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The student's learning about rehabilitation through a patient-centered care study.

BOSTON UNIVERSITY SCHOOL OF NURSING

THE STUDENT'S LEARNING ABOUT REHABILITATION THROUGH A PATIENT-CENTERED CARE STUDY

BY

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CHAPTER I

INTRODUCTION

> "Nursing is developing from the simple care, which emphasized primarily the techniques that are involved in administering to the physical needs, to the complex nursing care which to-day is concerned with meeting the patient's total nursing needs. Correlatively, the teaching of nursing has developed from a teacher-centered type of classroom instruction with little-or, at best, haphazard-clinical teaching, to a more student-centered type of instruction with well-planned, patient-centered clinical teaching." 1.

The preparation of nurses for the continuously evolving and complex professional responsibilities is the challenging task of nurse educators. They must carefully study the major factors which contribute to the complexity of nursing functions and nursing activities. Frequent evaluation of teaching methods is necessary to determine their effectiveness in helping the student attain the necessary knowledge and skill which will enable her to assume future professional responsibilities.

From the beginning of nursing, changes in medicine and the allied fields have been a major factor of influence on nursing functions and activities. One of the most recent major changes in medicine which has received considerable emphasis is the new approach for the rehabilitation of the

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1 Heidgerken, Loretta E. "Preparing Teachers of Nursing", Nursing Outlook, December 1955, p.635.

patient. Herbert Whiting says:

> Of comparatively recent origin is the harnessing of the separate forces -of physical medicine and the psycho-social and vocational counseling services -into a ...team, and the projection of this concept into dynamic activities that will restore the individual to a self-sufficient, self-supporting, and self-respecting individual.[2]

This change, "the team approach", to attain the ultimate rehabilitative goal, influences nursing responsibilities. The professional nurse, as a member of the team, must have knowledge of the rehabilitative process and possess certain competencies, as well as being able to see her position in relation to other team members.

The nursing care study, a traditional clinical method of teaching, has been considered by nurse educators as a dynamic learning experience when properly used.[3] It is recognized as one of the best means of getting to understand the patient as an individual and his needs,[4] also a means by which the nurse may see her relationship with the other team members.[5]

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[2]Whiting, Herbert, "Classification of Rehabilitation Potential", Journal of Rehabilitation, Nov-Dec. 1950, p. 16.

[3]Hogan, Mary I., "Methods of Teaching", Dynamics of Clinical Instruction in Nursing Education, Washington: The Catholic University of America Press, 1955, p. 81.

[4]Hogan, op cit. p. 81

[5]Heidgerken, Loretta E., Teaching in Schools of Nursing, 2nd Edition, Phil., Montreal, London, J.B.Lippincot Co. '46, p. 437.

Preparing and presenting a patient-centered care study is part of the medical-surgical field experience for the graduate nurse student at Boston University. Working as a teaching fellow with these students during their field experience, the writer became interested in the value of the care study as an educational experience for graduate nurses.

Statement of the Problem

Is it the opinion of the graduate nurse student that the experience of preparing and presenting a patient-centered care study provides the opportunity to develop or strengthen abilities necessary for the rehabilitative components of total patient care?

The Purpose of the Study

The aims of the study are to gain an understanding of how the graduate nurse student sees this learning experience in terms of:

(a) providing an opportunity to develop or to strengthen abilities listed as necessary for the rehabilitative components of total patient care, (b) what activities, in the process of this experience, contributed the most to the abilities, (c) what abilities necessary for rehabilitative aspects of nursing care, may best be developed or strengthened by the experience of preparing and presenting a patient centered care study?

Scope and Limitations

The study is limited to the opinions of nine graduate nurse students, who during their medical-surgical field experience at Hospital X prepared and presented a patient-centered care study. Hospital X is a 250 bed diagnostic, research, and teaching hospital which has an all graduate nursing staff.

The students are graduate nurses with varied past experience in nursing but who are all preparing for their baccalaureate degree in nursing at Boston University. The students are free to choose their patient, also their method of study and presentation for this patient-centered care study. The clinical instructor is available for individual guidance and help. The students are not expected to meet any hospital service needs and are, therefore, free to accompany their patient to any special service departments and pursue any other available educational opportunities. Each student has the same opportunities for developing her study but the order in which she presents her study may be a variable. The first student to present her study will lack the benefit of guidance which may be gained by the presentation of other studies.

Definition of Terms

For the purpose of this study the investigator is including the following definitions which have been developed from a review of the literature and the writer's own experience.

Patient-centered Care Study

Is a study focused on the patient to gain better understanding of him as an individual, a member of a family, and a member of a community; to identify his total needs; and to gain some insight as to how these needs have been or may be met during illness, convalescence, and recovery.

Total Patient Care

In its broadest sense may be defined as care which involves the whole patient body, mind, and spirit, aimed to promote his physical, mental, and spiritual health.

Rehabilitation

Is a restorative process, a part of the comprehensive care which should be available to everyone. The disabling effects of illness should be assessed with each patient and his program of therapy designed to minimize, and eliminate when possible every crippling effect, early or late, mild or severe, physical or emotional.

Method

Since the study involves the opinion of students regarding the value of a certain experience, an opinionaire and a focused interview were developed as a means of collecting data.

Presentation

Chapter II contains a review of a few basic concepts which provided ideas and guidance for organizing and carrying out the study and a review of related literature.

The methods used in the collection of data are described in Chapter III.

A presentation, analysis and interpretation of the findings are reported in Chapter IV.

A final chapter containing the summary, conclusions, and recommendations completes the study.

CHAPTER II

PHILOSOPHY

> "Nursing strives to improve its own administration and to design its education to the end that the practitioners of the art may achieve the objectives of the art. The objectives of the art are: meeting the needs of each patient comprehensively, and forwarding the physicians purposes in therapy, rehabilitation, or prevention." [1]

During the last decade, in both medical and nursing education, there has been a shift of emphasis from purely scientific to the psychosociologic aspects of illness. This change has broadened the responsibilities and scope of professional nursing. The previous goal, to be an "expert bedside nurse", is no longer adequate. The focus is now on the patient as an individual and how the nurse, through her understanding of the behavioral sciences, may establish a therapeutic nurse-patient relationship and meet his needs comprehensively.

> "Although the trends in the work of the nurse include today many more highly complex and technical tasks carried out under delegated authority of the doctor, the special mission of the nurse remains the continuous comforting care of the sick and infirm. The trend, moreover,

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[1] Leone, Lucile P., "The Art of Nursing", The Year Book of Modern Nursing, 1956. New York: G. P. Putman's Son p. 6.

> suggests increasing responsibility in the future for a type of nursing of therapeutic value distinctly the province of nurses and based upon a growing body of knowledge of clinical nursing science." [2]

The contemporary trend of the advanced programs for graduate nurses at the baccalaureate level, is to prepare for skilled practice in comprehensive, or total nursing care. Towards this goal, total-patient care, which is all-inclusive--physical, mental, social, preventative, curative, and rehabilitative, faculties aim to develop clinical education, which will offer the nursing student a "wholistic" approach to nursing care. In nursing education attention has been given to the importance of integration of studies with the integrating force centered in the patient. Therefore, it is logical that clinical instruction will be of educational value to the student when it is "patient-centered".

Muse expressed the value of clinical experience in her statement:

> Increasingly, clinical instruction is being recognized as the very core of the educational programs in schools of nursing. In its opportunities for learning in an actual life situation, nursing education has an advantage over most other branches of education ... The

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[2] McManus, Louise, "Trends in Nursing Education in 1955." Ibid, p. 410

> clinical services furnish areas of direct experience wherein student nurses can learn to do by doing, to adjust by adjusting, to appreciate by undergoing, and "to be" by becoming.[3]

A survey of the literature on clinical education in nursing, reveals that the care or case study has been used as a clinical teaching-learning experience, with various modifications, more extensively and longer than any other clinical teaching method. The popularity of this "traditional" method has waxed and waned, through the years.[4] There have been numerous publications in nursing journals, especially a few years ago, on the values of the care study with many suggestions for design and form. The nursing text books [5.6.7.] which deal with

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[3]Muse, Maude B., Guiding Learning Experience, New York, The Macmillan Company, 1950, p. 413.

[4]Hogan, Mary I., "Method of Teaching", Dynamics of Clinical Instruction in Nursing Education, The Catholic University of America Press, 1956, p. 81.

[5]Brown, Amy F., Clinical Instruction, Philadelphia and London, W. B. Saunders Company, 1950, p. 109.

[6]Heidgerken, Loretta E., Teaching in Schools of Nursing, Philadelphia, London, Montreal, J. B. Lippincott Company, 1953, p. 436.

[7]Taylor, Anna M., Ward Teaching, Philadelphia, London, Montreal, J. B. Lippincott Company, 1945, p. 161.

principles and methods of teaching, reviewed by the author, consider the care study as valuable learning experience when properly used.

To determine the future of this perennial method of clinical teaching, the learning experiences it offers must be considered in relation to the modern trends of professional nursing.

At a recent workship conducted on "The Dynamics of Clinical Instruction in Nursing Education", at The Catholic University of America, Mary Hogan answers the question, "What do we expect the student to gain from a nursing care study?", with the response: "We want her to gain an appreciation of herself in her complete nursing role, sharing responsibility for the patient along with other members of the health team. We want her to merge isolated elements of nursing care into one meaningful whole--the total care of one particular patient. We want her to practice her interview techniques so that she will see how this can have therapeutic value for the patient. We want the student to understand what is meant by the "nursing situation" so that she can evaluate which elements are professional and which are purely technical activities that the practical nurse might perform. ...We want her to practice her writing skills and learn how to proceed in independent study. We want her to learn

professional research techniques and how to use library facilities." [8]

The review of the literature supports the investigator's premise that the experience of preparing a care study involves consideration of the patient as an individual, his total needs, and plans for how these needs may be met, and therefore provides experience in the practice of total or comprehensive nursing care.

Total nursing deals with a long time plan of care for patients and families including preventative, curative, and rehabilitative aspects and is therefore seldom a solo performance. Correspondingly there is more promotion of patient participation in the restorative aspect of care, bringing about a different approach in nursing, to meet this new philosophy of rehabilitation.

> "Engaging the patient's own efforts in therapy changes the nurse-patient relationship. We nurses do not do "to" patients as if we were their custodians, nor do we do "for" patients as if they were our dependents. Rather we do "with" patients, leading them to increasing self direction." [9]

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[8] Hogan, Mary I., op. cit., p. 81.

[9] Leone, Lucile P., "The Art of Nursing", The Yearbook of Modern Nursing, 1956, p. 5., New York, G. P. Putnam's Sons.

The rehabilitation potential may be found in all areas of nursing. The nurse must be able to assess each individual patient's physical strength, comprehension, and motivation. This will enable her to determine throughout all nursing care and treatment, what part she should do and what part she should encourage or teach the patient to perform. This requires that the nurse understand her patient, recognize his present and future physical, emotional, and social needs which are influencing factors in gaining and maintaining his independence. The responsibility of motivating the patient to "do" also involves the responsibility for the nurse to teach not only the "how" but also the "why".

According to Hartigan,[10] unfortunately, many nurses in a general hospital, do not realize that the rehabilitation potential is found in all parts of nursing. They are inclined to think of rehabilitation as something new, special or apart from comprehensive nursing care. Often rehabilitation is only associated with the severely disabled patients who require the services of specially trained and skilled personnel.

The ultimate goal of rehabilitation, to help the patient utilize his highest skills safely and effectively so that he may gain his maximum independence, is as old as medical history.

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[10] Hartigan, Helen, "Nursing Responsibilities in Rehabilitation" Nursing Outlook, 2:649, December 1954.

The process of attaining this goal involves a total program to meet the individual's total needs. The needs must first be analyzed from information obtained from various sources. Patient observation, interview, the findings of other members of the health team and the patient's family, all may contribute to the knowledge which will give a comprehensive picture of the patient in his past, present and future setting. Interpretation of the knowledge gained may reveal one or a combination of physical, psychological, or socio-economic needs. An effective plan to meet the individual's needs requires the cooperative planning of the patient and all those involved in his care. The process, is a team approach, and extends beyond efforts to meet present physical needs to include total and future needs of both patient and family.

The ultimate goal of medical care, to restore the individual to the fullest physical, mental, social, vocational, and economic usefulness of which he is capable, has not changed but the means of attaining this goal has changed. There is more emphasis on patient participation in his program, greater consideration of the total needs of the patient and meeting these needs by the team approach.

This supports the minor premise that the rehabilitation process involves the consideration of the individual's total needs and how these needs may be met.

Statement of Hypothesis

The preparation of a comprehensive patient-centered care study provides some experience in the process of rehabilitation and thus provides the participant an opportunity to develop or strengthen some of the abilities necessary for the rehabilitative aspects of patient care.

The Hypothesis has been based on the following premises.

The experience of preparing a care study involves consideration of the patient as an individual, his total needs, and the plans for how these needs may be met, therefore, provides some experience in the practice of total or comprehensive nursing care.

The rehabilitative process involves consideration of the patient as an individual, his total needs, and the plans for how these needs may be met.

Therefore, some experience in the practice of total or comprehensive care is also experience in the rehabilitative process of patient care.

CHAPTER III

THE METHODOLOGY

The study grew out of the questions frequently expressed by graduate nurse students.

1. "Why do graduate nurses require medical surgical field experience?"
2. "What is the graduate nurse expected to gain by preparing a patient-centered care study?"

The investigator started to study the first question but found the scope and magnitude too great to be adequately investigated. The second question was then chosen because of the close relationship between the major value that it is hoped the student will gain from field work and the care study. This value, to develop a deeper understanding and appreciation for total or comprehensive care, was identified in a conference with the two faculty members who are closely associated with the field work program. Therefore, it was felt that the answer to the second question might, in part, answer the first question.

Two other factors influence the choice of study. First, the contemporary trend of advanced programs for nurses is based on this same objective, to prepare the nurse to practice comprehensive nursing care. Second, the writer's interest in the field of rehabilitation and her belief that the process by which the nurse may help the patient attain the ultimate goal of

rehabilitation is through comprehensive care.

After a review of the literature on evaluations of teaching-learning experience in nursing education, it was decided to approach the study from the student's point of view. Heidgerken expressed the lack and the need for more research in obtaining the student's point of view of the teaching-learning situation in schools of nursing.[1] Bixler, Austin, and Bunge[2] have commented on the value of considering the student's point of view. Riley, Ryan, and Lifshitz[3] have noted although students perceptions were often distorted and incomplete they have represented an approach to the problem of instruction and learning which every teacher should find helpful.

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[1] Heidgerken, Loretta E., The Nursing Student Evaluates Her Teachers. p. 28, Philadelphia, London, Montreal, J. B. Lippincott Company, 1952.

[2] Bixler, Genevieve; Austin, Anne L; and Bunge, Helen, "Research and Nursing Education", The American Journal of Nursing, 48:47, January 1948.

[3] Riley, John W; Ryan, Bryce F; and Lifshitz, Marcia. The Student looks at His Teacher, p. 29, New Brunswick: Rutgers University Press, 1950

Students' reactions and judgments of actual experiences may be dramatized or biased, but they are usually basically sincere.[4] The instructor needs to remember that later reports might reveal changes in student's opinions and perceptions due to the development of insight.[5] Many students have had the experience of realizing the meaning of previous experience which had not been recognized earlier.

The preceeding discussion suggests that the student's reports of learning are valuable sources of information and thus justifies the investigation from the student's point of view

The Participants

In the group of twelve students, who were taking their medical surgical field experience in the fall semester 1955, nine students participated in the study. These nine were currently taking the medical surgical nursing course at the University, whereas, the other three were not attending these classes. Previous nursing experience varied with each student both in amount and type of experience but all were near the completion of the requirements for their baccalaureate degree in nursing.

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[4] Chamberlin, Dean; Chamberlin, Enid S; Drought, Neal E; and Scott, William E., "Did They Succeed in College", Adventures in American Education, v.4. p.138, Progressive Education Association Publications. New York: Harper and Brothers, 1942.

[5] Rileys, Ryan, and Lifshitz, op. cit. p.30.

Early in the students' field experience, the author asked if they would participate in a study pertaining to some part of the field experience program. All expressed both interest and willingness to participate in any aspect of field work chosen to be investigated.

The care study was an experience shared by all students. It was their only assignment, with the exception of a clinical term project. The direction given by the instructor for the study was to have the care study, patient-centered. Each student was free to choose her own patient, the method of study, and the form of presentation. They were encouraged to accompany their patients to any special service area in the hospital, and if possible, to have their patients present for part of their study presentation to the group. The instructor, in charge of the program, expressed to the students her willingness to give them guidance with their care study if they so desired.

The data used for the investigation was obtained from the students approximately three months after they had completed their field experience. The investigator felt this time interval was desirable, based on the theory, that opinions may change in time due to the development of insights.

Tools

To obtain accurate and pertinent data relative to the hypothesis tentatively held regarding the problem selected for investigation the opinionaire and focused interview tools were used.

Development of Tools

The Opinionaire

Development of the opinionaire was governed by the hypothesis the investigator wished to test in the treatment of the data. She desired to determine which of the abilities necessary for carrying out total nursing care the students believed might be developed or strengthened by preparing a care study, and which activities in the process, were recognized as being of the most value to the student.

A list of sixteen abilities assumed to be necessary for carrying out the rehabilitative aspects of total patient care were formulated by the author, based on her experience and readings.[6.7.8]

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[6] Hartigan, Helen, "Nursing Responsibilities in Rehabilitation", Nursing Outlook, 2:649, December 1954.

[7] Harmer, Bertha, and Henderson, Virginia, Textbook of the Principles and Practices of Nursing, pp. 508-531, New York: The Macmillan Company, 1956.

[8] Morrissey, Alice B., "Rehabilitation Nursing", Dynamics of Clinical Instruction in Nursing Education, pp. 157-169, The Catholic University of America Press, 1955.

The list was then submitted for recommendations to two members of the faculty, associated with the rehabilitation program at Boston University.

The revised list, guided by their suggestions follows:

1. Ability to make behavioral adjustments through understanding and acceptance of her (nurse) own basic feelings relative to illnesses.

2. Ability to formulate and implement a care plan with the cooperation of the patient, medical and nursing personnel, based on the doctor's plan and the ultimate rehabilitative goal.

3. Ability to recognize the need and to establish a nurse-patient relationship which promotes the patient's interest and desire to accept responsibility of his care and activities.

4. Ability to explain treatments and procedures in a way the patient will comprehend.

5. Ability to appreciate contribution of other team members in helping to determine throughout all nursing care and treatment what part of the procedure the nurse should do herself and what part she should encourage or teach her patient to perform.

6. Ability to recognize teaching opportunities in addition to those designed to meet the hygienic and therapeutic needs of the patient.

7. Ability to gain insight and understanding of what illness means to the patient and his family.

8. Ability to recognize possible present and future emotional, social, and economic needs which may be influencing factors in the rehabilitation process.

9. Ability to make known to the patient and his family resources within the hospital and in the community designed to meet his social, economic, recreational, vocational, and educational needs. Also to encourage the use of these resources.

10. Ability to think of the patient in relation to his entire environment in a comprehensive setting, home and community.

11. Ability to use nursing measures to prevent complications which may result from poor posture and inactivity.

12. Ability to appreciate and to assume responsibility to communicate with the physicians regarding activity programs possible to be carried out as part of nursing care that would benefit her patient.

13. Ability to make helpful suggestions to patient and his family so that the rehabilitative process will progress as rapidly as possible within the patient's maximum capacity.

14. Ability to appreciate the value of the health team approach in helping the patient gain optimum independence.

15. Ability to understand the functions of various team members to know when and how resource people may be used.

16. Ability to coordinate or assist in the coordination of the activities of personnel involved in the medical care plans.

To determine which activity in the process of the experience helped to develop or strengthen the various abilities, as listed, the general activities in the process of preparing and presenting a care study were then stated in tabular form. For each ability the activities were to be rated according to how they contribute to its development or strengthening. The

resulting opinionaire required the students to rate each of the 10 activities contribution to each of the sixteen competencies.

A copy of the opinionaire may be found in the appendix.

The opinionaire was presented to three graduate students as a means of pretesting its comprehensibility.

A group conference was scheduled for the students participating in the study and at this time the purpose of the study and instructions for answering the presented opinionaire, were given to the students. The students were told that they would be contacted individually to arrange for an interview.

The Focused Interview

It is recognized by the investigator that data collected from a single research tool, the opinionaire, might be somewhat limited in range. To secure a more detailed and valid opinion of the experience of preparing a patient-centered care study, a second tool, the focused interview method, was used.

Preplanning for the Interview

The author accepted for the investigation, the characteristics and criteria for the focused interview as stated by Merton, Fiske, and Kendall.[9]

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[9] Merton, Robert K; Fiske, Marjorie; Kendall, Patricia K., The Focused Interview, p. 3, Glencoe: The Free Press, 1956.

> Distinctive characteristics of focused interview. 1. Interviewees are known to have been involved in a particular situation.... 2. Investigator has provisionally analyzed situation and developed hypotheses regarding probable responses to it. 3. This content or situational analysis provides basis for interview guide, setting forth major areas of inquiry and providing criteria of relevance for interview data. 4. Interview focuses on subjective experiences to ascertain interviewees' definitions of situation in which they were involved.

"Effective interviews satisfy these criteria:

1. RANGE. Enable interviewees to maximize reported range of evocative elements and patterns in stimulus situation as well as range responses.

2. SPECIFICITY. Elicit specific reports of aspects of stimulus situation to which interviewees have responded.

3. DEPTH. Help interviewees describe affective, cognitive, and evaluative meanings of situation and the degree of involvement in it.

4. PERSONAL CONTEXT. Ascertain attributes and prior experiences of interviewee which endow situation with these distinctive meanings.

These criteria are interrelated: although they are different dimensions of the same concrete body of interview material, it is useful to examine them separately." [10]

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[10] Ibid., p. 12.

The writer for further preparation to use the interview as a research tool, reviewed interviewing techniques,[11] had a conference with a social scientist, and made a careful study of the procedure for the focused interview.[12] Guided by this reading, plans were made to explore with each interviewee her responses to the opinionaire. The readings also indicated the possible need for some information about the participant's previous experience relative to the situation being studied. Some questions were structured to obtain this data. As a result of this preparation the author adopted the following plan for the interview, and planned for one hour interview with each interviewee

Plan for Interview

Opening the Interview.

Aim to create a friendly informal social atmosphere and to create interest.

Explanation of the Purpose.

"To discover the meaning of the designated situation (the patient-centered care study) for those who have been exposed to it."

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[11] Garrett, Annette, Interviewing Its Principles and Methods, pp. 7-55. New York: Family Welfare Association of America, 1944.

[12] Merton, Fiske and Kendall, op. at p. 176.

Defining Roles of Interviewee and Interviewer

Explanation that the interviewer is not involved in the experience to be discussed, the concern is only with how the interviewee felt about it. Critical comments are invited explaining the value in learning what proved to be "wrong" with the situation as well as what was "right" with it.

The interviewee should be helped to see herself as a witness to her own experience rather than as a guinea pig. She should be reminded much can be learned from what she may be able to recall about her personal experience and which could be helpful.

There must be care taken to guard against casting interviewees in the role of "critic" or "judge". Questions must be carefully phrased.

Getting Information about the Participants Previous Experience by use of the following structured questions.

"Did you have experience as a student nurse in preparing and presenting a care study?"

"(If so) Do you recall the general circumstances, such as time, guidance, available resources for help?"

"As a graduate nurse have you had experience with care studies, perhaps assigning or assisting with them?"

"In the hospitals where you have had most of your nursing experience what type of patient care assignment method was used, case, functional or team?"

"Focused" Questions in the Care Study

To get the interview effectively under way toward the objective, of getting the particular opinion of the care study experience the focused questions were intended to:

> "1. direct attention to the stimulus situation rather than the response, 2. lead interviewees to specify the aspects of the situation to which they had particularly attended and 3. encourage them to describe their responses to these aspects."[13]

Some of the questions asked were:

> What impressed you the most in the experience?
>
> What would you attribute to this? (impression)
>
> Do you recall your reactions or feelings about the situation?
>
> You have or have not mentioned (ability rated high) which according to your response to the opinionaire I judged you had a particular opinion about.
>
> By your opinionaire response and from your conversation I would be inclined to believe you thought (activity or ability) was the one you felt the care study helped to develop or strengthen, am I right in making this judgement?
>
> If you decided to use the care study method of teaching how do you think you might use it?

Controlling the Expression of the Interviewer's Sentiments

The interviewer must aim; to remain detached yet be interested, avoid giving overt evidence that feelings are effected, to refrain from expressing personal opinions.

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[13] Merton, Fiske, and Kendall, op. cit. p. 176.

Treatment of the Interviewee's Questions

Interviewees may reverse roles by directing questions to the interviewer. The interviewer may restate the implied meaning of the question and redirect the revised question.

In summary the purpose of the focused interview is to throw additional light on the opinionaire data and provide more information on the hypothesis which was that the care study experience provides an opportunity for the graduate nurse student to develop or strengthen abilities for the rehabilitative aspects of comprehensive or total patient care.

The emphasis is upon the experience of the interviewees, their reactions and opinions to the situation, which can accumulatively help provide basis for judgement.

CHAPTER IV

PRESENTATION

In following through with the hypothesis of the investigator, that the experience of preparing and presenting a patient-centered care study provides an opportunity to develop or strengthen abilities necessary for carrying out the rehabilitative aspects of patient care, the findings of this study will be presented as follows: the general findings from the opinionaire received from the nine participating graduate nurse students, followed by the specific findings from the focused interviews with the same nine students.

Results of the Opinionaire

Analysis of the opinionaire was based on these aims, first to obtain the participants' general opinions of the care study experience in terms of its help in developing or strengthening the abilities assumed to be necessary for the rehabilitative aspects of comprehensive nursing care; secondly, which of these abilities may best be developed or strengthened; and finally which activities in the process of preparing the care study contributed the most to the experience.

A weighted value was given to the ratings of activities. These ratings were; 3 for excellent, 2 for good, and 1 for fair. Each student's score for each ability was calculated by adding

her rating of the activities' contribution to that ability. All students' ratings on each ability were then added and from these scores the abilities were ranked. This rank order of ability scores was divided at the median into high and low scores. To measure the variation in the individuals' scores for each ability the range was calculated. A rank order of the ranges was made, and this was divided at the median into low and high variabilities.

This made possible the classification of each ability into four catergories as follows: Catagory I, abilities with a high score and low range; Catagory II, abilities with a low score and low range; Catagory III, abilities with a high score and high range; Catagory IV, abilities with a low score and a high range. The abilities in which there is a low range of scores are most significant in terms of representing the general opinion of the group, therefore, these abilities will be considered in more detail than the abilities for which there is a high or wide range of scores assigned by the respondents.

TABLE I

THE STUDENTS' RATINGS OF ABILITIES

	HIGH Range in Scores	LOW Range in Scores
HIGH Ability Score	(Category III) 14, 13.	(Category I) 3, 7, 10. 8, 1, 2.
LOW Ability Score	(Category IV) 4, 16, 6. 9, 12, 5.	(Category II) 15, 11.

The numbers refer to the sequence number of the ability

To determine which activities were recognized by the participating students as contributing the most to the development or strengthening of the abilities assumed to be necessary for carrying out the rehabilitative aspects of comprehensive care, the same method as was used for the analysis of the activities was used for an analysis of the abilities. Each student's score for each activity was calculated by adding her ratings for the activity as assigned to each ability. All the students' ratings

for each activity were then added and from these scores the activities were ranked. This rank order of activity scores was divided at the median into high and low scores. To measure the variation in the individual's scores for each activity, the range was calculated. A rank order of ranges was made and this was divided at the median into the low and high variabilities. This made possible the classification of each activity into four categories as follows: Category I, activities with a high score and low range; Category II, activities with a low score and a low range; Category III, activities with a high score and a high range; Category IV, activities with a low score and a high range. This classification is illustrated in Table III. The activities in which there is a low range in scores are the most significant in terms of representing the general opinion of the group, therefore these activities will be discussed in detail.

Discussion and Interpretation of Table I

The Abilities in Category I. (High Score and Low Range)

The order of discussion is from the ability with the highest score to the ability with the lowest score.

> "3. Ability to recognize the need and to establish a nurse-patient relationship which promotes the patient's interest and desire to accept the responsibility of his care and activities."

Unquestionably this ability may be recognized as an important basic prerequisite for comprehensive nursing care, care by which the patient is expected to be rehabilitated. The fact that the care study provides the opportunity for the development or strengthening of this ability even more than the other abilities gives significant recognition to the value of the care study experience. This recognition by the students of the importance of first establishing a nurse-patient relationship in preparing a care study is understandable. Usually the student's first aim in preparing a care study is to be accepted by the patient so that she may be able to establish good communications which will enable her to gain a better understanding of her patient as an individual, and as a member of a family, also, to gain a better understanding of his total needs. In working towards this aim the nurse may experience the meaning of her relationship with the patient and how she may motivate him into accepting some of the responsibilities for his care and activities. Interest in the patient which the nurse continually develops as she gains more understanding of her study patient, plays an important part in stimulating the patient's interest in the activities related to his care and how he may participate. One of the basic principles of rehabilitation is that the patient is served best by encouraging and teaching him to do things for himself.

The inference which may be made from the fact that this ability received a high rating, would be that the students think that the care study experience provides the opportunity to develop or strengthen a competence necessary for the practice of one of the first basic principles of rehabilitation, a therapeutic nurse-patient relationship.

> "7. Ability to gain insight and understanding of what (illness) means to the patient and his family."

This ability rated as the second seems to logically follow the first, for in the establishment of a nurse-patient relationship there is need for understanding of the individual and also his problems which may be the result of or which may be further complicated by his illness. Not only the recognition of the problem but also the understanding of the adjustments that are necessary for him to make are important for the nurse to understand in order that she may help him attain the ultimate goal of rehabilitation. Therefore, if the care study experience is a method of helping the student gain better insight and understanding as to the meaning of illness for the patient, it is a desirable experience.

> "10. Ability to think of the patient in relation to his entire environment, in a comprehensive setting, home and community."

In the process of preparing a care study the many factors

which distinguish this person as an individual, a member of a family, and a member of a community are gradually pieced together to give a composite picture. A fairly complete picture enables the nurse in making the study to think of the patient in terms of his position in his family and the responsibilities of that position. Also the care study helps the nurse to think in terms of the environment to which the patient will return. Consideration of the patient in this setting helps to guide the teaching and planning which will best prepare the individual to assume his place in the family and community.

"8. Ability to recognize possible present and future emotional, social, and economic needs which may be influencing factors in the rehabilitative process."

It is not surprising that this ability also ranked high in the students' opinion. It logically follows, if the care study helps the nurse to develop better understanding of the patient as an individual, of the meaning of illness, and of the total situation than the experience should also help her to recognize the total needs, not only present but also future needs. It is through the recognition and consideration of these needs that the patient may be helped in the rehabilitative process.

"1. Ability to make behavioral adjustments through understanding and acceptance of her own basic feelings relative to illnesses."

The ranking of this ability fifth is not in the same

sequence pattern or as similiar to the other abilities in Category I. There is a relation, nevertheless, of this ability to the first and second ranking abilities, for a therapeutic nurse-patient relationship as well as the understanding of the meaning of illness to the patient depend on this ability. It is a recognized and generally accepted fact that the nurse's attitude towards the diagnosis and prognosis of the patient may be readily conveyed to her patient. In the experience of preparing a care study the nurse learns to know the patient as a person better than she might know the patient if the care study were not done. In making the study the nurse may be prompted when observing and considering the patient's reactions, to think of her own feelings. "How would I feel and act if I were in the patient's position?" The answer to this question which is frequently asked by the nurse, helps to increase her awareness of behavioral adjustments which may be necessary for her to make if she is to have a therapeutic nurse-patient relationship.

> "2. Ability to formulate and implement a care plan with the cooperation of the patient, medical and nursing personnel based on the doctor's plan and ultimate rehabilitative goal."

In the process of the care study, information gained is considered to aid in the clarification of the problems and to help in determining the possible plan of action which may best help to rehabilitate the individual. The formulation of the best

possible plan involves the consideration of the patient's total needs and there must also be complete information pertaining to all practical means by which these needs may be feasibly met. The nurse, through her patient-centered care study, may be able to have a fairly good indication of the patient's total needs but she can never be too certain of her assessment of the individual's physical and emotional strengths. The complete understanding of the total situation and the possible solutions requires planning with the patient, doctor, and all those involved with the care program. Putting a cooperative plan into action is the means by which the patient may be aided in gaining his optimum independence and self-respect. For the students to give this ability a high rating indicates that the care study may show the need for cooperative planning in order to attain maximum rehabilitation even though the other abilities receiving a high rating were all associated with a nurse-patient relationship.

The Abilities in Category II. (Low Score and Low Range)

The discussion is in rank order starting with the lowest.

"15. Ability to understand the functions of the various team members and to know when and how resource people may be used."

In preparing a care study the student may have personal contact with the members of other disciplines. This contact may be by making a special appointment for a conference, by accompanying her patient to the special departments for therapy, or

by being present at the bedside when the patient is receiving his treatment and from the other helping disciplines. By having contact with these health team members the nurse may become more familiar with their particular functions and their aims of treatment for her patient. This is an important understanding for the nurse so that she may work with others cooperatively towards the ultimate aim of all, the rehabilitation of the patient to maximum independence and self respect. If the patient under study by the student is not receiving the services of other disciplines it is hardly likely that the care study would provide the opportunity to develop this ability. Unfortunately in most General Hospitals although there may be patients who might benefit from the services of other disciplines, referrals are not always made because of the lack of an established health team approach, as is found in some special rehabilitation centers. This may account for the fact that the care study was rated low in the students' opinion as providing a means of developing better understanding of the functions of the helping disciplines and how their services may be procured.

"11. Ability to use nursing measures to prevent complications which may result from poor posture and inactivity."

The prevention of complications which may develop as a result of inactivity usually are associated with bedside nursing care, which many of the students did not carry out for their

study patients. The students were free to give bedside nursing care but many of the care study patients were able to take care of their own personal needs and one or two patients had private duty nurses. This ability is also associated more with fairly long term care, the one participating student who had the opportunity in her experience to develop this ability cared for such a patient. This is a very important aspect of comprehensive care in order to shorten the rehabilitation period for many patients. The investigator believes that the low rating may be attributed to the fact that only one student studied a patient whose nursing care plans demonstrated the importance of this ability.

To carry the discussion and interprepation of the opinionaire another stèp forward, the abilities were further classified into two classifications according to the type of relationship necessary for their development or strengthening, namely a team relationship or a nurse-patient relationship. This classification was then used to further classify each of the four categories and is represented in Table II.

TABLE II

ABILITY CLASSIFICATION OF RANK AND RANGE OF SCORES
AND
TEAM OR NURSE-PATIENT RELATIONSHIP

	RELATIONSHIP	
	TEAM	NURSE-PATIENT
CATEGORY I (High Score-Low Range)	2.	1, 3, 7, 8, 10.
CATEGORY II (Low Score-Low Range)	15.	11.
CATEGORY III (High Score-High Range)	14.	13.
CATEGORY IV (Low Score-High Range)	5, 12, 16.	4, 6, 9

The numbers refer to the sequence number of the ability.

Discussion and Interpretation

Table II

This additional classification shows an equal distribution of the two types of abilities into three of the categories. In the significant Category I of high score and low range, there are five abilities of the nurse-patient classification and only one of the team classification. The previous finding, that those abilities which could best be developed or strengthened by the care study experience in the opinion of the graduate nurse were those which were associated with a nurse-patient relationship, are therefore further substantiated.

A number of nurse-patient ability classification appear in Category IV. These abilities in rank order are:

4. Ability to explain treatments and procedures in a way the patient will comprehend.

6. Ability to recognize teaching opportunities in addition to those designed to meet the hygienic and therapeutic needs of the patient.

9. Ability to make known to the patient and his family resources within the hospital and community designed to meet his social, economic, recreational, vocational and educational needs. Also to encourage the use of these resources.

These three abilities have a common characteristic in that they involve the nurse's teaching responsibilities in comprehensive care. If the care study, in the opinion of the respondents, helps the nurse to understand her patient as an individual and

his total needs it would be expected that it would also help her to assess the individual's comprehension of his care program and what his teaching needs might be in relation to encouraging his participation as well as explaining future preventive aspects. Teaching is implicit in comprehensive nursing care and is essential for the motivation of the patient so that he may be interested in the rehabilitative process. The fact that there is a wide range in the scores assigned these teaching abilities by the individual students, means that it is not the opinion of the entire group, that the care study does not provide the opportunity to develop these very important abilities. Consideration of the affiliating students role in the hospital gives some indication for this low rating of the abilities related to patient teaching. Teaching involves active participation in the patient's program. Many aspects of teaching involve the hospital policies and unless the nurse is a staff member there may be some hesitancy in proceding with a teaching program. Another factor which may have indirectly influenced this low rating is a specific hospital policy. This hospital where the participating students affiliated, is a diagnostic service hospital for the patients of private physicians. The policy is to not inform patients of their diagnosis. A report of the patient's possible diagnosis is sent to the private physician and it is for him to tell the patient about his diagnosis and prognosis.

TABLE III

THE STUDENTS' RATINGS OF ACTIVITIES

	HIGH Range in Scores	LOW Range in Scores
HIGH Activity Score	6, 1.(c)	2, 1 (a), 3.
LOW Activity Score	1 (d), 4, 5.	1 (b), 1 (e).

The numbers refer to the activity number.

The Activities in Preparing Care Study

1. Collection of Information from:
   a. Patient
   b. Medical Staff
   c. Allied Disciplines
   d. Other sources
   e. Nursing Staff
2. Analysis and Interpretation of Information
3. Recognition of Available Resources
4. Presentation of Study
5. A Class Member's Presentation
6. Guidance from University Faculty

Discussion and Interpretation

Table III

The Activities in Category I. (High Score and Low Range)

The discussion is in rank order starting with the highest ranking activity.

"2. The Analysis and Interpretation of Information."

The experience of preparing a care study provides both the motivation and time for the systematic study of the total situation and involves concrete problems. For information to serve a purpose there must be understanding of its meaning. The author believes that the fact that this activity, of all the activities involved in the process of preparing a care study, was recognized by the students as contributing the most to the development of the abilities is very significant. This consideration of the value of the care study experience gives this experience a truly educational meaning. This ranking of the student's opinion may imply several things but particularly it implies their appreciation for scientific and reflective thinking in order to develop and strengthen the abilities that are part of comprehensive care. It may mean that the experience of preparing a patient-centered care study provides the best learning experience in the area of organizing, clarifying and analyzing information for the purpose of determining the patient's total needs and how these needs may

be met. It is an experience in problem solving.

"1. (a) Collection of Information from the Patient."

The very essence of a patient-centered care study is to get to know the patient as an individual and to under-stand his total needs. If the care studies are disease-centered the student may gain the major portion of the necessary information from the patient's record, professional literature, or the medical staff but to gain information about the patient as an individual undoubtedly the chief and reliable source of information is from the subject himself. In preparing a care study guided by the purpose of understanding the patient as a person, the student is alert to what the patient may be communicating to her by words or actions. The patient's expressions or behavior may be clues to how he is reacting to illness and the needs he is expressing. The analysis of the abilities indicated that the care study provided an opportunity to develop or strengthen abilities which were closely related to the nurse-patient relationship and understanding of the patient as an individual. Therefore, the high rating of this activity of obtaining information from the patient himself is understandable. Today, with many of the nursing care procedures being assigned to the non professional personnel, the professional nurse is finding herself having less and less time to spend with patients. If the care study provides the professional

nurse an opportunity to deepen her appreciation for the pertinent information which may be gained by patient contact, then the care study might be considered a meaningful experience for the graduate nurse student.

"3. Recognition of Available Resources."

The care study leads to the better understanding of the patient, the meaning illness has for him and his family, also his total needs according to the analysis of the ability ratings. It is, therefore, understandable that with knowledge of the patient as a person and his needs and with the establishment of a friendly nurse-patient relationship the student will be motivated to investigate the available resources of help for her patient. The care study experience requires time to seek this information. Although nurses may recognize individual patient's needs and be anxious to enquire about available sources of help the pressure of work may prevent them from following through with the investigation. Too often, work pressures also confine the nurse's attention to meeting the present immediate needs. In doing the care study the graduate nurse student is able to think beyond the patient's immediate needs, to his future needs, which leads her to investigate possible community resources which may be of service to him.

The analysis of abilities indicated a low rating for the

ability to make known to the patient and encourage the use of resources within the hospital and community designed to help meet various needs. From this it would appear that the respondents were not consistent in their opinions. Further, analysis shows that the ability implies action on the part of the student to make known to the patient whereas the activity implies gaining of knowledge on the part of the student. The fact that the student may assume the role of an observer during her field experience may be the explanation of why if she acquires the knowledge she does not use it.

The Activities in Category II. (Low Score and Low Range)

Discussion of the activities is in rank order.

"1. (b) Collection of Information from the Nursing Staff

In the process of gaining as complete information as possible pertaining to her care study patient the student may consult the nursing staff for information and help. The nursing staff may be able to contribute pertinent information which they have gained in their contacts with the patient's family, friends and doctor, as well as their own personal observations. The staff nurse may also add to the students knowledge of available resources and how referrals may be made to these services. The analysis of the students opinion gives this activity, gaining information from the staff nurses, a low rating. Several reasons may attribute this low rating. The abilities which receive the

high ratings were those the student could develop in her patient contacts independently of other personnel. This low rating is another indication of the students possibly functioning more as observers than as active participants. Other factors may be insecurity on the part of both the graduate staff nurse and the graduate nurse student, which may prevent effective and productive communication between the two groups. Another factor to consider is that students may hesitate to interrupt the staff nurse from her busy ward schedule, as well as perhaps thinking the staff nurse did not have time to make the detailed observations which she would be interested in finding out.

Results of Interview

The analysis of the data obtained in the one hour interview with each of the nine graduate nurse students is based on the purposes of the interview; to gain information pertaining to the individuals previous experience with the preparation of care studies; to obtain information which throws additional light on the results of the opinionaire; to seek information related to the individuals' opinion about the value of the experience for future nursing responsibilities; and to gain information which may give suggestions for future use of the patient-centered care study.

Information Pertaining to the Participants' Previous Experience The data is presented by:

Summary of Questions and Replies

1. As a student nurse did you have experience in preparing a care study?

   Seven of the nine participants had experience.

2. Could you recall some of the circumstances related to this care study experience such as time on duty for the study, guidance received, and your sources of information?

   Two felt they had a favorable amount of on duty time for their investigation and patient observation. Five recalled service pressures which did not permit adequate time, if any time, when on duty to study their patient.

   Guidance received varied with the participants. For guidance before starting the study; two received an outline guide; two received an outline guide plus a class session on how to carry out a care study; three received no guide or instruction as to how to make the study.

   Only one received guidance during the study.

   Evaluation of the study was received by one, another had the opportunity to ask the instructor about her study if she so wished. Five received no form of an evaluation report.

   Professional literature and patients' records were the chief sources of information used by all students. Two students sought information from the social service worker.

3. What values did you identify or what meaning did this experience have for you?

   Two students felt this previous experience had educational value for them in understanding about the patient's diagnosis. Five could not identify any significant values.

4. In your experience as a graduate nurse have you had any experience with care studies?

   Two had experience in using the care study as a teaching

method, one for the three year graduate nurse program, the other in a program for training attendent nurses. The participant who used it for the graduate nurse program felt it should be a good learning experience for students but was dissatisfied with the results. The participant who had experience using the care study for attendant nurses had found it satisfactory and commented that it had been patient-centered, chiefly because that seemed to be more reasonable than disease-centered for this level of nurse.

5. Has your experience as a nurse been in hospitals where the patient care assignment method was according to complete care, functional, or team methods?

Eight had experience chiefly with the functional method of patient care assignment. One had considerable experience with a combination of the team and functional methods.

Discussion and Interpretation of the Data Regarding the Participants Previous Experience.

The previous experience of these nine graduate nurse students with the care study method of clinical instruction would indicate the possibility of a biased opinion as to the value of this type of clinical experience. Also it explains why the graduate nurse students so often ask, "What are we supposed to gain by doing a care study?" If they received no sense of value or satisfaction from their previous care study experience then their search for the meaning of a care study assignment is a reasonable reaction. The lack of guidance and adequate time to make a care study experience meaningful for the student nurse during her training was very evident by the responses. The apparent limited understanding of the care study procedure that the respondents developed in previous experience may answer, in part, the lack of interaction with some of the other health team members and staff

nurses in the preparation of their care studies. This characteristic was evident in the opinionaire findings. For their care study as student nurses their chief sources of information had been professional literature and the patient's records. These sources of information in their experience as graduate nurses were considered to contribute less than any other sources in the development of the abilities assumed to be necessary for comprehensive nursing care. What was found to contribute the most in their graduate care experience, direct patient contact, they had no time for as student nurses. From some of these factors one might conclude that although previous experience with care studies may influence the graduate nurse students reaction and approach to the assignment and the method used, in a nondirective situation, it does not set the exact pattern of study.

Interview Data Related to the Opinionaire Findings

For the presentation and analysis of part of the data obtained in the focussed interview, the interviewees' statements or a summary of their expressed opinions are related to the abilities and activities thought to be significant, from the results of the opinionaire, as representing the general opinion of the patient centered care study experiences. The opinionaire results which were considered by the investigator to be an indication of the groups' general opinion were the abilities and

activities in which there was a low range in the scores assigned by the individual respondents. The interview data regarding the current care study will thus be considered as it relates to abilities with high ratings and low range, low ratings and low range, and to the activities with the high ratings and low range and the low ratings and low range.

Data Related to Abilities with High Ratings and Low Range.

The six abilities in this category have several common characteristics: they were nearly all involve a nurse-patient relationship and are basic principles for comprehensive or total nursing care. Briefly they were the abilities to gain insight and understanding of: the patient as an individual, the importance of establishing a therapeutic nurse-patient relationship, the meaning which illness may have for the patient and his family, the patient in a comprehensive setting, his total needs, and how to meet these needs.

There was also included in this category, the ability of the nurse to make behaviorial adjustments through understanding and acceptance of her own basic feelings relative to illness. With the exception of this ability most of the interviewees recognized the patient-centered care study as a means of helping the graduate nurse to develop or strengthen the abilities with the high rating and low range.

These opinionaire findings were usually substantiated in the responses to the focused question, "What would you say was most impressionable or meaningful about your experience of preparing a patient-centered care study?"

> "Actually doing the care study was really my field work, period. This was the first time in my nursing experience that I really got to know my patient and to experience what it was like to understand and feel with my patient. I developed a keen interest, no, more than interest, empathy. I always thought I understood and appreciated patients' feelings and their problems but not like I did with (patient). I think there were many reasons for this, first (patient) was such a darn nice person and I enjoyed having the time to be with her, that on top of being able to accompany her to all those special departments for her diagnostic work up, I literally lived through those terrific episodes with her. I knew she appreciated my presence as she would always ask several times the day before a treatment if I was going to be able to be in at that time."

> "Having time to spend with the patient I was able to create the feeling I was interested in her and because of this she related more to me, in fact brought out important things and I was more alert to pick up their implications than I would have been under other circumstances. (Explained other circumstances as those in which she was not doing a study) ... This study has really given the idea of total nursing care a new meaning for me. It involves so much more than you realize, until you get into it."

> "The thing which impressed me the most was the interest I developed in the assignment (care study) after I got into it. It was such a different experience to be able to take time to visit with your patient and hear all about their families, homes, and interests, and yet at the same time realize you were gaining information which is important for the nurse to know. Usually your contacts with patients are limited to the time it takes to do their treatments."

Several interviewees expressed a greater appreciation for for what illness may mean to patients and their families after the experience of encountering some of the problems their study patients and their family were confronted with, due to the patient's illness.

> "It is hard to understand how the family can possibly manage to take care of (patient), she had been the support now she needs more support than the others. ... Remember, how the social service worker asked me if I would talk to the family when they were coming in to plan for home care. This was because the family were so bitter and seeing ... I had worked so closely with (patient) there was the possibility I could be of help."

> "You don't stop to realize just what terrific worries and problems may be created by sickness as often as you should when you are in a busy work situation, like you do when doing a care study. I expect and hope I will be more conscious of these problems after this experience."

Few comments were made regarding the ability to formulate and implement a care plan with the cooperation of the patient, medical and nursing personnel based on the doctor's plan and the ultimate rehabilitation goal. There were some comments in reference to the fact that the care study experience will be of help to the graduate nurse students in hospitals where the nursing care plans are used. As a result of the experience they would be more aware of information which would, if included on the care plan form, possibly help guide the personnel using the

care plan to understand and appreciate the patient as an individual.

Two students did not share the general opinion about the value of the care study experience.

> "Personally, I don't see the value of the care studies in relation to the graduate nurse program, I can see it for student nurses. Perhaps it does have value and it's just me, but I think the graduate nurse has already the ability to understand her patients and their needs without having to do a patient-centered care study."

> "I couldn't see the purpose of having us do the care study. It certainly was not what I expected to have to do in field work and I am still not sure why, if a nurse has had a good background, there is the need. I can't say what I really gained by the experiences, other than it is better to be spending time with the patient then to be doing a lot of routines that could be assigned to someone else."

Data Related to Abilities with Low Ratings and Low Range

In reference to the two abilities in this category, one which involves the prevention of complications as a result of the patient's inactivity and the other involves the understanding of the functions of various team members, the interview data was very limited and could not be considered as either supporting or not supporting the opinionaire findings.

Data Related to the Activities with High Ratings and Low Range

There were three activities which contributed the most, in the opinion of the respondents, to the development or

strengthening of the abilities which were assumed to be necessary for carrying out the rehabilitative aspects of comprehensive care. These were, the analysis and interpretation of information, gaining information from the patient, and the recognition of available community resources.

During the interviews the interviewees would generally follow their comments about their learning experiences in preparing the care study with the statement that there was time to be with the patient and to prepare their study. Sometimes this feeling was expressed as if it was a new experience in nursing, to have time to talk with their patients and to investigatecarefully the patient's total situation. It was seldom necessary to ask the second focused question which was for the purpose of identifying the contributing factors because in the discussion of the identified values, the activities were closely related.

> "When I started to do the study it was just another assignment but as I got into it and gradually gained more and more information in spite of myself I became interested."

> "In recording and thinking about the various conversations I had with my patient and trying to relate them to what I knew about her prognosis, I became more interested in talking with the social worker to find out what plans were or could be made for her in her community."

> "The very fact that I was preparing the study, I know made me more conscious of listening for expressions or signs of how the patient really felt. I didn't feel comfortable in asking direct questions and found

"I was happier gaining information by the indirect method. This indirect approach is alright if you have plenty of time to spend with the patient, it is too bad we can't develop more skills in the techniques of interviewing. Not until I started to organize my information did I realize some of the nursing implications which were present."

"Would say that it was not so much the collection of the information which was important but the thinking about the significance of it."

Data Related to the Activities with Low Ratings and Low Range

The activities in this category, collection of information from the nursing staff and from other sources, were not specifically mentioned by the interviewees. Several interviewees implied that the nursing staff were not aware of the objectives of the patient-centered care study, and thus were not consulted for information.

"The staff nurses were very good about answering any questions I had and in trying to find a patient which would be interesting to study but they, I am sure, thought it should be one who had an unusual and complicated medical problem and were surprised at my choice. How much do they really know about our program? I think they perhaps, at times, wonder what we spent the time doing."

The information gained in the interview pertaining to how various activities contributed or did not contribute to the development of strengthening of the abilities, was so interrelated with the statements which support the development of the abilities and with the suggestions for future use of the patient-centered care study that statements specifically related to the

activities are difficult to present separately.

Data Related to, but not in Concurrence with the General Opinionaire Findings.

In the interview, some of the interviewees, in addition to their support of the general findings of the opinionaire, identified other significant rehabilitative aspects of comprehensive nursing care which the care study helped to develop or strengthen for them. Some of these rehabilitative aspects were related to teaching, planning, motivating, and cooperating with the patient and other team members in a total program extending beyond the period of hospitalization.

The identification of these aspects were usually stated or reaffirmed toward the later part of the interview in answer to some of the focused questions. The questions were phrased according to the data already gained in the interview and from the individuals' response to the opinionaire. Thus the details of the phraseology in the questions varied with each interviewee but the essentials of the questions remained the same.

> "You have (or have not) mentioned _____ ability which according to your response in the opinionaire, I believe you might have a particular opinion about..."

The following excerpts are from the interviewees' discussions as they endeavored to explain the influence they expected the current care study experience will have on their future nursing responsibilities and which imply various aspects

of rehabilitation.

This interviewee expressed the importance of comprehensive teaching.

> "What surprised me the most, was the lack of information on the part of the patient. ... it is really appalling. For example the lack of knowledge of what is being done for her and why, information about her diagnosis and prognosis. Then the lack of knowledge about various available sources of help. ... Not only the lack but also the need to explain in a language the patient will understand, various factors about his care. The dietician came in to explain a special diet to my patient and as I listened I felt pretty sure the patient wasn't understanding in spite of the fact she kept saying she did when the dietician questioned her. Just as soon as the dietician left, the patient said, "I am so glad you were here I know you can help me understand this diet sheet. What is animal fat and what is vegetable fat, and how can you tell the difference?" This certainly illustrated the importance of not just having the patient say yes they understood but to use some testing device to make sure you used a language they could comprehend. ...it is a principle applicable to all patient teaching."

The contribution patients can make when encouraged to be the "doers" and assume some responsibility in planning and the consideration of the patient's situation beyond the hospital setting are two rehabilitative aspects of comprehensive nursing care recognized by another interviewee.

> "In doing the care study you are much keener to pick up information of significance because you have an objective in mind. I was motivated to make plans with my patient. I found my patient made very good suggestions herself when discussing how she would manage at home about toilet facilities. It was surprising how little in the way of suggestions I had to make once the patient got started thinking about her home needs. Maybe this wouldn't hold true for many patients but it seems reasonable

they certainly are the best ones to do it as it is for themselves and they are the ones most familiar with what they have to work with. Just a little interest on the part of the nurse goes a long way. ...I think I have always recognized the importance of knowing about the family situation the patient is to return to but I see where doing a care study is a means by which the students may be impressed by the importance of this knowledge so as to understand how the patient feels and what his needs will be."

The need to work with other services and know how the nurse might carry over their services in order to provide the best possible assistance for the meeting the patients' needs was expressed by another student.

> "I have found that when a special therapist comes in she can take over but it isn't the time for the nurse to exit if she is interested in helping her patient. By being present she is able to find out more about how she can help the patient with his lesson or activity which he is supposed to be doing between treatments. The speech therapist was a big help in explaining how I could help (patient). Another source of help was my conference with (faculty member in the rehabilitation department at the university). This helped me in knowing how to teach and encourage (patient) to ambulate."

Another interviewee expressed the importance and the wide area of teaching responsibilities.

> "As it was my first experience in working with patient, family, and social worker in planning home care this, perhaps, had the greatest significance for me, making known, after finding out myself first, the community resources which would be of help to my patient. ... but the most important for future application is my new appreciation for teaching the patient. I realize it takes time and covers a broad area. Often I thought the corps men were just 'fluffing off', a navy term, but now realize they may have been meeting a very important need for the patient when talking to them. I hope in the future to be able to give them guidance about patient teaching and

the reason for encouraging patient activity. I hope it is possible for them to experience feelings similar to mine. I also realize taking time to teach them will really pay off."

The recognition of exercise as an important form of therapy in the rehabilitation program was expressed.

"I hope in my teaching program to be able to convey to both the patient and the corps men the real significance the work classification should have and that it doesn't mean certain leave privileges for the patient and less work for the aide, if he is on a work classification. I know I will be giving more serious thought to my recommendations for classifications."

These individual opinions which recognize the importance of cooperating with various team members, the teaching responsibilities to the patient and non-professional personnel, the planning of total individual care to extend to the post hospital phase, include some of the rehabilitative aspects which did not receive a significant group rating in the opinionaire. The study patients' various care needs and the individual students' concepts and personal goals are two variables which may explain these opinions which are deviant from the group's ratings in the opinionaire.

Data Related to the Use of the Care Study as a Teaching Tool

Opinions and suggestions about the patient-centered care study method of teaching generally expressed in response to the following question

"If you decided to use the care study method of teaching, how do you think you might use it?"

The responses to this focused question provided some recommendations for use of the care study for teaching the different levels of nursing students, also some suggestions for the presentation of the study that they believed would make the experience more meaningful for the graduate nurse student.

The suggestions generally referred to the orientation of students for the patient-centered care study assignment, the guidance while the study was in progress, and evaluations following the presentation of the study.

All the interviewees expected they would use this patient-centered care study approach in their teaching if and when they had responsibilities for teaching nursing personnel. Preparation of the students for the use of this method was considered important for the purpose of clarifying the meaning of the "patient-centered" study also including the meaning of total individual care. The possible methods by which to accomplish these purposes varied with the level of nursing personnel preparing the study. One interviewee, who definitely planned to use this method for teaching corps men, expected to present some studies herself first and in the preparation of the studies gradually get more help from the corps men until they were ready to take over doing the studies themselves. The interviewees who expected to use the patient-centered care study for under graduate nurse students thought there was a need to distinguish for the students,

the difference between disease-centered and the patient-centered care study which is a "wholistic" approach to the care plan. A demonstration of the two types of studies followed by a discussion to evaluate the two approaches was suggested by one interviewee as a way to motivate and to guide the student in her patient-centered care study.

The interviewees in reference to their own experience, implied that they were very vague, at the beginning of their experience, about the criteria for a patient-centered care study. Many stated that more discussion before starting to make the study, also, following the presentation of the first study may have helped to eliminate their uncertainty. Two students made special comments about the contributions other disciplines and staff personnel could make if it was possible for them to attend the presentation and to participate in the discussion of significant problems. Opinions differed as to the value of other students' presentation, ranging from no value to considerable value. It was thought by three or four that guidance by the faculty while the study was in progress would be appreciated by the students and also be helpful in determining what information would be meaningful for presentation to the group. Group discussions on methods of presentation was thought by one student to be a solution for the problem of how to eliminate sterotyped presentations. Six interviewees suggested there be both group and

individual evaluations of their presentation.

In summary, the interview data supported the findings of the opinionaire and some specific learning experiences were identified by some of the interviewees. These particular learning experiences identified by the graduate nurse students serves to give additional support to the hypothesis, that the care study provides the graduate nurse student an opportunity to develop or strengthen some of the abilities for the rehabilitative aspects of total patient care.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

SUMMARY

This study has been concerned with the graduate nurse students' opinion of the patient-centered care study. Its purposes have been; to discover if the graduate nurses think the experience of preparing a patient-centered care study helps to develope or strengthen abilities listed as necessary for the rehabilitative aspects of total patient care; to identify the abilities which they think may be best developed by the care study experience; and to determine which activities in the process of preparing and presenting the care study they think contribute the most to the development or strengthening of the abilities. Data were obtained concerning the graduate nurse students' opinion of which abilities may be developed or strengthened and which activity contributes the most to the development of these abilities, in the experience of preparing a patient-centered care study. The following summary reviews briefly the major aspects of the study.

Data concerning the graduate nurse students opinion of the patient-centered care study were obtained from 9 graduate nurse students, who had prepared and presented a patient-

centered care study during their medical and surgical field experience, approximately 3 months prior to the study. The participants were the 9 in group of 12 graduate nurse students who were taking a course in medical surgical nursing at the same time as they were doing their field work. To test the hypothesis, that the patient-centered care study provides the graduate nurse with the opportunity to develop or strengthen abilities necessary for the rehabilitative aspects of comprehensive care, an opinionaire was developed and used.

The opinionaire was based on the 16 abilities assumed to be necessary for the rehabilitative aspects of comprehensive care. The 10 general activities in the preparation of the care study were evaluated according to how each helped to develop or strengthen each of the sixteen abilities. It was recognized by the investigator that the data collected from a single research tool, the opinionaire, might be somewhat limited in range. To provide additional information to further investigate the results of the opinionaire an hour focused interview was planned for each participant.

For the analysis of the opinionaire data, a weighted value was given to the ratings of the activities. The scores for each ability and activity were calculated for both the individual participants and for the group. The range in the

scores was also calculated. The abilities and activities which received a high score and low range and a low score and low range were considered as significant indications of the group's opinion, and were discussed and interpreted in the study.

CONCLUSIONS

The Abilities which received High Rating and Low Range were: (Code No.)

3. Ability to recognize the need and to establish a nurse patient relationship which promotes the patient's interest and desire to accept the responsibility of his care and activities.

7. Ability to gain insight and understanding of what illness means to the patient and his family.

10. Ability to think of the patient in relation to his entire environment, in a comprehensive setting, home and community.

8. Ability to recognize possible present and future emotional, social, and economic needs which may be influencing factors in the rehabilitation process.

1. Ability to make behavioral adjustments through understanding and acceptance of her own basic feelings relative to illnesses.

2. Ability to formulate and implement a care plan with the cooperation of the patient, medical and nursing personnel based on the doctor's plan and ultimate rehabilitation goal.

The Activities which received High Rating and Low Range were: (Code No.)

2. The Analysis and Interpretation of Information.

1.a) Collection of Information from the Patient.

3. Recognition of Available Resources.

By further classification of the abilities into those which involve the team relation and those which involve the nurse-patient relation, it was found that of the 6 abilities with high rating low range 5 involved the nurse-patient relation.

From the opinionaire results, the investigator provisionally analyzed the individual's opinions to provide a basis for the interview guide. The focused interview served to throw further light on the meaning of these findings. The general findings of the opinionaire were substantiated in the interview. Students expressed in their own words the value of the patient-centered care study, and usually, what they had to say about the abilities which were developed by the care study bore out the findings regarding the opinionaire. Spontaneously and enthusiastically most of the students mentioned the activities which are inate characteristics of a patient-centered care study. The opportunity to really see the total patient situation and to experience the significance of nursing the "whole" patient was recognized by many students as helping to put new life into the meaning of comprehensive nursing care. Students also said the care study helped them learn about: teaching, planning, motivating, and cooperating with the patient and other team members, in a total program extending beyond the period of hospitalization. When asked to give their over-all opinion of the care study, 7 said it was valuable and 2 did not consider it valuable.

These 2 believed that the graduate nurse should already possess the abilities which the care study was supposed to help develop. The patient-centered care study was recognized by interviewees as a good teaching method for various levels of nursing personnel. They made several suggestions for the use of this method. These suggestions referred to: orientation of the student for the patient-centered care experience, guidance while the study was in progress, and evaluations following the presentation of the study.

RECOMMENDATIONS

Recommendations made by the students which they believed would help to make this experience of preparing and presenting a patient-centered care study more meaningful are as follows:

1. Clarification of the meaning of a patient-centered care study before the student starts her study, this might be done by group discussions or illustration of patient-centered studies.

2. Encouragement of other team members to attend the presentation of the studies. If this was not possible, even one presentation of a care study with the representation from the various disciplines, would be good learning experience.

3. More guidance by the faculty during the progress of the study to assist in methodology or presentation and content.

4. Evaluation following the study presentation in the form of group discussion and also some form of individual evaluation.

In addition to the recommendations by the interviewees

some other recommendations may be indicated by the general findings.

1. A study prepared by both a staff nurse and student nurse might possibly serve to improve communications between the staff nurse and the student nurse also serve to encourage more active student participation in the patient's care and teaching program.

2. Summaries of the patient-centered studies as presented by the students would be helpful for reference and guides in future studies. These summaries could be made available for staff nurses and may contribute to their staff education program.

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OPINIONAIRE

ABILITY # (Code No.)

ACTIVITIES of Preparing & Presenting a Patient Centered Study	Rating: Excell't	Good	Fair	No Value	But could have been *	Comments or Suggestions
1. Collection of Information from: a) Patient-directly -indirectly						
b) Nursing Staff						
c) Medical Staff						
d) Allied Disciplines						
e) Other Sources (e.g. records)						
2. Analysis & Interpretation of information						
3. Recognition of Available Resources						
4. Presentation of Study						
5. A Class Member's Presentation						
6. Guidance from University Faculty						

ABILITY #

	Excell't	Good	Fair	No Value	But could have been
1. Collection of Information from: a) Patient-directly -indirectly					
b) Nursing Staff					
c) Medical Staff					
d) Allied Disciplines					
e) Other Sources (e.g. records)					
2. Analysis & Interpretation of information					
3. Recognition of Available Resources					
4. Presentation of Study					
5. A Class Member's Presentation					
6. Guidance from University Faculty					

* If you check "No Value but could have been", please state any possible suggestions in the comment space or on back of page.

CHECK Ratings with ( )