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A study to determine if the concept of complete bed rest for the acute myocardial infarction patient differs between head nurses and clinical instructors

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A STUDY TO DETERMINE IF THE CONCEPTS OF COMPLETE BED REST  
FOR THE ACUTE MYOCARDIAL INFARCTION PATIENT DIFFERS  
BETWEEN HEAD NURSES AND CLINICAL INSTRUCTORS


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## CHAPTER I

### INTRODUCTION

It has been assumed that nursing personnel caring for patients share a common knowledge and understanding of the kinds of care needed to promote health for the individual patient. One way in which this common understanding is reached is by effective communication between the various personnel caring for the patient. The experience of the writers has been that nursing personnel in a given area do not always share the same concepts of nursing care and, as a result, it is felt that the patient's rate of recovery may be affected. In some instances these differences in concepts of nursing care might actually hinder the patient's recovery. This could be especially true for the acute myocardial infarction patient whose life may depend upon early skilled nursing care.

Cecil and Loeb state that for the patient with acute myocardial infarction ". . . complete rest, physical and mental, is essential. Superior nursing to spare the patient needless effort and to promote equanimity is of the utmost importance."<sup>1</sup>

#### The Problem

The purpose of the study was to determine if there is a difference between the head nurse's concept of complete bed rest ordered for the patient with acute myocardial infarction and the clinical instructor's con-

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<sup>1</sup>Russell L. Cecil and Robert F. Loeb, A Textbook of Medicine (Philadelphia: W. B. Saunders Co., 1959), p. 1283.

cept. The study was based upon the assumptions that 1) the head nurse and clinical instructor differ in their concepts of complete bed rest for the patient with acute myocardial infarction; 2) the head nurse may be less restrictive of the patient's activities than the clinical instructor; 3) the head nurse's concept stresses the physical aspect rather than the emotional aspect of nursing care; 4) the clinical instructor has more knowledge of the physiological need for rest than does the head nurse; and 5) there may be intragroup differences in the concepts of complete bed rest for the acute myocardial infarction patient.

The writers selected the cardiac patient for the basis of this study because heart disease has become a major cause of illness and is, by far, the leading cause of death in the United States.<sup>1</sup>

The basic principle underlying the treatment of acute myocardial infarction is complete mental and physical rest. White states that

. . . acute coronary thrombosis must be regarded more seriously than most cardiac conditions, and careful rest for weeks or months (a minimum of three to four weeks) should be prescribed in order to assure as sound healing of the myocardial infarct as possible, with a very gradual and careful convalescence (a minimum of one month after completing the rest period); by wise treatment at the start, life may doubtless be prolonged for many years in some cases.<sup>2</sup>

The provision for rest for the patient with acute myocardial infarction is the major responsibility of the nurse, since it is the nurse who carries out and supervises in large part the planned program of care. It is the head nurse who is responsible for interpreting the doctor's order for com-

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<sup>1</sup>"Morbidity and Mortality for Heart Disease," Statistical Bulletin, XLII (February, 1961), 3-6.

<sup>2</sup>Paul Dudley White, Heart Disease (4th ed.; New York: The Macmillan Company, 1958), p. 561.

plete bed rest to nursing personnel caring for the patient and, therefore, she is directly responsible for the kind of rest provided. It is she who must communicate to the nursing personnel involved in the care of this patient the fact that he is critically ill and must be kept at complete rest. The responsibility of the clinical instructor is to teach the nursing student in the clinical area the comprehensive care of the patient by helping her to transfer classroom learning into actual practice. As well as being responsible to the head nurse and clinical instructor, the nursing student is directly responsible for providing the best nursing care of which she is capable. Both the head nurse and the clinical instructor in fulfilling their responsibilities communicate with the nursing student as she gives nursing care. Therefore, it is necessary that the head nurse and the clinical instructor have a common understanding of complete bed rest in order to realize the goal of optimum care for the patient.

#### Scope and Limitations

This study was conducted in a large private hospital in the Boston area which conducts a three-year program leading to a diploma in nursing. Five head nurses and five clinical instructors, selected by the Director of Nursing and employed by the institution, furnished data for the study. The head nurse group worked in five clinical areas where patients with acute myocardial infarction were admitted. The clinical instructor group taught nursing students in the clinical areas to which acute myocardial infarction patients were admitted.

The limitations inherent in this study are that 1) patients with cardiac conditions were admitted to any ward in the hospital, since services were nonsegregated except in the specialties. The medical staff was



large and many private physicians as well as those from a private clinic attended the patients. The majority of head nurses, therefore, were in charge of patients with a variety of diagnoses and had to interpret the orders of a large number of physicians; 2) the study was conducted in only one hospital; 3) the sample was limited in number; 4) there was no way to test reliability of data; and 5) the number of acute myocardial infarction patients for whom each head nurse had responsibility differed.

### Preview of Methodology

For the purpose of this study, two questionnaires<sup>1</sup> were constructed, pretested, and administered by the authors to the head nurses and clinical instructors. The collected data were categorized and analyzed to ascertain commonalities and differences of concepts related to the provision of complete bed rest as ordered for the acute myocardial infarction patient.

### Sequence of Presentation

Chapter II contains the theoretical framework for the study and a review of literature. Chapter III gives a detailed account of the methodology used. The findings and their analyses are presented in Chapter IV. Chapter V includes the summary, conclusions, and recommendations resulting from the study.

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<sup>1</sup>Appendix A and B.

## CHAPTER II

### THEORETICAL FRAMEWORK OF THE STUDY

#### Review of the Literature

The literature was reviewed pertaining to the importance of complete bed rest for the acute myocardial infarction patient. The head nurse's and clinical instructor's functions in relation to providing complete bed rest were also reviewed.

The importance of rest for the acute myocardial infarction patient has been recognized since the first report of Herrick in 1912 on sudden obstruction of the coronary arteries. During the acute period when softening, resolution, and fibrous tissue replacement are taking place in the infarcted area, the heart muscle must continue its pumping function, but it is desirable that the heart beat with the least speed and force necessary to maintain function. It is in this acute stage when complications are most likely to occur. Cardiac dilatation, rupture, aneurysm formation, arrhythmias are among the complications which may result from physical activity.<sup>1</sup>

Mitchell states,

One way to facilitate the work of the heart is by diminishing its output. This may be accomplished by keeping the patient quiet and inactive. Physical activity necessitates an increased output of blood and thereby places an additional burden on the heart which that organ may be unable to handle when it is diseased. Acute

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<sup>1</sup>Byron E. Pollack, "The Early Management of Myocardial Infarction," Journal of the American Medical Association, CLXI (June 2, 1956), 404-409.

myocardial infarction usually caused by coronary thrombosis, is a disease in which the dangerously injured heart needs to be rested as much as possible while healing takes place.<sup>1</sup>

Cardiologists have made thousands of careful observations of acute myocardial infarction patients and, according to Marvin, have found that the process of healing requires about one month in the majority of cases. Furthermore, it takes place more efficiently if the heart's work is kept at a minimum. It is largely for this reason that the patient is placed on bed rest. By keeping the body and mind at rest as completely as possible, cardiac work can be reduced to a very low level. Fear, anxiety, apprehension, and anger are among the emotions which increase the work of the heart. Bodily rest and emotional tranquility, so far as they can be achieved, are the most important parts of treatment in the mild and moderately severe cases of coronary thrombosis. It is often difficult for the patient to understand that medicines are usually of secondary value and cannot take the place of rest in the treatment of this disease.<sup>2</sup>

Two groups of acute myocardial infarction patients were studied by White<sup>3</sup> in respect to development of complications. One group consisted of 22 psychotic patients who could not be placed on complete bed rest and the other group consisted of 105 patients in a general hospital who were placed on complete bed rest. According to White, the finding of rupture of the heart during the first twelve days in 73 per cent or 16 of the psychotic

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<sup>1</sup>Avard M. Mitchell and others, "Armchair Treatment of Acute Myocardial Infarction," American Journal of Nursing, LIII (June, 1953), 674.

<sup>2</sup>H. M. Marvin and others, You and Your Heart (New York: Random House, Inc., 1953), p. 60.

<sup>3</sup>Paul Dudley White, Heart Disease (4th ed.; New York: The Macmillan Company, 1956), p. 564.

patients in contrast to only 9.5 per cent or 10 patients who were in the general hospital clearly demonstrated the "absolute" need for complete bed rest for two weeks after an acute myocardial infarction.

According to Freidberg,<sup>1</sup> rest is intended to diminish the work of the heart and is the "traditional principle of treatment" when the heart is diseased. There seems to be quite general agreement among cardiologists<sup>2,3,4</sup> that the acute myocardial infarction patient must be placed on complete bed rest to facilitate healing of the injured heart muscle and to prevent the development of complications.

The physician communicates by written orders to the head nurse the medical care the patient is to receive. The terminology used by the physician to indicate rest for the cardiac patient may be expressed by such terms as "coronary precautions," "cardiac care," "complete bed rest," "maximum rest," "coronary care," or "absolute bed rest."

The head nurse's function in regard to patient care according to Olson and Tibbits is to receive orders from the physician, transcribe these orders, plan and evaluate for adequate patient care, check the patient's condition and response to treatment, and give patient care assignments including special instructions for nursing care to the staff. The head nurse functions as an administrator of a clinical unit and as a

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<sup>1</sup>Charles K. Freidberg, Diseases of the Heart (2d ed.; Philadelphia: W. B. Saunders Company, 1956), p. 566.

<sup>2</sup>Samuel A. Levine, Clinical Heart Disease (5th ed.; Philadelphia: W. B. Saunders Company, 1958), p. 147.

<sup>3</sup>Russell L. Cecil and Robert F. Loeb, A Textbook of Medicine (10th ed.; Philadelphia: W. B. Saunders Company, 1959), II. p. 1283.

<sup>4</sup>Walter Modell and Doris R. Schwartz, Handbook of Cardiology for Nurses (New York: Springer Publishing Company, Inc., 1954), p. 114.

teacher since she must instruct, explain, and discuss techniques of nursing with her staff.<sup>1</sup> She must know the meaning of complete bed rest as prescribed by the physician for the acute myocardial infarction patient and should know the nursing measures which will expedite the order. It is her function to supervise the nursing care given by the nursing personnel who individualize the nursing orders written on the Kardex.

It then becomes the nurse's responsibility to perform nursing activities which provide rest for the patient. According to Mitchell:

The role of the nurse in the treatment of myocardial infarction is a key factor in the successful management of these patients. The nurse supervises and carries out in large part the planned program of care.<sup>2</sup>

Modell adds that very often the only therapeutic item which can be provided for these patients is rest, and "it is up to the nurse to see that rest is restful."<sup>3</sup> Brown states that the aim of the nursing of the acute myocardial infarction patient is the achievement of complete physical and mental rest. She adds that the nurse has a great responsibility in the care of these patients.<sup>4</sup> Shafer concurs by stating that providing rest for the cardiac patient is one of the major responsibilities of the nurse.<sup>5</sup>

Nursing authors are in general agreement as to the nursing meas-

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<sup>1</sup>Apollonia F. Olson and Helen G. Tibbits, A Study of Head Nurse Activities in a General Hospital (Washington, D. C.: U. S. Government Printing Office, 1951), pp. 17-19.

<sup>2</sup>Mitchell and others, op. cit., p. 676.

<sup>3</sup>Modell and Schwartz, op. cit., p. 159.

<sup>4</sup>Amy Frances Brown, Medical Nursing (3rd ed.; Philadelphia: W. B. Saunders Company, 1957), p. 257.

<sup>5</sup>Kathleen N. Shafer and others, Medical-Surgical Nursing (St. Louis: The C. V. Mosby Co., 1958), p. 263.

ures which provide maximum rest. According to Shafer, they include the following: consideration of the individual needs of the patient; explanation of the need for rest; providing a restful environment; limiting the individuals who come in contact with patient in relation to number, length of stay, and the effect on the patient; explaining procedures to the patient; providing proper positioning and comfort; bathing, feeding, and turning the patient; maintaining regular elimination; spacing the patient's daily activities to provide rest; using medication for relief of pain and to provide for sleep; providing diversion; and meeting religious needs. She gives special emphasis to the importance of emotional support by stating that the patient who is restless, anxious, and disturbed is not at rest and the nurse should listen carefully to find out what it is that concerns him and is making it difficult for him to rest.<sup>1</sup>

"Coronary precautions" or "cardiac care" as interpreted by Emerson and Bragdon means that the patient should be spared every unnecessary physical exertion. During the acute stage the patient should be disturbed as little as possible when he is sleeping so that "maximum rest" will be afforded. The patient should be kept warm, in bed, and very quiet. He should not be allowed to turn himself or sit up by himself. Reassurance should be provided and an explanation of his treatments and rest therapy should be given. Visitors should be limited to relatives and close friends and they should be instructed to avoid lengthy and controversial discussions.<sup>2</sup>

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<sup>1</sup>Ibid., pp. 263-266.

<sup>2</sup>Charles P. Emerson and Jane B. Bragdon, Essentials of Medicine (8th ed.; Philadelphia: J. B. Lippincott Co., 1959), p. 489.

"Absolute bed rest," according to Brown, includes instructing the patient as to the importance of complete bed rest, planning the nursing care so that overexertion cannot occur, limiting visitors to ensure mental rest, anticipating the patient's needs, and thinking for the patient. No self-feeding, brushing of teeth, bathing, or any form of exertion is allowed. The bed is to be kept flat unless otherwise ordered.<sup>1</sup>

The patient in the acute stage of myocardial infarction generally needs rest, reassurance, and relief from pain, according to Pollack. Rest can be provided by the nurse by making the patient comfortable, providing a cheerful atmosphere, giving proper medications, and supervising minor activities of the extremities. It also includes protecting the patient from telephone calls and visits by tactless friends and business associates. Changes of body position should be made only with assistance from the nurse. Laboratory tests should be fitted into the patient's program so as not to interfere repeatedly with his rest.<sup>2</sup>

The fact that rest is not the same for all patients is pointed out by Modell. A patient rests best his own way. Sleeping and resting patterns are formed over the years and they should not be altered to suit the nurse. Feeding the patient also depends upon the individual patient. Other important nursing measures include an explanation of his condition and the need for rest, bathing, turning, and giving other physical care, seeing that the patient is able to sleep, and maintaining regular elimination.<sup>3</sup>

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<sup>1</sup>Brown, op. cit., p. 269.

<sup>2</sup>Pollack, op. cit., p. 408.

<sup>3</sup>Modell and Schwartz, op. cit., pp. 159-161.

The role of emotions was stressed by Kaufman and Becker, who state that an optimistic approach together with assurance is important in the care of the acute myocardial infarction patient since emotion has a direct effect on cardiac work, and strong emotion, if long-continued, may strain a heart already taxed by a recent infarction.<sup>1</sup>

The clinical instructor's function is teaching the nursing student the nursing care of patients. This includes formal teaching in the classroom, clinics, or ward classes, and the informal instruction given to students during supervised practice in the nursing care of selected patients.<sup>2</sup>

The instructor in clinical nursing, according to Brown, must focus the attention of the students upon the medical and nursing problems of the patients to whom they are assigned and help the students develop plans of care geared to the needs of individual patients. The instructor must be able to skillfully demonstrate nursing procedures of special importance on the particular service. She must direct students in their teaching plans for patients and guide students in the acquisition of new skills.<sup>3</sup> In relation to the acute myocardial infarction patient she must specifically teach the concept of complete bed rest to the student and instruct and supervise her in the nursing measures which provide this rest.

Sound nursing education is impossible on a clinical unit where inferior nursing care is given by others on the service. The nature of the

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<sup>1</sup>Jerome G. Kaufman and Marvin C. Becker, "Rehabilitation of the Patient with Myocardial Infarction," Geriatrics, X (August, 1955), 358.

<sup>2</sup>Lillian A. Sholtis and Jane S. Bragdon, The Art of Clinical Instruction (Philadelphia: J. B. Lippincott Co., 1961), p. 105.

<sup>3</sup>Amy Frances Brown, Curriculum Development (Philadelphia: W. B. Saunders Company, 1960), p. 366.



educational guidance given by the clinical instructor and the nursing care observed on the clinical unit will determine whether classroom learnings can become functional and remain effectively dynamic or may have to be neglected or forgotten.<sup>1</sup> The nursing student's concept of complete bed rest for the acute myocardial infarction patient learned in the classroom, in order to become functional, must be reinforced by observed excellence of nursing care in the clinical unit. The care of the acute myocardial infarction patient will be a result in part of the head nurse's concept of complete bed rest. It is essential, therefore, that the head nurse and clinical instructor share a similar concept of complete bed rest for the acute myocardial patient if the student is to function effectively.

Conversely, the clinical instructor must be realistic in teaching nursing care. In the words of Heidgerken:

Another difficult area in nursing education is the difference between the nurse educator's and the nurse practitioner's concept of what constitutes nursing care and the reality of the nursing situation.<sup>2</sup>

It is essential and has been emphasized repeatedly that all nurses in a particular unit should share the same basic philosophy of nursing since difficulties affecting patient care arise from inconsistencies. Schmahl has further suggested that all nurses do not share the same basic philosophy and that there are some real and fundamental differences.<sup>3</sup>

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<sup>1</sup>Maude B. Muse, Guiding Learning Experiences (New York: The Macmillan Company, 1950), pp. 414-417.

<sup>2</sup>Loretta Heidgerken, "Some Problems in Modern Nursing," Nursing Outlook, VII (July, 1959), 395.

<sup>3</sup>Jane A. Schmahl, "The Price of Recovery," American Journal of Nursing, LVIII (January, 1958), 88-90.

Although the clinical instructor and the head nurse do not actually give nursing care, they are both responsible in different ways for the care provided. Consistency in their basic philosophies is imperative to assure that the nursing student can learn and be directed in a clearly understood manner.

Meeting the needs of the student nurse is now on a par with the equally exacting task of meeting the needs of the patient. This statement identifies the primary responsibility of the two major divisions of nursing, namely, nursing service whose primary goal is attending to the patient's needs and nursing education, whose principal concern is the requirements of the student. If each is to realize its goals, it must understand and support to the fullest extent possible, the purpose of the other.<sup>1</sup> By means of a close working relationship between the clinical instructor and the head nurse a sense of unity should exist.<sup>2</sup>

#### Bases of Hypothesis

From investigation of the literature, it was evident that cardiologists agree that the basic treatment for acute myocardial infarction patients is complete mental and physical rest. Cardiologists and nursing authorities agree that it is the nurse who must provide this rest and there is also general agreement as to the nursing measures which provide rest. The head nurse's function is to interpret the doctor's order for complete bed rest to the nursing personnel on her clinical unit. The clinical instructor's function is to teach the nursing student the concept of complete bed rest. The head nurse and the clinical instructor should share a similar concept of providing rest for the acute myocardial infarction patient.

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<sup>1</sup>Sholtis and Bragdon, op. cit., p. 1.

<sup>2</sup>Ibid., p. 26.

### Statement of Hypothesis

The head nurse and the clinical instructor differ in their concepts of complete bed rest for the acute myocardial infarction patient.

## CHAPTER III

### METHODOLOGY

In this study an attempt was made to identify the concept of complete bed rest for the acute myocardial infarction patient as held by a group of head nurses and clinical instructors, and to determine if there is a difference in this concept between the two groups of respondents.

The data were collected at a large private hospital in the Boston area which is accredited by the Joint Commission of Accreditation of Hospitals and the State Hospital Association. The School of Nursing grants a diploma in nursing at the completion of the program. It is fully accredited by the National League for Nursing and has been approved by the Approving Authority of Schools of Nursing of the State of Massachusetts. This institution cares for adults ill with general medical and surgical diseases and is widely known for its work in diabetes, cancer, brain and chest surgery. The patient units are nonsegregated; therefore, patients with acute myocardial infarction may be admitted to any ward within the hospital.

Participants in the study were five head nurses and five clinical instructors. The head nurse group was made up of two head nurses and three assistant head nurses. Head nurses and assistant head nurses had the same functions in that the assistant head nurse assumed the duties of the head nurse during her absence. The clinical instructor group was comprised of three clinical instructors in Medical Surgical nursing and two instruc-

tors in Fundamentals of Nursing whose responsibilities included supervision of nursing students in the medical surgical clinical practice area.

Two questionnaires, one for the head nurse group and one for the clinical instructor group, were constructed by the authors. Each questionnaire consisted of two parts. On the first part of each tool an open-ended question was posed in order to avoid suggesting plausible answers and to elicit as complete information as possible. Since the functions of the two groups of respondents differed, the wording of the open-ended question was not identical; however, the idea was rephrased in order to elicit a similar response to the question. The open-ended question given to the head nurses was related to the nursing measures which would be written on the Kardex as a result of the doctor's order for "complete bed rest." The question posed the clinical instructors was related to the nursing measures to be taught nursing students concerning provision of "complete bed rest." The second part of the questionnaire for both groups was identical and consisted of a list of eleven nursing measures derived and synthesized from the authors' survey of literature. These were to be arranged in rank order.

For ease in analyzing the data, each set of questionnaires was identified: numbers one through five were given to the head nurse sets and letters A through E were given to the clinical instructor sets. In order to determine the clarity of the items, three graduate nurses who had been clinical instructors in diploma schools of nursing pretested the two questionnaires. No difficulties were encountered in interpreting the questions and the responses given were of the type anticipated by the authors.

The basic purposes for administering the questionnaires were to identify the concept of complete bed rest as held by the respondents, to determine if there were different concepts between the two groups, and to determine rank order of the eleven listed nursing measures important to the provision of rest.

To prevent exchange of ideas among the participants which might influence the responses, all participants were present when the questionnaires were submitted. Arrangements were made with the Director of Nursing at the selected institution to administer the questionnaire at a joint meeting of the head nurses and clinical instructors at a time convenient for the respondents. Four head nurses and five clinical instructors attended the meeting. The fifth head nurse completed the questionnaire at a time later in the same day under the direction of the Director of Nursing, following the same instructions as given at the joint meeting. The verbal instructions given to the respondents were:

We have two questionnaires we would like you to complete. We will give you the first one now and when you finish, would you please raise your hand so that we may give you the second one. Do not write your name on the questionnaire.

To increase reliability, the open-ended items were submitted first, which prevented the list of nursing measures constructed by the authors from influencing the responses. The average length of time needed to complete the questions was twenty minutes. The data collected were tabulated and comparisons were made between and within the two groups.

## CHAPTER IV

### PRESENTATION, ANALYSIS, AND DISCUSSION OF DATA

#### Introduction

This chapter is concerned with the presentation, analysis, and discussion of data obtained from two questionnaires presented to five head nurses and five clinical instructors to test the hypothesis that there is a difference in the concepts of complete bed rest for the acute myocardial infarction patient held by the two groups. The initial discussion concerns the replies given by both groups of respondents to closely paralleled open-ended questions. An analysis of the rank ordering of nursing measures concludes the chapter. Many of the responses are more clearly illustrated by direct quotations; therefore, these are included to clarify the views of the participants.

#### Presentation and Discussion of Data Obtained from Open-ended Questions

In response to Items 1 and 2 it was found that the head nurses' average length of experience in their present positions was three and one-half years, with a range from six months to eight years. The five clinical instructors had been in their present positions an average of one and seven-twelfths years, with a range of five months to three years.

In response to Item 3 on the head nurse questionnaire which asks if the head nurse transcribed the words "complete bed rest" on the Kardex when the physician writes this order for the patient with acute myocardial infarction, the five head nurses replied in the affirmative.

In response to Item 4 the five head nurses answered that they list specific nursing measures related to the provision for complete bed rest on the Kardex.

Table 1 is concerned with responses to Item 5, which asks the head nurses to list nursing measures which provide complete bed rest for the cardiac patient. The head nurse group listed 17 different nursing measures, with a total of 28. The range of responses was from 3 to 13. Three out of 5 head nurses listed only 3 nursing measures. The only 2 nursing measures listed by all the head nurses were "bed bath by the nurse" and "feeding the patient," with "back care" listed by 3 head nurses. This implies that there are differences of opinion within the head nurse group as to the nursing measures which provide complete bed rest.

TABLE 1

## DISTRIBUTION OF SPECIFIC NURSING MEASURES LISTED BY FIVE HEAD NURSES

Nursing Measure	Head Nurse				
	1	2	3	4	5
Bed bath by nurse	x	x	x	x	x
Feeding the patient	x	x	x	x	x
Back care		x	x		x
Coronary precautions				x	x
Measure and record intake and output	x				
Head raised for meals			x		
Use of bedpan			x		
Drinking water within easy reach of patient			x		
Complete bed rest					x
Special mouth care					x
Rectal temperature					x
Avoid emotional excitement, i.e., visitors					x
Avoid physical exertion					x
Observe oxygen for proper amount					x
No Smoking signs					x
Bell cord within reach					x
Anticipate needs of the patient as a whole to avoid any anxiety					x
Total	3	3	6	3	13



As shown in Table 2, the length of employment in their present position showed no relationship to the number of nursing measures listed.

TABLE 2  
NUMBER OF NURSING MEASURES LISTED  
AND LENGTH OF EMPLOYMENT IN PRESENT POSITION OF EACH HEAD NURSE

Head Nurse	Number of Nursing Measures Listed	Length of Employment in Present Position
1	3	6 months
2	3	8 years
3	6	4 years*
4	3	1 year
5	13	5 years

\* 3 years as assistant head nurse in this institution prior to one year as head nurse.

Table 3 is concerned with responses to Item 3 on the clinical instructors' questionnaire, which asks them to list nursing measures which they would teach the nursing student in relation to the provision of complete bed rest for the acute myocardial infarction patient. The clinical instructor group listed 32 different nursing measures, with a total of 55 responses. Four out of 5 clinical instructors listed "call light within easy reach and attached," "feed patient," and "bed bath by the nurse." Three clinical instructors included "meaning and purpose of complete bed rest (mental and physical rest)," "sedation," and "bedside table and personal articles within easy reach." There was no one nursing measure which was listed by all five clinical instructors. As with the head nurse group, the clinical instructor group demonstrated wide divergence of nursing measures listed. The range of responses in the clinical instructor group

was from 8 to 15.

**TABLE 3**  
**DISTRIBUTION OF SPECIFIC NURSING MEASURES**  
**LISTED BY FIVE CLINICAL INSTRUCTORS**

Nursing Measures	Clinical Instructor				
	A	B	C	D	E
Call light in easy reach and attached	x		x	x	x
Feed patient	x	x	x	x	
Bed bath given by nurse	x	x	x	x	
Meaning and purpose of complete bed rest (mental and physical)	x	x			x
Sedation		x	x	x	
Bedside table and personal articles within easy reach			x	x	x
Fowler's position (proper positioning)	x				x
Atmosphere of room conducive to rest		x	x		
Understand patient as a person		x			x
Skin care			x		x
Laxative as needed and/or difficulty with bowels				x	x
Restriction of visitors		x			x
Avoid fatigue	x			x	
Support arms with pillows	x				x
Knee gatch bent slightly	x				
Side rails	x				
Support back	x				
Have patient lean forward on overbed table when making bed	x				

(concluded on next page)

TABLE 3 (concluded)

Nursing Measures	Clinical Instructor				
	A	B	C	D	E
Give bedpan	x				
Make meals attractive	x				
Range of motion (passive)	x				
Check with doctor as to kind of rest he wants		x			
Nursing care plan		x			
Oxygen therapy			x		
Assistance of another person for positioning the patient				x	
Intake and output				x	
Diversion					x
Turning patient		x			
Use of commode		x			
Vital signs		x			
Proper diet				x	
Restrict fluids if necessary	x				
<b>Total</b>	<b>15</b>	<b>12</b>	<b>8</b>	<b>10</b>	<b>9</b>

As shown in Table 4, the length of employment of the clinical instructors showed no relationship to the number of nursing measures listed.

TABLE 4

**NUMBER OF NURSING MEASURES LISTED AND LENGTH OF  
EMPLOYMENT IN PRESENT POSITION OF EACH CLINICAL INSTRUCTOR**

Clinical Instructor	Number of Nursing Measures Listed	Length of Employment in Present Position
A	15	2 years
B	12	3 years
C	8	10 months
D	10	5 months
E	9	2 years

Table 5 indicates the nursing measures listed two or more times by the head nurse and clinical instructor groups. "Feeding the patient," "bed bath," and "back care" are the only three nursing measures most consistently agreed upon within and between the two groups.

TABLE 5

**FREQUENCY OF NURSING MEASURES LISTED TWO OR MORE TIMES  
BY HEAD NURSES AND CLINICAL INSTRUCTORS**

Nursing Measures	Total Frequency	Head Nurses	Clinical Instructors
Feeding the patient	9	5	4
Bed bath	9	5	4
Back care	5	3	2
Explanation of rest	3	0	3
Fowler's position	2	0	2
Call light in easy reach	4	0	4
Bedside table and personal articles close by	3	0	3

(concluded on next page)

TABLE 5 (concluded)

Nursing Measures	Total Frequency	Head Nurses	Clinical Instructors
Medications	3	0	3
Understanding the patient as a person	2	0	2
Environment conducive to rest	2	0	2
Restriction of visitors	2	0	2
Avoid fatigue	2	0	2
Laxatives as needed	2	0	2

On the basis of the information seen in Tables 3 and 4 and the survey of literature in Chapter II, the authors agree that all nurses do not share the same concept of nursing care. These inconsistencies as to what nursing measures provide complete bed rest could create difficulties affecting the care of the acute myocardial infarction patient.

For the purpose of further comparison, the nursing measures listed by the head nurse and clinical instructor groups were then categorized as follows: I, nursing measures meeting the physical needs of the patient or promoting bodily comfort and environmental safety; II, those meeting the physiological needs of the patient or those primarily concerned with body functions; III, those meeting the emotional needs of the patient. Nursing measures such as "turning the patient," "supporting the arms with pillows," and "complete bed bath" were categorized as those measures which meet the physical needs of the patient. Nursing measures such as "feeding the patient," "giving medications," and "using the commode" were categorized as those nursing measures which meet the physiological needs of the

patient. "Explaining procedures to the patient," "understanding the patient as a person," and "creating a quiet atmosphere" were categorized under those nursing measures which meet the emotional needs of the patient. The phrases "nursing care plan," "complete bed rest," "coronary precautions," and "checking with the doctor as to the kind of rest he wants" were not considered in the analysis since they did not meet the criteria of the categories defined by the authors.

Tables 6, 7, and 8 are concerned with the nursing measures as categorized by the authors and show the frequency of nursing measures listed by the head nurse and clinical instructor groups. In Table 6 nursing measures which meet the physical needs of the patient were listed by the head nurse group 14 times as compared to 25 times by the clinical instructor group. The only area of agreement was "bed bath by the nurse," which 9 out of 10 respondents listed. Except for this one nursing measure, there was no majority agreement between the two groups as to which nursing measures are necessary to meet the physical needs of the patient with acute myocardial infarction. The greater number of nursing measures listed by the clinical instructor group may indicate that the clinical instructor group is more aware of nursing measures which meet the physical needs of the patient.

TABLE 6

**CATEGORY I (PHYSICAL): FREQUENCY OF NURSING MEASURES  
LISTED BY HEAD NURSES AND CLINICAL INSTRUCTORS**

<b>Nursing Measure</b>	<b>Head Nurse Frequency</b>	<b>Clinical Instructor Frequency</b>
Bed bath by nurse	5	4
Bell cord within easy reach	1	4
Back care	3	0
Avoid physical exertion	1	2
Bedside table and personal articles within easy reach	0	3
Skin care	0	2
Fowler's position (proper positioning)	0	4
Head raised for meals	1	0
Drinking water within easy reach	1	0
Special mouth care	1	0
No Smoking signs	1	0
Support arms with pillows	0	1
Knee gatch bent slightly	0	1
Side rails	0	1
Support back	0	1
Have patient lean forward on overbed table when making bed	0	1
Range of motion exercises	0	1
Assistance of another person for positioning the patient	0	1
Turning the patient	0	1
<b>Total</b>	<b>14</b>	<b>25</b>

Table 7 is concerned with those nursing measures which meet the physiological needs of the patient. The head nurse group listed 9 measures while the clinical instructor group listed 17. "Feeding the patient" was the only nursing measure agreed upon by the majority of the respondents, with 9 out of 10 respondents listing this nursing measure. Based on these findings, it would appear that the clinical instructor group is especially aware of the physiological needs of the acute myocardial infarction patient.

TABLE 7

CATEGORY II (PHYSIOLOGICAL): FREQUENCY OF NURSING MEASURES LISTED BY HEAD NURSES AND CLINICAL INSTRUCTORS

Nursing Measure	Head Nurse Frequency	Clinical Instructor Frequency
Feeding the patient	5	4
Sedation and medications	0	4
Laxatives as needed and/or difficulty with bowels	0	2
Measure and record intake and output	1	1
Use of bedpan	1	1
Observe oxygen for proper amount	1	1
Rectal temperature	1	0
Make meals attractive	0	1
Use of commode	0	1
Vital signs	0	1
Proper diet	0	1
Restrict fluids if necessary	0	1
Total	9	18



Table 8 is concerned with those nursing measures which meet the emotional needs of the patient. The head nurse group listed two measures while the clinical instructor group listed ten. There were no commonalities in the nursing measures listed between the two groups. Three out of five clinical instructors listed the "meaning and purpose of complete bed rest" while none of the head nurses listed this nursing measure. The fact that the head nurse group listed only two nursing measures while the clinical instructor group listed ten indicated that the clinical instructor group is more aware of the emotional needs of the patient.

TABLE 8

**CATEGORY III (EMOTIONAL): FREQUENCY OF NURSING MEASURES  
LISTED BY HEAD NURSES AND CLINICAL INSTRUCTORS**

Nursing Measure	Head Nurse Frequency	Clinical Instructor Frequency
Meaning and purpose of complete bed rest	0	3
Atmosphere of room conducive to rest	0	2
Understand patient as a person	0	2
Restriction of visitors	0	2
Diversion	0	1
Avoid emotional excitement, i.e., visitors	1	0
Anticipate the needs of the patient as a whole to avoid anxiety	1	0
Total	2	10

Forty-one nursing measures categorized as physical, 27 as physiological, and only 12 as emotional were listed by the two groups. Based on the survey of literature in Chapter II, all of the nursing measures listed which provide complete bed rest for the acute myocardial infarction patient were listed by the respondents except those which provide for the spiritual needs of the patient. It is significant that neither the head nurse group nor the clinical instructor group listed nursing measures which meet spiritual needs. It is possible that the respondents did not consider this a nursing measure or that they did not consider this a nursing measure which provides rest.

Tables 9 and 10 show the distribution of categorized responses. It is significant that only one head nurse, as compared with four clinical instructors, listed nursing measures which meet the physical, physiological, and emotional needs of the patient.

TABLE 9  
DISTRIBUTION OF RESPONSES BY CATEGORIES  
MADE BY FIVE HEAD NURSES

Categories	Total	Respondents				
		1	2	3	4	5
I. Physical	14	1	2	4	1	6
II. Physiological	9	2	1	2	1	3
III. Emotional	2	0	0	0	0	2
Total	25	3	3	6	2	11

TABLE 10  
 DISTRIBUTION OF RESPONSES BY CATEGORIES  
 MADE BY FIVE CLINICAL INSTRUCTORS

Categories	Total	Respondents				
		A	B	C	D	E
I. Physical	27	11	2	4	6	4
II. Physiological	18	4	4	3	5	2
III. Emotional	10	1	4	1	0	4
Total	55	15	10	8	12	10

Presentation and Discussion of Data  
 Obtained from Rank Ordering Nursing Measures

The second questionnaire asked the respondents to rank order a list of eleven selected nursing measures which were based on the survey of literature concerning nursing measures necessary to provide complete bed rest for the acute myocardial patient.

The responses of five head nurses and five clinical instructors to the rank ordering of these nursing measures showed wide divergences of opinion. The most apparent agreement was evident on the following nursing measures: "explaining procedures to the patient," "keeping the patient's unit neat and tidy," and "maintaining regular elimination." The nursing measures which showed least agreement in rank ordering were: "meeting religious obligations and/or needs" and "using sedatives and analgesics." Both groups showed a wide range in the rank ordering of these two nursing measures.

The authors assumed that when a nursing measure was ranked from one through 4 the respondents considered it important; if it was ranked

from 5 through 7 it was of moderate importance, and from 8 through 11 it was considered of least importance. Table 11 shows the number of head nurses and the number of clinical instructors who ranked each nursing measure as important, moderately important, and least important.

TABLE 11

**ORDER OF IMPORTANCE OF EACH NURSING MEASURE  
AS RANK ORDERED BY FIVE HEAD NURSES AND FIVE CLINICAL INSTRUCTORS**

Selected Nursing Measure	Important	Moderately Important	Least Important
Clarifying for the patient the physiological need for rest	3 (5)*	2 (0)	0 (0)
Explaining procedures to the patient	3 (2)	2 (3)	0 (0)
Feeding the patient	0 (0)	2 (2)	3 (3)
Giving emotional support to the patient and his family	4 (4)	1 (1)	0 (0)
Keeping the patient's unit neat and tidy	0 (0)	0 (0)	5 (5)
Limiting the number of individuals who come in contact with patient in relation to number, length of stay, and effect on patient	0 (1)	3 (3)	2 (1)
Maintaining regular elimination	0 (0)	0 (0)	5 (5)
Meeting religious obligations and/or needs	1 (2)	3 (2)	1 (1)
Proper positioning and comfort for the patient	5 (3)	0 (2)	0 (0)
Spacing patient's daily activities by anticipating his needs	1 (1)	1 (1)	3 (3)
Using sedatives and analgesics	3 (2)	1 (1)	1 (2)

\*Numbers enclosed by parentheses designate clinical instructors.

There was no complete agreement in ranking any nursing measure in the important and moderately important categories. There was complete agreement shown in ranking "keeping the patient's unit neat and tidy" and "maintaining regular elimination" with all respondents ranking these as least important. There were differences in the rank ordering of the remaining nursing measures between and within the two groups.

Analysis of data obtained from the questionnaires showed differences of opinion between and within each group of respondents. Thus it seems apparent that the responses in the open-ended question and the rank ordering of selected nursing measures provided support for the hypothesis that there are differences in concepts of complete bed rest for the acute myocardial infarction patient between the head nurse and the clinical instructor.

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Summary

A common knowledge and understanding of the nursing measures which provide complete bed rest for the acute myocardial infarction patient should be shared by nursing personnel since this is essential for the patient's recovery. Similar concepts of these nursing measures should be shared by head nurses and clinical instructors. The purpose of this study was to determine if head nurses and clinical instructors share the same concepts.

The study was based upon the assumptions that 1) the head nurse and the clinical instructor differ in their concepts of complete bed rest for the patient with acute myocardial infarction; 2) the head nurse may be less restrictive of the patient's activities than the clinical instructor; (because of the limitations of the study this assumption was not proved;) 3) the head nurse's concept stresses the physical rather than the emotional aspect of nursing care; 4) the clinical instructor has more knowledge of the physiological need for rest than does the head nurse; and 5) there may be intragroup differences in the concept of complete bed rest for the acute myocardial infarction patient.

From the investigation of literature it was evident that cardiologists agree that the basis of treatment for the acute myocardial infarction patient is complete mental and physical rest. There is general

agreement among cardiologists and nursing authorities as to the nursing measures which provide complete bed rest. The function of the head nurse is to interpret the physician's order for complete bed rest to nursing personnel. The clinical instructor's function is to teach the nursing student nursing measures which provide complete bed rest. In order to realize their goal of optimum care for the patient, head nurses and clinical instructors should have similar concepts of nursing care.

Evolving from the theoretical foundation of the study was the following hypothesis: "The head nurse and the clinical instructor differ in their concept of complete bed rest for the acute myocardial infarction patient."

Data were obtained by use of an open-ended question and a list of nursing measures to be rank ordered. Participants in the study were five head nurses and five clinical instructors selected by the Director of Nursing from medical surgical units of a large private hospital in the Boston area. Patients with acute myocardial infarction were cared for on these units.

Findings were presented in two parts: 1) those based on information obtained from the open-ended question, and 2) those based on information obtained from rank ordering of nursing measures. As the scope of this study was confined to selected head nurses and clinical instructors in a particular hospital, the findings were conclusive only in relation to the groups studied.

### Findings Obtained from Open-ended Question

The head nurse group listed seventeen different nursing measures with a total of twenty-eight responses, the number of responses per respondent ranging from three to thirteen. Three out of five head nurses listed only three nursing measures. The only two nursing measures listed by all five head nurses were "bed bath by the nurse" and "feeding the patient." In comparison, the clinical instructor group listed thirty-two different nursing measures with a total of fifty-five responses, the number of responses per instructor ranging from eight to fifteen. No one nursing measure was listed by all five clinical instructors. "Feeding the patient," "bed bath by the nurse," and "back care" were the three nursing measures consistently agreed upon within and between the two groups. The length of employment in their present positions showed no relationship to the number of nursing measures listed by the head nurse or clinical instructor respondents.

The clinical instructor group listed approximately twice as many nursing measures which meet the physical needs of the patient as did the head nurse group. The only area of agreement was "bed bath by the nurse," which nine out of the total ten respondents listed. Twice as many nursing measures meeting physiological needs of the patient were listed by the clinical instructor as by the head nurse group. The only area of agreement was "feeding the patient," which was listed by nine out of ten respondents. Five times as many nursing measures which meet the emotional needs of the patient were listed by the clinical instructor group as by the head nurse group. Nursing measures listed by both groups were concentrated most heavily on the physical needs of the patient, next



on the physiological needs, and least emphasis was placed on the emotional needs of the patient. Only one head nurse listed nursing measures in all three categories. The four remaining head nurses listed no nursing measures which meet the emotional needs of the patient. Four out of five clinical instructors listed nursing measures meeting the physical, physiological, and emotional needs of the patient.

All of the nursing measures generally agreed upon by nursing authorities as those which provide complete bed rest for the acute myocardial infarction patient were listed by the respondents except those which provide for the spiritual needs of the patient. Neither the head nurse group nor the clinical instructor group listed nursing measures related to this latter need.

#### Findings from the Rank Order of Eleven Selected Nursing Measures

The most apparent agreement of the respondents was centered on the nursing measures "explaining procedures to the patient," "keeping the patient's unit neat and tidy," and "maintaining regular elimination." The nursing measures which showed least agreement and a wide range on rank ordering were "meeting religious obligations and/or needs," and "using sedatives and analgesics."

When the rank ordering of nursing measures was analyzed according to relative importance, "giving emotional support to the patient and his family" was listed by the majority of respondents as being important. There was no complete agreement in ranking any nursing measure in the important and moderately important categories. Complete agreement was

shown in ranking "keeping the patient's unit neat and tidy" and "maintaining regular elimination" least important. Wide divergence of opinion was shown in ranking "meeting religious obligations and/or needs" and "using sedatives and analgesics."

### Conclusions

The study revealed differences of opinion within and between the head nurse group and the clinical instructor group as to the nursing measures which provide complete bed rest, although these differences were not related to length of respondents' employment in the agency. The clinical instructor group was most inclusive in its list of nursing measures which represented those related to providing for the physical, physiological, and emotional needs of the acute myocardial infarction patient. The head nurses in particular and the respondents as a whole attached little importance to meeting the spiritual needs of the acute myocardial infarction patient as an integral part of providing for complete bed rest. It was concluded that the hypothesis which initiated this study was supported.

### Recommendations

On the basis of the conclusions which have been presented, three recommendations are submitted: 1) that further investigation be conducted to determine if head nurses and clinical instructors share common concepts of nursing care; 2) that further study be made to determine if nurses share common concepts of specific nursing measures which provide complete bed rest for the acute myocardial infarction patient, using larger samples of head nurses and clinical instructors; 3) that investigation be conducted

to determine the degree to which nurses are aware of the religious or spiritual needs of all patients.

**APPENDIX A**

**QUESTIONNAIRES FOR HEAD NURSES**

1. What is your present position?
2. How long have you been in this position?
3. When the physician writes an order for complete bed rest on an acute myocardial infarction patient, do you ordinarily transcribe the words "complete bed rest" on the Kardex? Yes \_\_\_ No \_\_\_
4. Do you list any specific nursing measures related to the provision for complete bed rest on the Kardex? Yes \_\_\_ No \_\_\_
5. If you were to interpret the order by listing, what specific nursing measures which provide complete bed rest for the cardiac patient would you list?

The following nursing measures are generally considered to be important in promoting complete bed rest for the acute myocardial infarction patient during the first 48 hours following admission. Use numbers 1 to 11 (1 being most important and 11 least important) and arrange the nursing measures in rank order. Use each number only once.

- \_\_\_\_\_ Clarifying for the patient the physiological need for rest
- \_\_\_\_\_ Explaining procedures to the patient
- \_\_\_\_\_ Feeding the patient
- \_\_\_\_\_ Giving emotional support to the patient and his family
- \_\_\_\_\_ Keeping the patient's unit neat and tidy
- \_\_\_\_\_ Limiting number of individuals who come in contact with patient in relation to number, length of stay, and effect on patient
- \_\_\_\_\_ Maintaining regular elimination
- \_\_\_\_\_ Meeting religious obligations and/or needs
- \_\_\_\_\_ Proper positioning and comfort for the patient
- \_\_\_\_\_ Spacing patient's daily activities by anticipating his needs
- \_\_\_\_\_ Using sedatives and analgesics

**APPENDIX B**

**QUESTIONNAIRES FOR CLINICAL INSTRUCTORS**

1. What is your present position?
2. How long have you been in this position?
3. When you assign a student to give nursing care to an acute myocardial infarction patient on complete bed rest, which specific nursing measures would you teach the student in relation to the provision of complete bed rest?



The following nursing measures are generally considered to be important in promoting complete bed rest for the acute myocardial infarction patient during the first 48 hours following admission. Use numbers 1 to 11 (1 being most important and 11 least important) and arrange the nursing measures in rank order. Use each number only once.

- \_\_\_\_\_ Clarifying for the patient the physiological need for rest
- \_\_\_\_\_ Explaining procedures to the patient
- \_\_\_\_\_ Feeding the patient
- \_\_\_\_\_ Giving emotional support to the patient and his family
- \_\_\_\_\_ Keeping the patient's unit neat and tidy
- \_\_\_\_\_ Limiting number of individuals who come in contact with patient in relation to number, length of stay, and effect on patient
- \_\_\_\_\_ Maintaining regular elimination
- \_\_\_\_\_ Meeting religious obligations and/or needs
- \_\_\_\_\_ Proper positioning and comfort for the patient
- \_\_\_\_\_ Spacing patient's daily activities by anticipating his needs
- \_\_\_\_\_ Using sedatives and analgesics

**APPENDIX C**

**RANK ORDERING OF SELECTED NURSING MEASURES**

**RANK ORDERING OF SELECTED NURSING MEASURES  
BY FIVE HEAD NURSES AND FIVE CLINICAL INSTRUCTORS**

Nursing Measure	Rank Order											
	1	2	3	4	5	6	7	8	9	10	11	
Clarifying for the patient the physiological need for rest	2 (2)*	3 (1)			(1)		(1)					
Explaining procedures to the patient			1 (2)	1 (1)	(2)	3						
Feeding the patient						(1)	2 (1)	1 (2)	1 (1)	1		
Giving emotional support to the patient and his family	1	1 (2)	2 (1)	(1)	1	(1)						
Keeping the patient's unit neat and tidy									1	1 (3)	3 (2)	
Limiting number of individuals who come in contact with patient in relation to number, length of stay, and effect on patient				1	(1)	1 (2)	2	1 (2)				
Maintaining regular elimination								1	3 (2)	1	(3)	
Meeting religious obligations and/or needs	1 (1)		1		2		(3)			1 (1)		

\*Those numbers enclosed by parentheses designate clinical instructors.

(concluded on next page)

Nursing Measure	Rank Order											
	1	2	3	4	5	6	7	8	9	10	11	
Proper positioning and comfort for the patient	(2)	1 (1)	(2)	2	1	1						
Spacing patient's daily activities by anticipating his needs				1 (1)	1	(1)		2 (1)	(2)	1		
Using sedatives and analgesics	1	(1)	1	(2)	(1)		1			(1)	2	

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