of the staff nurse as she fulfills her three-fold teaching function.

When the staff nurse must direct, counsel and supervise the nonprofessional staff member in the discharge of

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[15]Roberta R. Spohn. "The Future of Education for Professional Practice", New York, American Nurses' Association, 1962.

[16]Mary Brackett. "Hospital Nursing Service--A Practice Field for Nursing Students", Nursing Outlook, VIII (October, 1960), p. 556.

[17]Mary Meyer. "Students Learn from the Staff Nurse", Nursing Outlook, VIII (October, 1960), p. 573.

nursing duties, she is assuming a teaching role. She likewise assumes a teaching role when she assists in patient education or contributes to the educational program of the student nurse. To be effective, this teaching should be based on an understanding of human beings--the way they learn, how maturation takes place, and how they function physically, mentally, socially, and emotionally.[18]

To guide learning activities successfully, it is advocated that the teacher start with the experience of the learner, provide for self-activity on the part of the learner which should be in agreement with the objectives to be attained by the learning, prevent fragmentary learning, and consider individual differences.

Burton says that the "teacher 's goal is the increasing ability of the learner to understand the task and take over self-analysis and self-guidance".[19] While these words were written primarily for those preparing for a teaching career in the public schools, they may with equal force be applied to the staff nurse in her teaching role with students, nonprofessional staff and patients.

A survey of the American Journal of Nursing and Nursing Outlook since 1950, and unpublished theses in the Schools of

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[18]Frank A. Butler. The Improvement of Teaching in Secondary Schools. 3rd. ed. Chicago: The University of Chicago Press, 1954. p. 9.

[19]William H. Burton. The Guidance of Learning Activities. 3rd. ed. New York: Appleton-Century Crofts, Inc., 1962, p. 162.

Nursing and Education in Boston University, reveals that many articles and studies are concerned with the philosophy, content and methods of the teaching component of nursing. No study dealing exclusively with the staff nurse's three-fold teaching function was found. A dissertation whose title suggested that perhaps the writer might find a supporting basis for this study had no pertinancy but did refer to the generally accepted view that teaching is an integral part of nursing.[20]

Feener conducted a study in a 256 bed general hospital which admits annually a proportionally large number of patients with cardio-vascular illnesses. The hospital at the time of the study had no planned teaching program for these patients. Using a teaching guide with appropriate visual aids which she constructed, with a selected group of patients, she found that a guided learning experience for hospitalized cardiac patients will assist them in achieving greater understanding of the limitations and potentialities resulting from their individual illnesses. When suitable teaching guides are available, nurses can achieve greater success in teaching patients.[21]

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[20]Nancy P. Chimera. "Physicians' Appraisal of Responsibilities Assumed by General Duty Nurses" (Unpublished Ed.D. dissertation, School of Education, Boston University, 1959).

[21]Emily L. Feener. "The Construction and Evaluation of a Teaching Guide Used by Professional Nurses for Selected Patients With Cardiac Disease." (Unpublished Master's Study, School of Nursing, Boston University, 1958).

Jacobsen's study was conducted in a large veteran's hospital which had a high percentage of patients with laminectomies. She sought to find out if the amount of teaching by graduate nurses with these patients was adequate. Six interviews were held with a selected group of patients at various stages during their hospitalization. The amount of teaching done by the nurses was determined by the patients' ability to recall the given information and to identify the person who did the teaching. Questions used in the interviews were formulated in an effort to tap the specific teaching done in each case. The conclusion reached was that the teaching carried out by nurses of patients with laminectomies, on a neurosurgical service, was inadequate for learning needs of the patients.[22]

There is widespread agreement that the nurse has a teaching role to play in her nursing activities, but Kimber found that many opportunities for teaching of nursing assistants by staff nurses were overlooked. A study was made in a fifty-two bed unit in a governmental hospital in which the case method was used to collect and analyze data. The data substantiated the hypothesis that nursing assistants were not

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[22]Paroohy G. Jacobsen. "An Analysis of Patient Teaching Done by Graduate of Patients' with Laminectomy" (Unpublished Master's Study, School of Nursing, Boston University, 1960).

growing in potential because staff nurses were not giving leadership in their development.[23]

Recently reported research on the role of the nurse in the out-patient department discloses the fact that, contrary to the expressed belief of nurses that patient teaching is their responsibility, a very small portion of the nurses' time was actually spent in patient teaching. Information on the amount of patient-teaching by 62 nurses in 13 different types of clinics in 8 out-patient departments in the greater Boston area, was collected by 32 graduate nurses prepared as observers for the project. The amount of time spent by the nurse observers in over 400 clinic sessions was approximately 1600 hours. There were 2088 patients contacted by the clinic nurses, and data on teaching of these patients was recorded. Only 60 per cent of the patients contacted by the nurses received any teaching--853 of the patients or 40 per cent received no information from the nurses.[24]

Cortner describes an experiment with some graduate nurses in an educational psychology class. In an effort to help them become aware of how much teaching their daily duties

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[23]Sophie Kimbar. "A Study to Determine the Presence of Leadership Skills in Staff Nurses in Relation to Nursing Assistants." (Unpublished Master's Study, School of Nursing, Boston University, 1960).

[24]Norman H. Berkowitz, Mary F. Malone, and Malcolm W. Klein. "The Measurement of Patient Teaching", (Unpublished Study, Human Relations Center, Boston University, 1963).

nurses in an educational psychology class. In an effort to help them become aware of how much teaching their daily duties involve, to understand the principles of learning, and to use these principles in their routine nursing functions, each nurse was asked to keep a record of her instructional activities for five days. These lists of activities were summarized by the instructor and presented for class discussion, where the principles of learning were reviewed, using illustrations from the lists. At the end of the course the nurses said that they were better able to understand the various elements of the learning process, were able to manipulate the teaching situation more effectively, including the steps to assure readiness, motivation, transfer of training, etc. Increasing awareness of the nature of teaching made it possible for the nurses to see more of the instructional nature of their routine duties.[25]

Contributions from the social sciences, and research into the teaching-learning process in the field of adult education, have shown that the patient should be an active participant in activities which concern his welfare - he should not be regarded as passively receiving the information that the nurse imparts. A majority of patients that the nurse instructs are adults. Even in the pediatric situation, the nurse most often instructs and guides the parents of her

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[25]Robert H. Cortner. "Educational Psychology Applied on the Job". Nursing Outlook, X (January, 1962), pp. 48-9.

young patients, rather than the children themselves. Moreover, the nonprofessional staff members with whom she works are adults too. If every nurse is a teacher, isn't it important that the staff nurse be familiar with, or aware of, the modern philosophy of teaching that adults learn best if they can be self-directive? Should not the staff nurse know that the total individual is concerned in the learning experience--that the motivational, emotional, and attitudinal aspects of the learner are crucial factors in how he views learning and change, and how receptive he is to them?

An impression gathered in perusal of the literature, is that the staff nurse should find that the nursing service department of the hospital provides opportunity for her to teach, and at the same time, establishes a climate that sustains and supports her enthusiasm for teaching. Notwithstanding, favorable climates, support and encouragement do not guarantee that staff nurses will assume their roles. They may not be aware of the potentialities for successful nursing and leadership that the teaching role bestows on them. They are not always conscious that nursing involves teaching--teaching of students, nonprofessional nursing personnel and especially patients. This study was done to test this observation and to prove that:

1. Staff nurses engage in teaching activities during their nursing practice but they are not always cognizant that they do engage in teaching when they guide or direct students or nonprofessional workers.
2. Staff nurses may be aware of the need to teach nursing students and nonprofessional workers at

certain times in order to expedite nursing care, but they do not readily recognize their responsibilities for teaching patients by interpreting their illnesses and plans of care to them so that they can become actively participant in adapting to healthy modes of living.

CHAPTER III

METHODOLOGY

Setting

This is a general hospital, located in an urban area 26 miles north of Boston. It has a bed capacity of 185. There is an active nonsegregated medical-surgical service divided into four nursing units, a pediatric unit of forty beds, a small obstetrical unit of 13 beds, and an active emergency service unit. Both the pediatric and obstetrical services are segregated. The hospital is furnished with the usual ancillary services provided by up-to-date clinical laboratory and X-Ray departments. These departments are under competent and vigorous leadership and engaged in training programs to provide technical personnel for the hospital itself and the surrounding institutions.

The four nursing units into which the medical-surgical service is divided, have each a daily census which varies between 27 and 33 patients. The bed capacity of each unit ranges between 27 and 33 beds. Two of the units are generally regarded as "male" units and two as "female" units, but it is not uncommon to have female patients admitted to the "male" units whenever a shortage of beds occurs on a particular unit. The arrangement of the units into private and semiprivate

rooms with attached facilities permits this interchange whenever needed.

Many common elements are shared by these four units. Some of these similarities are represented by the daily patient census; the diagnoses of the patient population; the arrangement of the units with service areas and nurses' stations and the staffing pattern that the nursing department effects on these units.

The nursing service personnel of this hospital is composed of registered professional nurses, and aides and orderlies. Only a few licensed practical nurses are employed. The aides and orderlies are given an intensive two weeks orientation and training upon employment which is intended to prepare them for simple and routine nursing tasks. This training is under the direction of the Assistant Director of Nursing. Later the staff nurse is expected to supplement and supervise this training as the need arises when the nonprofessional worker is sent to assist the nurse with her nursing duties.

Students from an independently controlled School of Nursing are sent to this hospital for clinical experience in the medical-surgical, pediatric and emergency service units.

The staffing plan for each unit provides a head nurse, three staff nurses, and three or four nursing aides for the 7:00 to 3:30 tour of duty. On the "male" units, one or two orderlies replace the nursing aides. During the 3:00 to 11:00

tour of duty, each unit is staffed by two graduate nurses and two or three nursing aides. On the 11:00 to 7:00 tour of duty, each unit is covered by one graduate nurse and a nursing aide or licensed practical nurse. There are also permanent orderlies for the 3:00 to 11:00 and 11:00 to 7:00 tours of duty. A permanent staffing plan for the emergency service unit has been effected to consist of two graduate nurses and a clerk-assistant on the 7:00 to 3:30 tour of duty and one graduate with an orderly or nursing assistant for the 3:00 to 11:00 tour. No one is assigned permanently to the emergency unit from 11:00 P.M. to 7:00 A.M. The nursing department endeavors to maintain this pattern on all the units regardless of the number of nursing students assigned to them.

Although the nursing staff seems to be familiar with the Team Nursing concept, team nursing in the strict sense of the meaning is not practiced. From observations made during this study and from previous contacts, it was noted that while students were assigned to a unit for clinical practice, their assignment to individual patients was not made within the framework of the team. They referred all their problems to the clinical instructor when she was available, or to the head nurse when the instructor was absent.

However, it must not be implied that the staff nurse had no contact with the student. There are occasions during week-ends or when the head nurse or instructor are both absent from the unit, that the staff nurse is able to counsel or

direct students. The staff nurses, as ascertained from questioning, felt that they contributed to some of the students' education and seemed to have a sympathetic understanding of the students' need for guidance and direction during their clinical practice.

It was common for the staff nurse to refer to their working relationship with the nonprofessional workers as the "team". Usually this "team" consisted of one general duty and two or more aides or orderlies.

The sample selected for the study was limited to the registered professional nurses employed as general duty nurses on three medical-surgical and one emergency service units, during the 7:00 to 3:30 and 2:30 to 11:00 tours of duty. Eleven staff nurses were included.

Tools

A check-list of teaching activities in which the staff nurse may engage during her direct nursing care performance with the patient, or through her guidance of the nursing care performance of the student or nonprofessional worker, was designed. The tool was constructed of twenty-five items representing administrative, physical and emotional aspects of nursing ministrations -- any one of which could reasonably require some teaching activity on the part of the staff nurse. A fourth part with six items dealt with patient teaching by the staff nurse.[26] Some of these items were borrowed from a

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[26]Appendix A

study made by Gorham and Lichtenstein,[27] and some were suggested by a study made by Cote and Sapers.[28]

The check-list was sent to two clinical instructors and three staff nurses for critical review and suggestions. Some of the items were found to be lacking in clarity; some were not appropriate to this study; and a few needed to be changed to a different category. The appropriate changes were made.

A questionnaire consisting of ten open-ended questions was composed to determine the nurses' attitude towards and concept of their teaching role. The first four questions asked what was the average daily time that they spent in directing and instructing the students and nonprofessional workers; did this instruction delay them with their own nursing duties; was it necessary for them to give these instructions; and should someone else be appointed to give this instruction and free them for their own chores? The next six questions were designed as situation-type questions. One asked for the nurses' opinions on their most important duty in nursing diabetic patients. The other five asked specifically how

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[27] William Gorham and Stanley Lichtenstein. Specific Nursing Behaviors Related to Patient Care. Washington: Institute for Research, 1957.

[28] Irene V. Cote and Rhoda Berman Sapers. "How Head Nurses and Clinical Instructors See Their Own and Each Others' Activities in Relation to Student Nurses' Education." (Unpublished Master's Study, School of Nursing, Boston University, 1960).

they would answer patients' or families' queries for information concerning the illness; what amount of exercise they would advise the patient to resume after discharge, following abdominal operations; what were some of the important things they told the patient or his family when he was being discharged following a colostomy operation; how they would instruct a patient about to be discharged following treatment for a duodenal ulcer; and what advice they would give such a patient if he told them that he was unable to follow the diet prescription exactly? Included with the questionnaire was a request for information about their professional education and experience.[30]

Procurement of Data

On December 15, 1962, a pilot study of one day was made on one of the medical-surgical nursing units, in an effort to determine if the proposed research method and tool were operationally feasible. There was no unusual difficulty in carrying out this one-day study; and it is, perhaps, because the writer was well known to the nursing staff, that no inquiries as to the purpose of this one-day visit and obvious collecting of data, were made. Because the nurses seemed disinclined to probe, and did not expect any explanation, there was no effort made to explain or to be specific about the project.

The method for collecting data consisted of setting up

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[30] Appendix B

observation schedules from 7:30 to 10:30 A.M., 1:00 to 2:30 and 4:00 to 6:30 P.M. for a total of six days during which the staff nurses employed on three medical-surgical units and the emergency service unit for the 7:00 to 3:30 and 3:00 to 11:00 tours of duty, were closely observed and spot-checked for any teaching activity that fitted the categories on the check-list. The observation periods were chosen deliberately because they corresponded to the peak loads of nursing care activities on these units. These periods also permitted study of the staff nurses on both day and evening tours of duty. Collection of data was made over six days which, however, did not run consecutively. Three days were spent in the agency at the end of December, and another three days at the end of January, collecting data.

The study was initiated at 4:00 P.M. December 26, 1962 on one of the "female" medical-surgical units. The study days in December were thereafter spent on both "female" medical-surgical units. Table 1 shows the distribution of the observation schedules between the two units on these days.

TABLE 1

OBSERVATION SCHEDULE FOR
DECEMBER 26, 27, 28
and 29, 1962

Unit	Hours	Days
Female Medical-Surgical (1)	4:00 - 6:30 P.M.	Wednesday, Thursday, Friday
Female Medical-Surgical (2)	7:30 - 10:30 A.M. 1:00 - 2:30 P.M.	Thursday, Friday Saturday

Table 2 indicates the days and observation schedules set aside for data collection when the study was resumed in January, 1963. A total of forty-two hours over the six days, was spent in collecting data.

TABLE 2

OBSERVATION SCHEDULE FOR
JANUARY 26, 27, 28,
AND 29, 1963

Unit	Hours	Days
Emergency Service Unit	4:00 - 6:30 P.M.	Saturday, Sunday Monday
Male Medical-Surgical Unit	7:30 - 10:30 A.M. 1:00 - 2:30 P.M.	Sunday, Monday Tuesday

It had been planned that on first coming to the unit a casual and vague explanation would be given for the observer's presence. The plan succeeded. The staff nurses on duty at the time were asked if they would object to having an observer follow them about as they carried out their nursing duties. On inquiry, they were told that this observation would mean accompanying them to the bedsides of their patients as they carried out any nursing activity, listening to the instructions and directions they gave the students or nonprofessional staff and, in general, it would mean that the nurse might be closely "shadowed" by the observer for two or three hours. No one refused to cooperate and only two expressed some misgiving that their nursing care of patients might be

subjected to a critical scrutiny which made them a little apprehensive. They were reassured that nursing care performance was not being studied or sampled.

On the afternoon that the study was initiated, there were two staff nurses on duty in the unit, and the observation period was divided into alternate "shadowings" of both nurses, in an effort to detect any of their teaching activity. It soon became evident that using the check-list as originally intended proved awkward and cumbersome, and another method of keeping a record of observed teaching was devised. This consisted of making notations in a small notebook of all situations which suggested any teaching, and later transcribing these to the check-list, in the categories they seemed to fit. Likewise, all situations which suggested teaching and which were missed by the nurses, were noted and transcribed. This procedure was subsequently adopted for all observation schedules because it seemed to be the least disturbing and distracting to the personnel.

The "shadowing" method used in the observation periods in the emergency service unit presented no problem because the physical layout and the nature of the service offered here permitted close observation of all the activities of the nurse performed in this department. Fortunately the same nurse was on duty for the three nights of the study. This allowed for a certain continuity and a wider sampling of her activities.

Whenever a patient was received in the unit, all that

the nurse said and did was closely listened to and watched. When she instructed her nursing aide or orderly, depending on whoever was on duty, it was very simple to overhear the instructions, and the questions that she answered. It seemed to be very easy to make a reliable estimate of the amount and content of teaching that the nurse in the emergency service unit did with patients and nonprofessional staff.

There were no student nurses on duty any of the evenings spent in observation in this unit. Generally here, the staff nurse is totally responsible for the students' clinical instruction after they are oriented to the department by the clinical instructor. It is felt that considerably more teaching would have been detected if a student had been on duty during the days of the study.

Some time after the observations were completed, an opinion questionnaire was sent to ten of the nurses who had served as the sample in this study. One of the nurses had moved away and could not complete the questionnaire. The nurses had signified their willingness to participate in completing the opinion questionnaires, when the writer had asked them at the time that the study was being conducted. Previous arrangements had been made with the Director of Nursing at the agency to administer the questionnaire to all of the nurses at the same time, so as to prevent any discussion of the material before all had completed their answers. The questionnaires were returned the day after their administra-

tion, with the notation that each one had taken forty-five minutes to complete.

CHAPTER IV

FINDINGS

Presentation and Discussion of Data

This chapter treats the data in two sections. Section I deals with the teaching activities of the staff nurses. Section II deals with the opinions of the staff nurses about their teaching activities.

Teaching Activities

The 11 staff nurses were observed as they taught nursing students, aides, orderlies and patients a total of 234 times. Table 3 shows the classification and distribution of items taught to the 4 groups.

TABLE 3

TEACHING CONTENT AND PERSONS TAUGHT BY ELEVEN STAFF NURSES OVER A PERIOD OF FORTY-TWO HOURS

Persons Taught	Content of Teaching		
	Administrative Activities	Physical Care	Emotional Support
Nursing Students	4	10	
Aides	8	60	25
Orderlies	2	67	21
Patients		13	24
Total	14	150	70

The majority of items taught related to the physical care of patients, with the nonprofessional worker receiving most of the teaching. The nursing students were concerned in only a small portion of the teaching activity of the staff nurses. This is probably accounted for by the fact that except for a few occasions on the 3:00 to 11:00 or 11:00 to 7:00 tours of duty or on week-ends, most of the students' needs for instruction were supplied by the clinical instructors. Only thirteen patients were taught physical care. The preponderance of physical care items in the staff nurses' teaching, suggests that because they share the nursing care of the patients with the nonprofessional staff, who receive so much on-the-job training, more emphasis is given to directing and supervising beginning nursing skills.

A minimal number of items were concerned with administrative activities. Emotional support of patients was taught to the side, and orderly and patient groups an almost equal number of times.

Table 4 shows the nature of the teaching done about administrative duties. Item 2 which related to admission procedures, methods for requisitioning supplies and filing laboratory and X-ray requisitions, was taught most often. Items 1, 3, and 4 which related to orientation to the service areas; orientation to evening and night routines and assistance with notes, reports and interpretation of doctors' orders to student nurses with follow-up for their execution, respec-

tively, were seldom noted.

TABLE 4

ADMINISTRATIVE ACTIVITIES TAUGHT TO NURSING STUDENTS, AIDES AND ORDERLIES

Administrative Activities	Students	Aides	Orderlies
1. Orientation to utility rooms; diet kitchen; other service areas.		1	
2. Instruction on: Admission procedures; methods for requisitioning C.S.R. & Dietary supplies; Filing X-ray and Laboratory requisitions.	1	6	1
3. Orientation to evening and night routines; Assisting with writing nurses' notes and reports.		1	
4. Taking responsibility for seeing that doctors' orders are understood and executed.	1		
5. Orienting to nursing care plans for evening and night duty.	2		1

In table 5, the items included in physical care and the number of times that they were taught are shown. Teaching in relation to item 6 which deals with discussion of daily assignments and patient care by the staff nurse with nursing students, aides and orderlies, and using opportunities to

point out specific ways to improve this care, received the most emphasis and was observed 17 times. Supervision during new routines and procedures, and assistance with direct nursing care, item 3, received equal emphasis with item 4, encouragement and assistance with identification of nursing problems of patients, and were observed being taught 14 times. Items 9 and 10 referring to accident prevention, and omissions in care of patients, respectively, seem to reinforce the observation that these staff nurses had a high regard for patients' physical care and safety. They taught the nonprofessional staff a similar regard. Item 7, which deals with assisting with unfamiliar treatments, administration of new drugs and suggesting alternate nursing measures, was taught the least number of times because this content would have reference to the nursing student only.

Table 6 presents the data pertaining to the observed teaching of emotional support of patients by the staff nurse to the nursing students, aides and orderlies. In proportion to the number of items related to physical care, a much smaller number related to emotional support. That is, fewer occasions of teaching emotional support of patients to the nonprofessional staff or students, were noted. Item 3 which deals with the encouragement and recognition of patients' emotional and interpersonal problems, and the needed tolerance to be shown by the nursing staff and item 5 which aimed at reassuring patients by detecting overt and covert worries,

TABLE 5

PHYSICAL CARE ACTIVITIES TAUGHT TO NURSING STUDENTS, AIDES AND ORDERLIES

Physical Care Activities	Nursing	Aides	Orderlies
1. Demonstrating and explaining equipment used for patient care.		2	2
2. Assessing nursing needs of patients and giving appropriate directions		7	6
3. Supervising during new routines or procedures. Giving assistance with direct nursing care.	2	4	8
4. Encouraging and assisting with identification of nursing problems of patients.	2	5	7
5. Eliciting questions in regard to use of drugs, procedures, and hygienic measures.		2	3
6. Discussing daily assignments, patient care, and using opportunities to point out specific ways to improve this care.		8	9
7. Assisting with unfamiliar treatments; administration of new drugs; suggesting alternate nursing measures	2		
8. Assisting with assignments or giving directions so that assignments can be completed with economy of time and effort.	1	4	5
9. Orienting to or reminding about accident prevention and safety program while about nursing duties		5	8

TABLE 5--Continued

Physical Care Activities	Nursing	Aides	Orderlies
10. Investigating errors or omissions in regard to patients care and welfare. Investigating complaints of family re care and treatment given.		11	3
11. Demonstrating: How to get a patient out of bed; how to position a patient in bed; how to turn a heavy and immobile patient in bed.		6	6
12. Explaining the procedure and necessity for measuring fluids for patients on INTAKE and OUTPUT.		4	4
13. Explaining necessary nursing precautions to be observed when patients must be fed on isolation.	3	4	4
14. Evaluating effectiveness of patient care.		3	3

represent the activities which received the most attention from staff nurses.

The fourth division of the check-list was devoted to patient teaching by the staff nurses. There were 6 items in this division. Table 7 indicates that the patients were taught 37 times. Teaching on 13 occasions related to physical care and on 24 occasions to emotional support. Initiating patient education and rehabilitation or teaching the patient self-care was considered to be in the physical care category

TABLE 6

EMOTIONAL SUPPORT ACTIVITIES TAUGHT TO NURSING STUDENTS, AIDES AND ORDERLIES

Emotional Support Activities	Students	Aides	Orderlies
1. Explaining how emotional disturbances of patients may make their nursing care more difficult.		3	2
2. Giving assistance in solving problems that may arise with patients in regard to inter personal relations		1	1
3. Encouraging the recognition of emotional and inter-personal problems of patient and the needed tolerance to be exhibited by nursing staff.		6	4
4. Helping patients in relieving emotional tensions.		3	3
5. Reassuring patients by detecting overt and covert worries and taking indicated action to relieve worries; e.g. scheduling treatments and appointments with essential explanations to avoid delays and undue waiting; relaying messages to family; explaining diet and medication.		8	8
6. Exhibiting a cordial acceptance of visitors as necessary part of patient's recovery. Giving directions that all assistance be given visitors.		4	3

TABLE 7

TEACHING OF PATIENTS BY STAFF NURSES

1. Answering patient's and family's inquiries about his condition.	6
2. Interpreting patient's condition to him.	5
3. Explaining purpose of procedure and method of carrying out procedure to patient.	9
4. Initiating patient education and rehabilitation by: Instructing patient in special regime or general hygiene in an understandable manner. Teaching self care.	9
5. Checking on patient's understanding of what was taught. Teaching the family how to care for the patient's condition after discharge.	4
6. Interpreting to patient and family community resources for continuity of care, e.g. Visiting Nurse Association; rehabilitation services.	4

as was teaching the family the care after patient's discharge. The staff nurses were observed as they participated in these activities, represented by items 4 and 5, 13 times. All the other observed teaching of patients, represented by items 1, 2, 3, and 6 which concerned explanation, reassurance, and interpretation was assigned to the emotional care category.

The teaching content of the staff nurses noticeably emphasizes physical care. There were 150 occasions in which teaching pertained to the physical care of patients as compared to 70 occasions dealing with emotional support of patients. These 70 occasions were distributed among aides, orderlies and patients. Each group was taught on 25, 21, and 24 occasions respectively. This would seem to indicate that

less attention is being paid to meeting the emotional needs of the patients by the staff nurse.

Table 8 shows the four groups with whom the staff nurses engaged in any teaching activity over 42 hours. A total of 234 teaching occasions were noted. Each nurse taught an average of 19.45 times during the 42 hours or .46 times in one hour.

TABLE 8

FREQUENCY OF TEACHING TO NURSING STUDENTS, AIDES, ORDERLIES AND PATIENTS BY ELEVEN STAFF NURSES OVER A PERIOD OF FORTY-TWO HOURS

	Number	Per cent
Nursing Students	14	5.98
Aides	93	39.74
Orderlies	90	38.47
Patients	37	15.81
Total	234	100.00

A constant feature noted throughout the hospital wherever the staff nurse shared with the nonprofessional work-

ers responsibility for patient care, was the particular method that the staff nurses used in giving directions or instructions while assigning duties to their "teams" in the morning. Each staff nurse would have her "team" gather at the nurses' station where she gave them morning report. It was possible during these "reports" for the nurse to cover the gamut of instructions for physical care, emotional support, safety measures, administrative procedures, attention to fluid intake and output, and rehabilitative measures.

It soon became apparent that it was during these reports that she did most of her teaching. Any teaching that was observed during the rest of the day was not as structured as at the morning reports. Other teaching was more in the nature of incidental teaching, occurring as the need for it grew out of the situation.

The staff nurse exercised a teaching function also when she evaluated or assessed the care given patients by the aide or orderly. This evaluation was made carefully by the nurses as they visited the patients who had been assigned to the nonprofessional team members. Regularly after lunch, and very often during the morning when they had occasion to closely observe the aide or orderly as they attended a patient or carried out a chore in the work areas, each staff nurse visited her patients. She checked on the care received and provided the patient with an opportunity to make known any complaints or needs that were unattended. From conversation

with the staff nurses, it was discovered that they attached great importance to this follow-up method for evaluating the nursing care performance of their nonprofessional staff.

Some of the findings of this study are not in agreement with the conclusions reached by Kimber.[30] She found that when patient need was considered, supervision did not always follow to insure that the need was met, that evaluation of performance was lacking and that team relationships tended to break down due to a lack of supervision on the part of the staff nurse. On the contrary, the staff nurses in this study appeared to be very conscious of the need to follow-up, supervise and evaluate their team members or nonprofessional workers.

At least fifty-five occasions were noted as missed opportunities for teaching. Most of these occasions called for the offering of emotional support to the patient--either directly from the staff nurse herself, or from the nonprofessional for whose direction and supervision she was responsible. A lesser number of these missed occasions deal with direct teaching of patients by nurses. None of the missed opportunities were concerned with physical care of the patients. These data are summarized in Tables 9 and 10.

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[30] Kimber, op. cit.

TABLE 9

MISSED OPPORTUNITIES TO TEACH EMOTIONAL SUPPORT OF PATIENTS TO NURSING STUDENTS, AIDES, AND ORDERLIES

	Nursing Students	Aides	Orderlies
1. Failing to explain how emotional disturbances of patients may make their nursing care more difficult.		7	3
2. Not giving assistance in solving problems that arise with patients in regard to interpersonal relations.		10	12
3. Not encouraging the recognition of emotional and interpersonal problems of the patients and the needed tolerance to be exhibited by nursing staff.	1	10	1
4. Not helping the patients in relieving emotional tension.		6	1

TABLE 10

MISSED OPPORTUNITIES OF TEACHING PATIENTS BY STAFF NURSES

1. Not answering patient's and families inquiries about his condition.	1
2. Not interpreting patients' conditions to them.	3
3. Not explaining purpose of procedure and method of carrying out procedure to patients.	3
4. Not initiating patient education and rehabilitation by: Instructing patient in special regime or general hygiene in an understandable manner. Not teaching self-care.	7
5. Not checking on patient's understanding of what was taught. Not teaching the family how to care for the patient's condition on discharge.	1

Staff Nurses' Opinions About Their Teaching Activities

This section deals with the data received in the opinion questionnaires administered to the staff nurses.

The ten nurses had all graduated from diploma programs, three before 1950. One of the nurses had earned a baccalaureate degree following her basic nursing preparation. One had a year's teaching experience in a diploma school of nursing. Four nurses had had head nurse experience ranging from two to fourteen years. All had been staff nurses for varying periods of time ranging from one and one-half to sixteen years.

The staff nurses estimated that they spent from one-half to eight hours in teaching daily. One of the nurses, who had graduated before 1950, said she spent her entire eight hours teaching. This nurse seemed to be the least accepting of the teaching role as her succeeding answers showed. Seven said that they did not believe that this teaching delayed them with their own duties. One said it delayed her only to a certain extent; another said that she only taught or directed when the nonprofessionals asked questions; the third was quite positive in stating that she was certainly delayed by this teaching. All agreed that the teaching and directing was very necessary. None of the nurses thought that the head nurse should give the instructions and directions to their team members. One stated that she thought all the graduates on the unit should help with the teaching.

Another emphatically stated that she didn't think that the head nurse should be responsible for this teaching--a clinical instructor should be appointed for this duty.

Eight staff nurses felt that teaching the diabetic patient about his illness and necessary care, was the most important nursing duty. Two considered that watching for insulin reactions and instructing the patients to eat their meals if they were on insulin or diabenese, were their chief duties.

Patients who inquired about the amount of exercise to take upon discharge following abdominal operations, were referred to the doctors by three nurses; a fourth nurse would tell them to resume activities of daily living but to avoid over-exertion; a fifth said that the doctor should give these instructions but she would remind her patients about lifting and doing only light housework. Two nurses said that their instructions to patients would be to continue the hospital exercises at home, increasing them gradually; two others said that they always advised the patients to convalesce at home and when they made their next visit to the doctor, he would tell them about exercising. The tenth nurse replied that her instructions depended on the type of operation which the patient had. For example, she cautioned patients about lifting and carrying, following a herniorrhaphy.

A patient or his family who inquired about his illness or treatments, were generally told by four nurses to ask the

doctor. One said however, that she would instruct the patient or his family about any nursing procedure. Three nurses would find out what the doctor had already told the patients and would reinforce this information. Depending on the doctor's attitude, one nurse would instruct the patient but never his family. Information, based on the insight the patient shows regarding his illness, would be given by one nurse. This nurse wrote that she would always explain an ulcer regime if the patient was to follow one. One nurse said that she would give information regarding his comfort anytime to the patient, but would never discuss diagnoses, prognoses or medications.

Two nurses said that they would instruct a patient who was being discharged following a colostomy operation, to watch his diet and call the doctor if he had any problems. One nurse mentioned that she would teach him self-care. Another thought that teaching about diet and irrigations would be the gist of her instructions. Explaining to the patient that a medical supply salesman would visit him and give the necessary instructions, was a response received from one nurse. One respondent said that she tries to teach both patient and his family the importance of diet and that irrigations should be given at the same time every day. She added that information where to purchase equipment would also be given to patient and his family. Four of the nurses said that they thought it was important to encourage the patient to adjust to his changed bowel habits, and to reassure him and his family that

he would be able to manage quite well at home.

To the patient's question of what dietary precautions he should observe after discharge following treatment for duodenal ulcer, nine of the nurses replied that they would obtain a copy of the diet which the patient should follow and discuss this thoroughly with him. He would thus have opportunity to bring up any questions or problems that he might anticipate for the future. They all considered this a duty for the nurse, to be performed leisurely before the patient's discharge. One nurse said she would refer him to the chief dietitian.

If the patient told the nurse that he couldn't follow the diet prescription exactly, or that his work prevented him from eating regularly, seven of the nurses would direct him to carry milk and crackers to his work and to eat frequent small lunches. They would explain that his stomach should never be empty; that excess acid in an empty stomach would prevent healing of his ulcer or give him distress. One nurse would refer him to his doctor who would work out a diet schedule for him. An opinion expressed by one nurse was, that since the patient had sought medical advice and treatment for his illness, the physician's orders should be followed exactly. She would recommend no deviations. The tenth answer to this question was that a patient could be told that occasional deviations from a strict diet were not too bad but frequent abuse would lead to gastric distress and perhaps more serious trouble.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to identify the specific occasions, in which the staff nurse in a general hospital engages in teaching and the content of the teaching. The study was conducted in a 185 bed general hospital which serves a large urban and suburban population, located outside greater Boston.

A check-list of teaching activities and an opinion questionnaire were constructed and used to collect data. The observation schedules were arranged to correspond with the peak load of nursing care activities on 3 medical-surgical and 1 emergency service units during the hours 7:30 to 10:30 A.M., 1:00 to 2:30 and 4:00 to 6:30 P.M. daily for 6 days. The sample consisted of the staff nurses employed on these four units during the day and evening tours of duty -- eleven nurses in all. A total of 42 hours were spent observing the teaching activities of the eleven staff nurses.

The staff nurses were observed teaching on 234 occasions. The majority of these occasions, 150, were devoted to teaching physical care of the patient, and most of this teaching was directed to the nonprofessional nursing personnel. Together, the aides and orderlies were taught nursing activities concerned with physical care, 127 times. Activi-

ties concerned with emotional support of patients were taught considerably less. The patients were taught 37 times. There were 55 occasions when teaching of the patient was overlooked or omitted. Many of these occasions called for the offering of emotional support to the patients by the staff nurse herself, or by her nonprofessional staff for whose supervision she was responsible.

All of the nurses agreed that teaching of the nonprofessional nursing personnel and student nurses was necessary during their nursing practice. Only one nurse, who had graduated before 1950, was unaccepting of her teaching role, claiming she was delayed too much in her nursing duties by all the teaching she did. The other respondents revealed a unanimous acceptance of this teaching responsibility. The answers to the situation-type questions dealing specifically with patient teaching indicated a varying understanding and recognition of the nurses' responsibilities for teaching patients.

Conclusions

The following conclusions were drawn from the data:

1. That the staff nurse engages in teaching activities during her nursing practice and that she recognizes that she is engaging in teaching activities as she directs and instructs the student nurses and nonprofessional workers.

2. That the staff nurse teaches both administrative and nursing care procedures.
3. That nursing care procedures are taught most often by the staff nurse and physical care of the patient receives the most emphasis in this teaching.
4. That the staff nurse directs most of her teaching to the nonprofessional workers.
5. That emotional support does not receive proportionally the same emphasis as physical care.
6. That the staff nurse while recognizing and accepting her responsibility for teaching students and nonprofessional workers, does not readily recognize her responsibilities for teaching patients.

Recommendations

Based on the foregoing conclusions the following recommendations are made:

1. That a study similar to this one be conducted in the near future in the same agency but that a more concerted effort be made to observe and estimate as accurately as possible, all teaching of one staff nurse during the course of her eight hour duty. This would mean a closer "shadowing" of this nurse so that her contacts and interactions with patients, nonprofessional workers and student nurses could be closely observed and noted.

2. That considerations be given to the planning of an inservice program that will help develop in the staff nurses a greater awareness of their responsibilities for teaching patients.

   The content of such a program should stress;

   (a) Communication skills--whereby the staff nurse could become adept in interpreting to the patients and their families, illnesses and plans of care and thus secure the patients' cooperation in adapting to healthy modes of living.

   (b) The importance of emotional support of patients as a component part of nursing care so that the staff nurse will teach the students and nonprofessional workers by her example and direction, that the emotional aspects of illness are to be given due consideration.

   (c) The teaching of the psychological principles of learning so as to make the teaching-learning process more meaningful and productive for the staff nurse.

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APPENDIX A

Check List of Teaching Activities

Administrative:	Student	Aide	Orderly
1. Orientation to utility room; diet kitchen; other service areas.			
2. Instruction on: Admission procedures; methods for requisitioning; C. S. R. & Dietary Supplies; Filing X-Ray and Laboratory requisitions.			
3. Orienting to evening and night routines; assisting with writing nurses' notes and reports.			
4. Taking responsibility for seeing that doctors' orders are understood and executed.			
5. Orienting to nursing care plans for evening and night duty.			
Physical Care:			
6. Demonstrating and explaining equipment used for patient care			
7. Assessing nursing needs of patients and giving appropriate directions.			
8. Supervising during new routines or procedures. Giving assistance with direct nursing care.			
9. Encouraging and assisting with identification of nursing problems of patients.			
10. Eliciting questions in regard to use of drugs, procedures, and hygienic measures.			
11. Discussing daily assignments, patient care, and using opportunities to point out specific ways to improve this care.			

Check List of Teaching Activities

Physical Care: continued	Student	Aide	Orderly
12. Assisting with unfamiliar treatments; administration of new drugs; suggesting alternate nursing measures.			
13. Assisting with assignments or giving directions so that assignments can be completed with economy of time and effort.			
14. Orienting to or reminding about accident prevention and safety program while about nursing duties.			
15. Investigating errors or omissions in regard to patients' care or welfare. Investigating complaints of family re care and treatment given.			
16. Demonstrating: How to get a patient out of bed; how to position a patient in bed; how to turn a heavy or immobile patient in bed.			
17. Explaining the procedure and necessity for measuring fluids for patients on INTAKE and OUTPUT.			
18. Explaining necessary nursing precautions to be observed when patients on isolation must be fed.			
19. Evaluating effectiveness of patient care.			
Emotional Support to Patients:			
20. Explaining how emotional disturbances of patients may make their nursing care more difficult.			

Check List of Teaching Activities

Emotional Support to Patients: continued	Student	Aide	Orderly
21. Giving assistance in solving problems that may arise with patients in regard to interpersonal relations.			
22. Encouraging the recognition of emotional and interpersonal problems of patients and the needed tolerance to be exhibited by nursing staff.			
23. Helping patient in relieving emotional tension.			
24. Reassuring patient by detecting overt and covert worries and taking indicated action to relieve worries; e.g., scheduling treatments and appointments with essential explanations to avoid delays and undue waiting; relaying messages to family; explaining diet and medication.			
25. Exhibiting a cordial acceptance of visitors as necessary part of patient's recovery. Giving directions that all assistance be given visitors.			
Teaching of Patient by Staff Nurse:			
26. Answering patient's and family's inquiries about his condition.			
27. Interpreting patient's condition to him.			
28. Explaining purpose of procedure and method of carrying out procedure to patient.			
29. Initiating patient education and rehabilitation by: instructing patient in special regime or general hygiene in an understandable manner. Teaching self care.			

Check List of Teaching Activities

Teaching of Patient by Staff Nurse: continued	Student	Aide	Orderly
30. Checking on patient's understanding of what was taught. Teaching the family how to care for the patient's condition after discharge.			
31. Interpreting to patient and family, community resources for continuity of care, e.g. Visiting Nurse Association; rehabilitation services.			

APPENDIX B

OPINION QUESTIONNAIRE FOR STAFF NURSES

GRADUATE OF:	BEFORE 1950	AFTER 1950
DIPLOMA PROGRAM		
BACCALAUREATE		

PROFESSIONAL EXPERIENCE:	MONTHS	YEARS
STAFF NURSING		
HEAD NURSE		
PRIVATE DUTY NURSING		
SCHOOL NURSING		
VISITING NURSING		
TEACHING		

Please answer the questions by one or two sentences. Space has been provided below each question. Thank you.

1. What is the average time daily that you spend instructing and directing students and auxiliary nursing personnel?

2. Does this delay you with your own nursing duties?

3. Do you find it necessary to give these instructions and directions?

4. Would you say that the head nurse or assistant should give these instructions or directions and free you to complete your duties?

5. When nursing diabetic patients, what would you say is your most important duty?

6. When patients are being discharged following abdominal surgery, how do you answer their questions re the amount of exercise to resume?

7. What do you tell the patient or his family about his illness or treatments, if he or they should inquire?

8. What are some of the important things that you tell a patient or his relatives when he is being discharged following a colostomy operation?

9. If a patient about to be discharged who has been treated for a duodenal ulcer asks you what dietary precautions he should take, how do you answer him?

10. If he should tell you that he cannot follow the diet prescription exactly, or his work as a salesman prevents him from eating his meals regularly, how do you advise him?