COMPARISON OF WARD TEACHING TO NURSES' PROFICIENCY REPORTS AT VETERANS ADMINISTRATION HOSPITAL, VANCOUVER, WASHINGTON

by

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CHAPTER I

INTRODUCTION

A Brief History of Nursing

Evidence of nursing, one of the oldest arts, has been found dating from before the time of Christ. Not many records have been available because in early days caring for the sick was a necessary work to be done in the job of preserving life and a task that was taken for granted. Until comparatively recent times medical and nursing services were not separated. The care of the sick depended on common sense and the use of meager skills and equipment available to meet the patient's needs. Records (9, p. 25) were developed after nursing began emerging as a profession in its own right, around the year 1840.

In spite of the lack of organization of medicine and the absence of records, there were some noteworthy developments which cast reflections indirectly on nursing. One of these was the group of laws formulated by Moses about 1300 B. C. These laws (9, p. 30) dealt with sanitation and communicable disease and were surprisingly in accord with modern bacteriology. Another was the Vedas, the sacred books of Hinduism (9, p. 19) which dealt with medical matters and was written about 1200 B. C.

Evidence of early hospitals has been found in history as far back as 1100 B. C. Originally these early hospitals were places of refuge for the unfortunate people suffering from poverty and persecution, rather than for the care of the sick. Because the rate of illness was high among this group, caring for the sick became associated with these early hospitals. One of the earliest of these refuges was the Grecian temple of Asklepios. (9, p. 28) A refuge was called a hospes and was the source or root of the modern work hospital. (9, p. 36) Later, Roman Christian hospitals were developed during the first century after the birth of Christ. These were definitely associated with churches and their Christian leaders.

Hippocrates, father of medicine, in the fifth century B. C. formulated principles of medicine which have been an influence through the years to the present time. In spite of the devotions to Asklepios and the influence of Hippocrates, there was little interest in the care of the sick. The people of this era felt that long-term illness was a sign of weakness for which there was little or no hope of recovery. Because of this attitude, there was no reason to develop any type of program or scientific research that would benefit the weaker section of the population. Obstetrics was neglected during this period, too, because of the "unclean" aspects of the deliveries. However, there were two exceptions noted

during this period of thinking. One was the care of slaves. Sick or injured slaves had medical attention of the time because of economic reasons. The other exception was the care of the soldiers suffering from battle wounds. Soldiers were given expert care so that they might have the opportunity of recovering to fight again in battle. (9, p. 32)

In India considerable medical skill was developed under King Asoka about 250 B. C. This king developed about twenty hospitals during his reign. The aides, attendants, and nurses had a type of training before they were permitted to care for the sick. They were required to be skilled in the care of the sick, have knowledge of compounding drugs, and be able to rub and massage the limbs. In spite of this period in India's history, most of these skills were lost for many years. (9, pp. 30-31)

Nursing as a service within its own right began emerging on a permanent basis under the leadership of Florence Nightingale about a century ago. (9, pp. 82, 88 and 38, p. 231) Previous to her time, religious orders provided nursing care for patients. They gave intelligent care and were prepared for their duties with periods of training. Gradually these devout men and women who gave such creditable service to the sick became subordinate to the clergy rather than to the doctors. This influenced the nursing of that day because of the gradual increase

in emphasis placed on the spiritual needs of the patient at the expense of his physical needs. Nursing care deteriorated rapidly. Thoughtful leaders of that time tried hard to revive interest in nursing care. They met with some success, and new religious nursing orders developed. The nurses of these new orders were subordinate to the doctors instead of the clergy. One of the outstanding hospitals of this time was at Kaiserswerth, Germany. This hospital was of special importance to modern nursing because Florence Nightingale spent four weeks there inspecting and studying its methods of operation. (9, p. 85 and 38, p. 55) In 1860 Florence Nightingale established her first school of nursing. (38, p. 234) From that time on nursing has been emerging as a profession with its skills and techniques keeping pace with the rapid growth found in the medical profession.

Change of Emphasis

In the last half century nursing has been experiencing a gradual shift in the point of emphasis. At first the physical care of the patient occupied the nurse's time completely. She did not recognize that the successful nurse unconsciously supported the patient through his period of illness. Gradually it was recognized that the physical care during the patient's illness was not enough.

In addition there were emotional, spiritual, and economic aspects, too. All of these aspects must be taken into consideration before the patient's total need is met. The shift in emphasis has been demonstrated in the gradual changes found in some of the nursing textbooks. In one of the 1923 textbooks the student nurse was advised to have the right mental attitude in that she must be interested and devoted. She had to accept the fact that hospital nursing involved long, hard hours. She was further advised of the many hours of study, of certain traits to be developed, such as self control, a good memory, a sense of order, keen observation, tact, courtesy, dignity, and skill in managing people. She was taught that she must faithfully carry out the doctor's orders, give the patient conscientious care, and keep inviolate any secrets of the patient or of his family and friends. (22, pp. 1,13) The rest of the book was devoted primarily to nursing skills and techniques. The nurse of today has a place for these traits and skills, but she has also a broader scope in her nursing background.

A significant change was pointed out in one of the books used as a text in 1932. This book suggests that care of the patient should extend from the hospital into the community. Later, goals were cited which have been formulated for the Philadelphia General Hospital in 1915. This section of the book dealt with progress of achieving

these goals. Two of these goals are remarkably familiar to the nurse of today:

> To educate the public as to needs, and development of the hospital and to get their cooperation. (10, pp. 201-202)

> The development of Physical and Occupational therapy and the Social Service Departments. (10, p. 391)

Twenty years later nursing textbooks have a decided change in tone and emphasis. Many of the skills and techniques were still there, but something else had been added. The textbook examined for these changes had a section devoted to psychology that was designed to help the nurse with the patient's problems and to gain greater empathy with him. The following quotations suggest approaches to patient teaching:

> Every patient leaves his family and his friends and his familiar safe habits and enters a strange place with strange customs where he does not know anyone, where he will surely suffer, and where he may die. (23, p. 45)

This quotation showed the nurse a picture of apprehension when the patient comes to the hospital.

> Special effort should be made to show interest, kindness, and understanding during the first few moments of the patient's admission. (23, p. 45)

This indicated to the new nurse how she could help the patient through the period of admission to the hospital.

> If the patient is isolated, the nurse will explain the purpose of isolation.

> The patient needs to be prepared psychologically for treatments in order to reduce his apprehension. (23, p. 46)

The above quotations pointed directly to patient education.

> The nurse will inform the patient what religious services are available. (23, p. 47)

This quotation pointed to the spiritual needs of the patient.

Another section of this book was devoted to sociology. This section reflected the community, the economic, and the family aspects. Most of this section pointed to situations of learning for the patient with the nurse as the teacher. The teaching situations extended to the family group. The nurse assisted, as the opportunity presented, in developing desirable points of view towards the patient's condition and his treatment.

The very hospital itself has changed greatly. At first it was looked upon as a refuge for the destitute or a pest house beyond city limits where the community could be protected from disease. Now it has changed to a diagnostic and treatment center, a place where members of the community can learn how to care for themselves. This change in hospital concept has been marked and has included advances in medical and nursing care. (16, p. 20) The hospital has become a very important part of the

community. Its service extended into the community and with it medical and nursing arts and skills. It has become the center for assistance to the individual in gaining and retaining his health. A team of experts has been added to the hospital to assist the individual according to his needs. The nurse has a very important place on this team. She has mastered skills and techniques and has equipped herself with a background of sciences to help her carry out this important work. Her education has no end, because she has the job of keeping up with the rapidly developing medical profession and with the broadening aspects of nursing. These broader aspects have included teaching the patient.

The patient-teaching aspect has been reflected in all major branches of nursing. Public health nurses teach the patient when he leaves the hospital or before he goes to the hospital, or when he lives in the community. A good example of this type of teaching was given in one of the nurses' professional magazines. This article depicted patient education for the mother who was involved in a social problem. The steps taken in the process of teaching rehabilitated the mother and brought about an improved situation for the children in the home. (3, pp. 31-33) Nurses, regardless of what branch they have chosen, teach patients. The private duty nurse, the hospital nurse, the public health nurse, and the office nurse, all of them

teach patients directly or indirectly. The patient watches and listens to the nurse. He sees her interest in his welfare, evaluates her attitudes, watches her skills, and notes the way she employs techniques. The nurse may teach all day long and never say a word. It is not a question of the nurse being a teacher; it is a question of what kind of a teacher she is. (1, pp. 51-52)

The hospital nurse has a rich opportunity to teach patients. In most instances her greatest opportunity for teaching takes on the aspects of orientation. (5, pp. 1-18) She is with the patient long periods of time and has contact with him during his introduction to the different pattern of living that is found in the hospital. She helps him with new problems and changes in his own personal living and when he faces physical differences, fears, and doubts. She has the opportunity to assist him over these difficult periods of adjustment. In specialized fields these steps in orientation have been readily recognized and patient teaching has been accepted as a part of nursing. Maternity and infant welfare, diabetes, tuberculosis, and neuro-psychiatry are examples of some of the special fields which consciously use teaching factors in achieving goals with the patient by teaching him. Allusions have been made to this part of nursing service, but very little concrete information has been located for the general hospital nurse. Nursing care studies have assisted her in

understanding and planning for the patient's care. (21, pp. 44-46) Surveys on patients have pointed out strengths and weaknesses of programs. (3, p. 171 and 37, pp. 67-68) Textbooks have contributed ideal situations, and have brought out emotional, social, and spiritual factors, and have incorporated them into the general care of the patient. (13, pp. 135 and 28, pp. 247-49) Very little has been found for the general nursing program pointing toward criteria or measuring devices that would indicate or determine what is being done in this area of nursing.

It is generally accepted that certain factors about health teaching can be assumed. (32, p. 67) To be most effective it must be regarded as having three parts all of equal importance in a program. These parts are prevention of disease, promotion of health, and helping people to adjust to limitations imposed by disease. A health program planned for patients in a general hospital should be arranged so that he will understand the following points:

(1) The hospital and its routines
(2) Diagnostic examination and therapeutic treatments
(3) Preservation of health and prevention of disease
(4) Disease conditions
(5) Instruction about his care when he goes home
(6) Rehabilitation

Programs for patient teaching vary in hospitals. Some areas of the program have been stressed more than

others. Some nurses have more interest in teaching patients than others. (2, p. 5) Since teaching is a recognized function of nursing, it is necessary to have written guides or well-planned programs to keep the dissemination of information standardized. (32, p. 67)

Programs have been planned on paper and appeared very workable, but expected results have not always been obtained. A study of eight hospitals was made in regards to their patient education programs. (32, p. 68) None of the hospital personnel felt that their programs were adequate. The personnel voted the following seven reasons as the probable cause of inadequacy in their programs:

(1) Lack of time
(2) Lack of knowledge of content
(3) Inadequate knowledge of various teaching methods and lack of skill in using them
(4) Inability to teach so that the patient can understand
(5) Poor communication between members of the health team
(6) Lack of emphasis placed upon teaching by nursing service personnel
(7) Nurse's lack of responsibility in assuming the function of a health teacher

Teaching the patient is not one of the easiest responsibilities of modern nursing. This is further emphasized by repidly growing complications of nursing on the busy hospital ward. (20, p. 32) With the many interruptions and changes occuring in the ward it is all the more important that the teaching program be carefully

planned and standardized so that continuity can be carried out and evaluations can be made.

A measure of patient teaching has been carried on in general hospitals. Teaching methods have been indicated in nursing literature and have been pointed out to the nurse in describing nursing care. This has been demonstrated in articles dealing with special disease conditions, such as Buergers Disease which describes supportive care as:

> . . . a challenge to the nurse offering her a wide variety of teaching opportunities. (29, p. 338)

This article elaborated these opportunities by outlining the steps in helping the patient to make adjustments in his living habits which aid in arresting the progress of the disease and lead to improvement in his condition. Hospitals with outpatient departments have programs most helpful to the patients who take advantage of this service. (18, p. 1) Once again, the divisions of this department have developed more comprehensive programs for the specialties, but nurse's teaching opportunities have been recognized and accepted. Still another source for indications of patient education has been found in handbooks for special equipment such as that which is used for administration of oxygen. Most of the companies have suggested that better results are obtained when the nurse or operator has explained the procedure to the patient

before using it. (19, p. 21)

There were other examples discussing the psychological aspects of nursing in relation to meeting the emotional needs of the patient for pre and post operative care, (4, p. 171 and 6, p. 685) dissertations on educational psychology (14, pp. 501-502) and textbooks (17 p. 490) indicating methods of teaching. Patient education centers in the process of meeting patient needs. On the other hand, the evaluation of patient teaching poses two problems; first, can it be measured--i.e., is it tangible enough for measurement, and second, how can it be measured? The study which follows (Chapter III) indicates a way in which these questions may be answered.

During the past fifty years many changes and new developments have taken place in the field of nursing. With these changes have come new ideas and interpretations as to what the duties of the nurse really are. These changes are due to the increased responsibilities the nurse has been given as her share in caring for the patient. As she takes on new duties, she must relinquish others to make room in her busy day's schedule. As her responsibilities broaden and her professional background widens, she is capable of increasing her contribution to patient care. Some of the duties she has been doing must be delegated to other members of the health team so that she can render the service for which she is best prepared. Studies are being

made to help determine what the responsibilities of the nurse really are. One of these studies was made in England (26, pp. 73-75) by Nuffield Provincial Hospital Trust. This was a thorough study and brought into view some of the changing factors that appear to be similar to whose of nurses in the United States. In the summary it was concluded in the following quotation that technical nursing belonged to the graduate nurse.

> Both basic and technical nursing functions originate, however, in human needs which reach upon one another. Consequently, the best way to insure the effectiveness of treatment is to allow the patient's medical, emotional, and physical needs to be met by the same individual (26, p. 74)

These statements mean that the total needs of the patient must be met, which includes patient teaching. Other methods are being developed to determine which duties of the nurse are most important. One of these is the Q-Sort evaluation. A list of duties for the nurse has been prepared and placed on cards. The cards have been numbered. The nurse arranges them in order according to rank of importance. This type of evaluation is used most frequently in neuro-psychiatric nursing, but it can be used in other hospitals by adjusting duty lists. The Q-Sort for evaluation of nursing care that was developed in a Veteran Administration Hospital in Waco, Texas, was developed by a group of personnel, supervisors, head nurses and nursing assistants, and a staff psychologist and was for

psychiatric nursing. It carried ten statements with which to meet the emotional needs of the patient and ten statements which pertained to patient's orientation and education. (33) The total Q-Sort included fifty statements. Another recent study allied to this subject included personality tests which might be used in the selection of nurses. (31, p. 22) While the study did not have a direct bearing on patient education, it did demonstrate that attempts were being made to rate and evaluate the nurse and her work.

Evaluation of Patient Teaching

It is a commonplace fact that measuring human qualities is a difficult task. Any attempt to reduce the performance of a teacher to a measurable value (12, p. 220) or to a number on a scale involves the risk of error, but it is apparent that some teachers are more effective than others. Obviously, there is some degree of difference which may be measurable. The Veterans Administration nursing service includes teaching ability on its proficiency report (see Appendix A) for graduate nurses. The proficiency report serves a large group of nurses serving in the various facilities of the Veterans Administration. It is standardized and is used uniformly throughout the service. This proficiency report is characterized by a list of elements

indicated by numbers ranging from eleven to thirty-one. (35) These elements (see Appendix A) are qualities and activities arranged to measure and record an evaluation of the nurse's performance for the year. Eight spaces are provided with the list of elements to afford the rater an opportunity of indicating the degree of performance by rank from one to eight. The thirty-one elements found in the proficiency report are as follows:

(11) Integrity
(12) Emotional Stability
(13) Dependability
(14) Interpersonal Relationships
(15) Work Planning
(16) Emergency Effectiveness
(17) Therapeutic Ability
(18) Handling Patients
(19) Examination and Diagnosis
(20) Observation Ability
(21) Correspondence and Reporting
(22) Teaching Ability
(23) Research Ability
(24) Handling Groups
(25) Eliciting Cooperation
(26) Supervisory Ability
(27) Delegation of Authority
(28) Program Planning
(29) Decision Willingness
(30) Administrative Judgement
(31) Overall Evaluation
(31A Total Score)

The proficiency report is planned for all members of the Department of Medicine and Surgery. This includes personnel with various work assignments. The elements are more related to some of the work assignments than to others. In order to clarify this feature of the proficiency report, various patterns have been developed which

indicate or select elements to be used for a particular assignment. (35) The pattern also indicates the weights to be assigned to the space the rater uses to indicate the degree or rank of performance.

The Problem

Since the proficiency report has been used uniformly for all the nurses serving in the Depratment of Medicine and Surgery and was designed to measure the sum total performance of an individual for the year, it represents the official evaluation of the nurse's performance. Accordingly, it was selected to indicate the performance of a small group of nurses. This group's rate of performance was compared with an independent evaluation derived from a rating scale designed to determine ward patient-teaching performance.

Since this was an original project, a pilot study of twenty nurses was carried out at the Veterans Administration Hospital, Vancouver, Washington. The problem specifically investigated was stated in the following terms: What elements of the nurses' proficiency reports correlate with effective ward teaching of patients?

Procedures

A survey of the literature was made to locate any measuring device that would evaluate ward patient-teaching performance. Since no measuring device was located in nursing literature, steps were taken to devise one. A rating scale was devised, tested, and revised until substantial reliability was reached. After the rating scale was developed, a pilot study of twenty staff nurses was conducted at the Veterans Administration Hospital, Vancouver, Washington. The nurses whose proficiency reports were being used were selected objectively and coded to obscure the identity of the nurses. The nurses were assigned to their supervisors for rating of ward patient-teaching performance using the adopted scale. The supervisors rated the twenty nurses. The overall score of the rating scale was compared with the elements of the proficiency report selected by the staff nurse's pattern six. (see Appendix B)

The product-moment coefficients of correlation were determined by using the alternate Pearson's r formula. These results were tabulated and studied. The highest positive correlation and the highest negative correlation were studied further by comparing them with the questions in the rating scale.

CHAPTER II

DEVELOPMENT OF A VETERANS ADMINISTRATION NURSE'S RATING SCALE FOR WARD PERFORMANCE IN PATIENT TEACHING

The First Rating Scale

The first rating scale included seven questions (see Appendix C) which were arranged in such manner that the rater was able to apply the questions to the performance of the ward nurse and to rank it by selecting one of the following categories:

Below Average Average Above Average

The seven questions which were selected for this evaluation were as follows:

(1) Is the responsibility of patient teaching accepted as part of total nursing care?

(2) Are the patient's needs identified?

(3) Are the members of the family included in planning for the patient whenever possible?

(4) Are the patient's needs met?

(5) Are the problems, plans, and progress of the patient's teaching met?

(6) Are satisfactory approaches and proper levels of communication used in teaching the patient?

(7) Is the nurse informed as to trends and new developments sufficiently to meet the patient's needs?

The above questions were applied to the following four points of criteria.

The Nurse:

(1) Orients the new patient to his ward, his surroundings, and his fellow ward members.

(2) Assists the patient in understanding and accepting his medical and/or surgical treatment.

(3) Sustains and encourages the patient through difficult medical and/or surgical treatment.

(4) Assists the patient in accepting and living within his limitations.

Directions for the raters (see Appendix D) were prepared and included with the rating scale. Then the roster of nurses employed at the V. A. Hospital, Vancouver, Washington, was examined and the names of the head and staff nurses were listed and submitted to the supervisors. Since head nurses and staff nurses are assigned to the pateent's ward and are directly concerned with the teaching of the patient, all other nurses were eliminated. The supervisor's choices were compared and two supervisors were selected who had indicated they knew the same twenty-five nurses. These supervisors and the group of twenty-five nurses were used to establish the reliability of the rating scales. The product-moment coefficient of correlation method was selected to demonstrate the validity of the rating scale using the alternate formula for Pearson's r. The formula (11, p. 139) is stated as follows:

$$r_{xy} = \frac{\Sigma\, xy}{\sqrt{(\Sigma x^2)\ (\Sigma y^2)}}$$

In order to simplify the mathematics involved, Barlow's tables (8) were used. All decimals resulting less than 0.5 were dropped. When the decimals were more than 0.5 the preceding digit was increased. When there was an even digit preceding the five, for example 7.165, it was left as it was, but when the number was odd it was raised to the next digit, thus 7.165 rounded to 7.16, but 7.175 was rounded to 7.18. (11, p. 30)

A correlation may be expressed at any point numerically from zero to a hundred, or it may be expressed as zero per cent to one-hundred per cent. In order to interpret the meaning of a correlation the following scale is indicated:

Less than	0.20 ----	Slight; almost negligible relationship
0.20 - 0.40	---	Low correlation; definite but small relationship
0.40 - 0.70	---	Moderate correlation; substantial relationship
0.70 - 0.90	---	High correlation marked relationship
0.90 - 1.00	---	Very high relationship; very dependable relationship (11, p. 145)

In reviewing the verbal picture of correlation, it is obvious that the higher the coefficient the greater the relationship. By using the above scale it was necessary to secure a correlation that would fall in not less than the 0.40 - 0.70 group.

The supervisors used the rating scale as it was arranged to evaluate the text group of nurses. Then the alternate Pearson r formula was applied to test the reliability of the rating scale. The resulting coefficient was rxy = 0.56.

The rating scale achieved the point of moderate correlation. Since this was a small group with only two supervisors testing the rating scale, it was decided to repeat the test for reliability with two different supervisors and another group of twenty-five nurses. The second coefficient was rxy = 0.58.

Since the two coefficients were nearly the same it was decided to revise the rating scale in hope of securing a higher rate of correlation.

The Second Rating Scale

The rating scale was discussed with the four supervisors who had used it. They were in agreement that the questions were difficult to apply because they seemed too general to be satisfactory measuring mediums for the nurse's teaching performance.

Seven head nurses were consulted in drafting the next series of questions. The seven nurses discussed the various activities included in patient teaching on the ward and agreed that the following questions were

specific enough to measure the nurse's teaching performance.

1. Does the nurse assist the new patient in adjusting to the hospital by orientating him to his fellow ward members?

2. Does the nurse explain laboratory test routines to the patient so that he is able to cooperate fully?

3. Does the nurse explain and demonstrate new or unusual equipment to the patient before it is used so that unnecessary apprehension is avoided?

4. Does the nurse give assurance to the patient who is apprehensive regarding surgery or unpleasant medical treatment?

5. Does the nurse record the teaching needs, plans for meeting needs, progress in teaching, and the patient's attitudes?

6. Does the nurse plan the patient's teaching program with the ward physician?

7. Does the nurse use words the patient understands when she teaches him?

8. Does the nurse assist the patient in learning how to live within his limitations by preparing him for some of the problems he will meet when he returns home?

9. Does the nurse prepare the members of the family for unusual equipment or treatment that is being used in caring for the patient while they are visiting him?

10. Does the nurse assist in preparing the family for nursing care and special routines that the patient will need when he returns home?

These questions were arranged into a rating scale (see Appendix E) with five spaces allotted to the questions

for the purpose of scoring. The rank of scoring was measured with the following descriptive terms.

> 1. Never or rarely. 2. Occasionally. 3. Frequently. 4. Most of the time. 5. Always or almost always.

The descriptive terms were weighted in rank from one to five points.

A pair of supervisors and a group of twenty-five nurses were selected in the same manner as described above. The two supervisors applied the rating scale to the twenty-five nurses. The following coefficient was determined by using the alternate Pearson r formula: $r_{xy} = 0.65$.

A careful examination of the scoring revealed that the greatest discrepancy appeared to be with questions three and eight. Tests were made to determine if adjustments could be made in these two questions so that the correlation coefficient could be raised. In one test question three was changed to read,

> Does the nurse explain procedures and the use of equipment to the patient so that he can cooperate to the fullest extent?

The eighth question was changed to read,

> Does the nurse teach individual nursing routines to patients who have such conditions as diabetes, peptic ulcer, or a colostomy?

These changes did not seem to improve the rating scale because the correlation was $r_{xy} = 0.53$.

The second change was tested by eliminating question eight from the rating scale. This did not increase the correlation which was rxy = 0.62.

The original rating scale of ten questions yielded the highest coefficient of correlation. It was adopted as the V. A. Nurse's Rating Scale for Evaluation of Ward Patient-Teaching Performance, to be used for the correlation with the proficiency reports.

CHAPTER III

THE STUDY

Selection of the Nurses for the Study

The nurses whose proficiency reports were to be used in the study were selected as objectively as possible. Since there were only twenty proficiency reports to be used, the following method was employed to determine the selection. The roster of nurses employed at the hospital during November, 1957, was procured. This roster furnished eighty-nine names of registered nurses. In order to simplify the study as much as possible, it was decided to use only staff nurses. Thirty of the eighty-nine nurses were serving in administrative, supervisory, head nursing, and special service capacities. These were eliminated, leaving fifty-nine names. Since proficiency reports are recorded once a year at the time of the nurse's anniversary of employment, some of the individuals did not have a proficiency report on file. These names were eliminated. In order to make the study as consistant as possible, all names of nurses who transferred to this hospital within the year but had not been evaluated by its staff were eliminated. After these eliminations were made, twenty-eight names remained on the list. These were nurses who had staff assignments and had 1955 proficiency reports prepared at the V. A. Hospital, Vancouver, Washington.

Then the twenty-eight names were placed on individual cards, placed face down, and shuffled thoroughly. In the face-down position and in a pile, the cards were drawn one by one until twenty had been selected. In order to obscure the identity of the nurses used in the study, the names were coded by using the sequence number of the drawing. The proficiency reports were secured for the twenty nurses and recorded under the designated code number. No one had access to the coded names or proficiency reports, except the writer.

The names of the twenty nurses were assigned to their respective supervisors for evaluation of ward patient-teaching performance, using the scale developed for the study.

The Proficiency Report

Since all of the twenty nurses had staff assignments, their proficiency reports (see Appendix A) were determined by pattern six. (see Appendix B) The elements used in this pattern were as follows:

(11) Integrity
(13) Dependability
(15) Work Planning
(17) Therapeutic Ability
(20) Observation Ability
(22) Teaching Ability
(31) Overall Evaluation
(12) Emotional Stability

(14) Interpersonal Relationships
(16) Emergency Effectiveness
(18) Handling Patients
(21) Correspondence and Reporting
(25) Eliciting Cooperation

The Comparison

Since the proficiency report patterns include a weighting determined on a curve, the numbers of the columns, one through eight, were used as weights. This adjustment changed the totals but made the two evaluations more comparable by eliminating the variation in methods of weighting. After the supervisors had completed the patient-teaching evaluations on the rating scales, the comparisons were made. The names of the nurses were removed from the rating scale and replaced with code numbers, so that the identity of the nurses was completely obscured. The overall ward patient-teaching evaluation score on the rating scale was then correlated with each of the elements as determined by pattern six of the proficiency reports. Then the scores of all the elements were compared with the overall score of the patient-teaching evaluation. This was accomplished by using the alternate Pearson r formula to determine the product-moment coefficient of correlation. The results are presented in Table I.

There were eight positive correlations ranging from 0.03 to 0.36 and six negative correlations ranging

from -0.02 to -0.47. These were arranged by rank in Table II and Table III.

Table I

Correlation Between 13 Elements and Overall Score of Proficiency Reports and Rating Scale for Ward-Teaching Performance for 20 Nurses

Element No.	Element	rxy
11	Integrity	0.09
12	Emotional Stability	-0.47
13	Dependability	0.26
14	Interpersonal Relations	-0.17
15	Work Planning	-0.21
16	Emergency Effectiveness	0.03
17	Therapeutic Ability	0.36
18	Handling Patients	0.20
20	Observation Ability	0.18
21	Correspondence and Reporting	0.04
22	Teaching Ability	-0.16
25	Eliciting Cooperation	0.03
31	Overall Effectiveness of Nurse	-0.11
	Overall (total score)	-0.02

Table II

Rank of Positive Correlations Between Proficiency Report and Overall Score of Rating Scale for Ward-Teaching Performance

Element No.	Element	rxy
17	Therapeutic Ability	0.36
13	Dependability	0.26
18	Handling of Patients	0.20
20	Observation Ability	0.18
11	Integrity	0.09
21	Correspondence and Reporting	0.04
16	Emergency Effectiveness	0.03
25	Eliciting Cooperation	0.03

Table III

Rank of Negative Correlations Between Proficiency Report and overall Score of Rating Scale for Ward-Teaching Performance

Element No	Element	rxy
12	Emotional Stability	-0.47
15	Work Planning	-0.21
14	Interpersonal Relations	-0.17
22	Teaching Ability	-0.16
31	Overall Effectiveness	-0.11
Overall Score		-0.02

An examination of Table II indicated that there was a definite relationship in the correlation of element number seventeen, Therapeutic Ability. A slight correlation was noted for element number thirteen, Dependability, and element number eighteen, Handling of Patients. A slight correlation is noted for element number twenty, Observation of Patients. The following four elements had negligible correlations as indicated in Table II: Element numbers eleven, twenty-one, sixteen, and twenty-five which were Integrity, Correspondence and Reporting, Emergency Effectiveness, and Eliciting Cooperation, respectively.

The remaining five elements in Table III were number twelve, Emotional Stability, with a substantial negative relationship; number fifteen, Work Planning, with a definite but low correlation; and numbers fourteen, twenty-two, and thirty one, which were Interpersonal Relations, Teaching Ability, and Overall Effectiveness. The

overall score correlation resulted in a negligible negative correlation.

Element seventeen, Therapeutic Ability, resulted in the highest positive correlation by ten points over all other elements. In order to examine this element further, it was correlated with each of the ten questions listed in the rating scale for ward patient-teaching performance. The results are shown in Table IV.

Element number twelve, Emotional Stability, resulted in a negative correlation exceeding all others by sixteen points. In order to examine this element, it was correlated with the ten questions in the rating scale. Table V indicates the result of these correlations.

Table IV

Correlation Between Proficiency Report Element Number 17 and the Questions in the Rating Scale

Questions in the Rating Scale	rxy
Does the Nurse:	
1. Assist the new patient in adjusting to the hospital situation by orienting him to the ward and its routines and introducing him to his fellow patients?	0.16
2. Explain laboratory tests routines to the patient so that he is able to cooperate fully?	0.54
3. Explain and demonstrate new or unusual equipment to the patient before it is used so that unnecessary apprehension is avoided?	0.48
4. Give assurance to the patient who is apprehensive regarding surgery or unpleasant medical treatment?	0.56
5. Plan the patient's teaching program with the ward physician?	-0.02
6. Record teaching needs, plans for meeting the needs, progress in teaching and patient's attitudes?	0.09
7. Use words the patient understands when she teaches him?	0.36
8. Assist the patient in learning how to live within his limitations by preparing him for some of the problems he will meet when he returns home?	0.56
9. Prepare the members of the family for unusual equipment or treatment that is used in caring for the patient while they are visiting him?	0.21
10. Assist in preparing the family for nursing care and special routines that the patient will need when he returns home?	0.36

Table V

Correlation Between Proficiency Report Element Number 12 and the Questions in the Rating Scale

Questions in the Rating Scale	rxy
Does the Nurse:	
1. Assist the new patient in adjusting to the hospital situation by orienting him to the ward and its routines and introducing him to his fellow patients?	-0.22
2. Explain laboratory test routines to the patient so that he is able to cooperate fully?	-0.27
3. Explain and demonstrate new or unusual equipment to the patient before it is used so that unnecessary apprehension is avoided?	-0.12
4. Give assurance to the patient who is apprehensive regarding surgery or unpleasant medical treatment?	-0.18
5. Plan the patient's teaching program with the ward physician?	-0.52
6. Record teaching needs, plans for meeting the needs, progress in teaching and patient's attitudes?	-0.56
7. Use words the patient understands when she teaches him?	-0.32
8. Assist the patient in learning how to live within his limitations by preparing him for some of the problems he will meet when he returns home?	-0.41
9. Prepare the members of the family for unusual equipment or treatment that is used in caring for the patient while they are visiting him?	-0.51
10. Assist in preparing the family for nursing care and special routines that the patient will need when he returns home?	-0.32

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

A brief history has been sketched pointing out some of the developments which have influenced nursing. These developments were the Laws of Moses, the sacred books of Hinduism, the early hospes, contributions of Hippocrates, the reign of King Asoka, early religious orders, and the leadership of Florence Nightingale.

In the last fifty years a change of emphasis in nursing has been noted. Nursing has been changing its focus from the physical aspect alone, to broader scopes which include the social, emotional, and spiritual needs of the patient. These broader aspects have included teaching of the patient. Specialized fields such as tuberculosis nursing, psychiatric nursing, maternal and infant welfare, and nursing care of the diabetic patient have recognized the need for patient teaching more than general medical nursing services. Literature and text books have pointed out the importance of patient teaching in their accounts and examples of nursing care. The members of all the major branches of nursing have employed teaching techniques either directly or indirectly to the patients they serve. Since meeting the needs of the patient has been accepted by the nursing groups, studies

are being made of the duties of the nurse and methods of evaluating them. The problem of the study was stated as follows:

> What elements of the nurse's proficiency report correlate with effective ward teaching of the patient?

Since proficiency reports are used yearly to record the evaluation of the nurse's performance in the V. A. nursing service, it was used in the study. Research in the literature did not disclose any rating scale or measuring device for ward patient teaching. In order to conduct the study, a rating scale was devised and tested. The original rating scale was tested for reliability by selecting two nursing supervisors who knew the performance of the same twenty-five nurses. Each of the supervisors rated the selected nurses with the rating scale. The alternate Pearson's r formula was used to secure the product-moment coefficient of correlation. The first coefficient to be secured was 0.56. Since this was not an outstanding coefficient for such a limited test, the comparison was made again using two new supervisors and another group of twenty-five nurses. The second coefficient was 0.58. The rating scale was revised and tested again. The highest coefficient reached was 0.65. This rating scale was adopted and called the V. A. Nurses' Rating Scale for Evaluation of Ward Patient-Teaching Performance.

The study was carried out in 1956 at the V. A. Hospital, Vancouver, Washington. It was planned as a pilot study using the proficiency reports of twenty staff nurses. The overall scores of the rating scales were compared with the various element scores. The elements to be included in the study were selected by the staff nurse's pattern number six. The overall score of the rating scale was compared, also, with the overall score of the proficiency report. Since the weights which are indicated in patterns are arranged by a curve, the columns were used as weights to make the study comparable.

The study resulted in eight elements having positive coefficients of correlation ranging from 0.03 to 0.36. Five of the elements had negative coefficients ranging from -0.09 to -0.47. The overall comparison had a coefficient of -0.02. Since the element, Therapeutic Ability, had the highest correlation by twelve points (0.36), it was studied further by comparing it with the ten questions which make up the rating scale for patient teaching. All of the questions correlated positively but one, which was question number five with a correlation of -0.02. The questions that involve nursing skills and techniques correlated above 0.40. Eliminating question number five, the correlations ranged from 0.09 to 0.56, but none high enough to indicate predictability.

Since element number twelve, Emotional Stabiiity demonstrated -0.47, it was compared with the ten questions of the rating scales. All of the correlations had negative coefficients ranging from -0.18 to -0.56. There were no correlations high enough to indicate predictablity.

Conclusions

The pilot study of twenty nurses' proficiency reports which have been compared with the overall score of the V. A. Nurses' Rating Scale for Ward Patient-Teaching performance was conducted at the V. A. Hospital, Vancouver, Washington. Since it was a pilot study, it was limited in scope. In spite of this limitation, eight elements correlated positively ranging from 0.03 to 0.36. Although some of these coefficients are almost negligible, all correlation coeffieients have a place in a study of this nature. The element, Therapeutic Ability, had the highest coefficient by ten points. This coefficient indicated that the supervisors ranked twenty nurses in teaching performance in the same order as did their supervisors in the proficiency report. This suggested that teaching ability and a knowledge of nursing skills and techniques have a relationship to each other. Dependability resulted with the next highest coefficient. This element (35, p. 10) includes ability

of the nurse to carry out assignments with a minimum of supervision, to be punctual, and to be able to make personal plans secondary to the needs of her assignment. Since this element has a wider connotation that that which appears on first examination, it is reasonable to expect a positive correlation. The third highest coefficient was found with the element, Handling of Patients. Its coefficient was 0.20. This element points directly to patient teaching. The element, Observation Ability, ranked next with a coefficient of 0.18. Integrity had a coefficient of 0.09. These five elements had the highest positive coefficients in the study. The following three indicated negligible correlations as follows:

Correspondence and Reporting	0.04
Emergency Effectiveness	0.03
Eliciting Cooperation	0.03

Since Therapeutic Ability demonstrated the highest coefficient, it was explored further to gain insight as to reasons for its high rate of correlation. This element was compared with the ten questions used in the rating scale for measuring teaching ability on the ward. Question number four (Does the nurse assist the patient in learning how to live within his limitations by preparing him for some of the problems he will meet when he returns home?) resulted in coefficients of 0.56. These two questions refer directly to the element, Therapeutic Ability, and demonstrated a relationship on the

part of the supervisors' rating and the rating scale. Question two (Does the nurse explain laboratory test routines to the patient so that he is able to cooperate fully?) resulted in a coefficient of 0.54. This question also reflects nursing skills and techniques. The fourth highest coefficient was 0.48 for question number three (Does the nurse explain and demonstrate new or unusual equipment to the patient before it is used so that unnecessary apprehension is avoided?). This question also reflects the therapeutic ability of the nurse. Two questions, number seven (Does the nurse use words the patient understands when she teaches him?) and number ten (Does the nurse assist in preparing the family for nursing routines that the patient will need when he returns home?), resulted in coefficients of 0.36. Question number seven measures the nurse's ability to communicate. This question tends to reflect dependability in the nurse's teaching, while question number ten belongs to the group reflecting Therapeutic Ability. Question number nine (Does the nurse prepare the members of the family for unusual equipment or treatment that is being used in caring for the patient while they are visiting him?) correlated at 0.21. This again reflects the therapeutic ability of the nurse, but did not show as high a rate of correlation as did other questions pertaining to nursing skills and techniques because of the nature of the question. This question

carries an element of the social aspect and is one in which nurses and supervisors have been slow to accept in the general hospital. This coefficient may have been influenced by the fact that some supervisors do not emphasize the social aspect factor as thoroughly as they do some of the others. Question one (Does the nurse assist the new patient in adjusting to the hospital situation by orienting him to the ward and its routines and introducing him to his fellow patients?) had a coefficient of 0.16, and question number six (Does the nurse record teaching needs, plans for meeting the needs, progress in teaching, and the patient's attitudes?) correlated at 0.09. These two questions were arranged to meet outlined programs as planned in the V. A. Nursing service. (33 and 34) Since they are a definite part of the patient education program, it would seem that higher coefficients should have been achieved. Each of these questions includes a list of duties which may have imposed too many items on the supervisors for easy rating. In question six the duty of recording is usually assigned to the head nurse. Since this is part of the staff nurse's duty only when she acts as head nurse, this question may have imposed difficult decisions on the supervisors in judging the performance of ward teaching. Question five (Does the nurse plan the patient's teaching program with the ward physician?) had the only negative coefficient of correlation which was -0.02.

This relationship probably resulted in a negative correlation because the staff nurse does not plan the teaching program with the doctor unless she is relieving the head nurse. Since this is not always a duty of the staff nurse, more study and considerations should be given to this question.

Five of the elements resulted in negative correlations. They ranged from -0.09 to -0.47. The greatest divergence in rating was found in element twelve, Emotional Stability. This element had a negative correlation of -0.47. Element number fifteen, Work Planning, resulted in a -0.21. Elements fourteen, Interpersonal Relations; twenty-two, Teaching Ability; and thirty-one, Overall Effectiveness, had the following respective coefficients, -0.17, -0.16, and -0.11. The correlation between the overall score of the proficiency reports and the overall score of the rating score resulted in -0.02.

Since element twelve, Emotional Stability, resulted in a negative correlation that was twenty-six points greater than any of the other elements, it was correlated with the ten questions in the rating scale for patient-teaching performance. Four of the questions resulted in correlation with coefficients that were higher than -0.40. These were question number six, -0.56; question number five, -0.52; question number nine, -0.51; and question number eight, -0.41. No significant reason could be

determined for these high negative correlations, and probably further study is indicated for the question structure of the rating scale.

Two factors may have been reflected in the negative coefficient for Emotional Stability. First, sensitivity on the part of the nurse may be interpreted as emotional instability. In this respect, the negative correlation may have meaning which indicates sensitivity rather than a lack of emotional stability. The second factor to be considered is that the study is dealing with a group of specialized personnel. They are selected by virtue of having met certain standards indicated by nurse's registration. With this consideration, emotional stability takes on a broader aspect in measuring the specialized group. Since the highest positive correlation was 0.36 and the greatest negative correlation was -0.47, none indicated the quality of predictability.

The study indicated eight elements in the nurses' proficiency report with positive coefficients. Of these eight elements, four showed correlation ranging from 0.18 to 0.36 and four showed negligible coefficients ranging from 0.03 to 0.09. Since this was a limited study, all eight elements should be investigated further. The remaining correlations resulted in negative coefficients ranging from -0.02 to -0.47. These should be studied further to determine if there is any significance in the

correlation. Questions number five and six should be evaluated and clarified for the duties of the staff nurse. Question number six should be reworded to simplify its measuring qualities.

Recommendations

The following recommendations are offered:

First, ward patient teaching should be more clearly defined than it appears to have been up to the present time. When this has been accomplished, the ten questions in the rating scale for measuring the performance of the nurse in ward patient teaching should be evaluated and restated more clearly than this writer has been able to do.

Second, after the rating scale questions have been evaluated and restated, another study of greater scope is indicated.

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APPENDIX A

PROFICIENCY REPORT

SECTION A - INDIVIDUAL REPORTED UPON

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. NAME AND LOCATION OF STATION		
3. GRADE	4. DATE OF GRADE	5. POSITION TITLE	5A. RATING PATTERN NO.
6. DUTY BEING PERFORMED	7. SERVICE *(Medical, Surgical, Dental, Nursing, etc.)*		
8. NO. YEARS SINCE GRADUATION FROM PROFESSIONAL SCHOOL	9. NO. YEARS IN VA MEDICAL SERVICE	10. YEAR OF BIRTH	

SECTION B - REPORT OF PROFICIENCY

NOTE: Read "Rating Guide" carefully prior to rating following.

	ELEMENTS	RATING SCALES								SCORE
11	INTEGRITY	1	2	3	4	5	6	7	8	
12	EMOTIONAL STABILITY	1	2	3	4	5	6	7	8	
13	DEPENDABILITY	1	2	3	4	5	6	7	8	
14	INTERPERSONAL RELATIONS	1	2	3	4	5	6	7	8	
15	WORK PLANNING	1	2	3	4	5	6	7	8	
16	EMERGENCY EFFECTIVENESS	1	2	3	4	5	6	7	8	
17	THERAPEUTIC ABILITY	1	2	3	4	5	6	7	8	
18	HANDLING PATIENTS	1	2	3	4	5	6	7	8	
19	EXAMINATION AND DIAGNOSIS	1	2	3	4	5	6	7	8	
20	OBSERVATION ABILITY	1	2	3	4	5	6	7	8	
21	CORRESPONDENCE AND REPORTING	1	2	3	4	5	6	7	8	
22	TEACHING ABILITY	1	2	3	4	5	6	7	8	
23	RESEARCH ABILITY	1	2	3	4	5	6	7	8	
24	HANDLING GROUPS	1	2	3	4	5	6	7	8	
25	ELICITING COOPERATION	1	2	3	4	5	6	7	8	
26	SUPERVISORY ABILITY	1	2	3	4	5	6	7	8	
27	DELEGATION OF AUTHORITY	1	2	3	4	5	6	7	8	
28	PROGRAM PLANNING	1	2	3	4	5	6	7	8	
29	DECISION WILLINGNESS	1	2	3	4	5	6	7	8	
30	ADMINISTRATIVE JUDGEMENT	1	2	3	4	5	6	7	8	

SECTION C - OVERALL EVALUATION

31	OVERALL EVALUATION	1	2	3	4	5	6	7	8	
31A.									TOTAL SCORE	

SECTION D - CAPACITY FOR ADVANCEMENT

32. CAPACITY FOR PROFESSIONAL ADVANCEMENT	1	2	3	33. CAPACITY FOR ADMINISTRATIVE ADVANCEMENT	1	2	3

SECTION E - OFFICIAL MAKING REPORT

34. ENTRIES ARE BASED ON *(Check one or two)*

☐ FREQUENT OR DAILY CONTACT ☐ INFREQUENT CONTACT ☐ FREQUENT OBSERVATION OF WORK RESULTS ☐ INFREQUENT OBSERVATION OF WORK RESULTS

PERIOD COVERED BY REPORT		36. NO. MONTHS UNDER YOUR SUPERVISION
35. FROM	35A. TO	

37. HAVE THE STRONG AND WEAK POINTS RATED UNDER SECTION "B" ABOVE BEEN DISCUSSED WITH THE INDIVIDUAL AT LEAST 90 DAYS IN ADVANCE OF THIS REPORT?

☐ YES ☐ NO

38. NAME AND EXACT TITLE OF RATING OFFICIAL	39. SIGNATURE	40. DATE

V A FORM AUG 1952 **10-2623**

EXISTING STOCK OF VA FORM 10-2623, JUN 1947, WILL BE USED.

F. REVIEWING OFFICIAL *(Comments)*

SIGNATURE	POSITION	DATE

G. REVIEWING OFFICIAL *(Comments)*

SIGNATURE	POSITION	DATE

H. APPROVING OFFICIAL *(Comments)*

I. THE RECOMMENDATIONS SHOWN ABOVE ARE:

☐ APPROVED ☐ DISAPPROVED

SIGNATURE	POSITION	DATE

☆U. S. GOVERNMENT PRINTING OFFICE : 1952 O - 230991

APPENDIX B

WEIGHTS OF ELEMENTS

PATTERN 6

Element	1	2	3	4	5	6	7	8	Score
11	1	2	3	4	5	6	7	8	
12	.5	1	1.5	2	2.5	3	3.5	4	
13	1	2	3	4	5	6	7	8	
14	1	2	3	4	5	6	7	8	
15	.5	1	1.5	2	2.5	3	3.5	4	
16	5	1	1.5	2	2.5	3	3.5	4	
17	1.5	3	4.5	6	7.5	9	10.5	12	
18	1.5	3	4.5	6	7.5	9	10.5	12	
20	1	2	3	4	5	6	7	8	
21	.5	1	1.5	2	2.5	3	3.5	4	
22	.5	1	1.5	2	2.5	3	3.5	4	
25	.5	1	1.5	2	2.5	3	3.5	4	
31	1	2	3	4	5	6	7	8	
TOTAL									88

APPENDIX C

RATING SCALES FOR WARD PERFORMANCE IN PATIENT TEACHING

CRITERIA	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE
1. THE RESPONSIBILITY OF PATIENT TEACHING IS ACCEPTED AS PART OF TOTAL NURSING CARE	NAMES:	NAMES:	NAMES:
2. TEACHING NEEDS ARE IDENTIFIED	NAMES:	NAMES:	NAMES:
3. THE MEMBERS OF THE FAMILY ARE INCLUDED IN THE PLANNING FOR THE PATIENT	NAMES:	NAMES:	NAMES:
4. THE PATIENT'S TEACHING NEEDS ARE MET	NAMES:	NAMES:	NAMES:
5. SATISFACTORY APPROACHES AND PROPER LEVELS OF COMMUNICATION ARE USED IN TEACHING PATIENTS	NAMES:	NAMES:	NAMES:
6. PROBLEMS, PLANS AND PROGRESS OF THE PATIENT'S TEACHING ARE RECORDED	NAMES:	NAMES:	NAMES:
7. IS INFORMED SUFFICIENTLY TO MEET THE PATIENT'S NEEDS	NAMES:	NAMES:	NAMES:

APPENDIX D

TEST V. A. NURSES' RATING SCALE FOR WARD PERFORMANCE IN PATIENT TEACHING

I CRITERIA FOR PATIENT TEACHING.

A. The Nurse:

1. Orientates the new patient to his ward, his surroundings, and his fellow ward members.
2. Assists the patient in understanding and accepting his medican and/or surgical treatment.
3. Sustains and encourages the patient through difficult medical and/or surgical treatment.
4. Assists the patient in accepting and living within his limitations.

II RATING FACTORS.

A. The following questions are applied to the nurse's quality of patient teaching as evidenced by her ward performance.

1. Is the responsibility for the patient's teaching accepted as part of total nursing care?
2. Are the patient's teaching needs identified?
3. Are the members of the family included in planning for the patient whenever it is possible?
4. Are the patient's teaching needs met?
5. Are the problems, plans, and progress of the patient's teaching recorded?
6. Are satisfactory approaches and proper levels of communication used in teaching the patient?
7. Is the nurse informed as to trends and new developments sufficiently to meet the patient's needs?

III DIRECTIONS FOR TEST RATERS.

A. Read the four points carefully that are listed under CRITERIA FOR PATIENT TEACHING. These points describe the activities to be included in the term <u>patient teaching</u> as used in this rating scale.

B. Read the seven questions carefully which are listed under RATING FACTORS. Apply these questions to the nurse's ward performance in

APPENDIX D (Continued)

patient teaching. (See attached list for the names of the nurses assigned to you for rating.) Be objective in your considerations and judge as nearly as possible in terms of present performance.

C. The rating scale has three classifications by which to measure performance. (IV RATING SCALES) Select a classification that fits the rating factor as applied to the nurse's performance and write the nurse's name in the space provided. (Rating factors 1-7. Classifications are Below Average, Average, and Above Average.)

D. Check carefully to see that you have entered all of the names in one of the classifications for each of the seven rating factors.

APPENDIX E

V. A. NURSES' RATING SCALE FOR EVALUATION OF PATIENT-TEACHING PERFORMANCE

(1) DOES THE NURSE ASSIST THE NEW PATIENT IN ADJUSTING TO THE HOSPITAL SITUATION BY ORIENTING HIM TO THE WARD AND ITS ROUTINES AND INTRODUCING HIM TO HIS FELLOW PATIENTS?

NAME	NEVER OR RARELY	OCCASIONALLY	FREQUENTLY	MOST OF THE TIME	ALWAYS OR ALMOST ALWAYS

(2) DOES THE NURSE EXPLAIN LABORATORY TEST ROUTINES TO THE PATIENT SO THAT HE IS ABLE TO COOPERATE FULLY?

NAME	NEVER OR RARELY	OCCASIONALLY	FREQUENTLY	MOST OF THE TIME	ALWAYS OR ALMOST ALWAYS

(3) DOES THE NURSE EXPLAIN AND DEMONSTRATE NEW OR UNUSUAL EQUIPMENT TO THE PATIENT BEFORE IT IS USED SO THAT UNNECESSARY APPREHENSION IS AVOIDED?

NAME	NEVER OR RARELY	OCCASIONALLY	FREQUENTLY	MOST OF THE TIME	ALWAYS OR ALMOST ALWAYS

(4) DOES THE NURSE GIVE ASSURANCE TO THE PATIENT WHO IS APPREHENSIVE REGARDING SURGERY OR UNPLEASANT MEDICAL TREATMENT?

NAME	NEVER OR RARELY	OCCASIONALLY	FREQUENTLY	MOST OF THE TIME	ALWAYS OR ALMOST ALWAYS

(5) DOES THE NURSE PLAN THE PATIENT'S TEACHING PROGRAM WITH THE WARD PHYSICIAN?

NAME	NEVER OR RARELY	OCCASIONALLY	FREQUENTLY	MOST OF THE TIME	ALWAYS OR ALMOST ALWAYS

APPENDIX E (Continued)

(6) DOES THE NURSE RECORD TEACHING NEEDS, PLANS FOR MEETING THE NEEDS, PROGRESS IN TEACHING, AND PATIENT'S ATTITUDES?

NAME	NEVER OR RARELY	OCCASIONALLY	FREQUENTLY	MOST OF THE TIME	ALWAYS OR ALMOST ALWAYS

(7) DOES THE NURSE USE WORDS THE PATIENT UNDERSTANDS WHEN SHE TEACHES HIM?

NAME	NEVER OR RARELY	OCCASIONALLY	FREQUENTLY	MOST OF THE TIME	ALWAYS OR ALMOST ALWAYS

(8) DOES THE NURSE ASSIST THE PATIENT IN LEARNING HOW TO LIVE WITHIN HIS LIMITATIONS BY PREPARING HIM FOR SOME OF THE PROBLEMS HE WILL MEET WHEN HE RETURNS HOME?

NAME	NEVER OR RARELY	OCCASIONALLY	FREQUENTLY	MOST OF THE TIME	ALWAYS OR ALMOST ALWAYS

(9) DOES THE NURSE PREPARE THE MEMBERS OF THE FAMILY FOR UNUSUAL EQUIPMENT OR TREATMENT THAT IS BEING USED IN CARING FOR THE PATIENT WHILE THEY ARE VISITING HIM?

NAME	NEVER OR RARELY	OCCASIONALLY	FREQUENTLY	MOST OF THE TIME	ALWAYS OR ALMOST ALWAYS

(10) DOES THE NURSE ASSIST IN PREPARING THE FAMILY FOR NURSING CARE AND SPECIAL ROUTINES THAT THE PATIENT WILL NEED WHEN HE RETURNS HOME?

NAME	NEVER OR RARELY	OCCASIONALLY	FREQUENTLY	MOST OF THE TIME	ALWAYS OR ALMOST ALWAYS

APPENDIX F

DIRECTIONS FOR V. A. NURSES' RATING SCALE FOR EVALUATION OF WARD PATIENT-TEACHING PERFORMANCE

A. Points to Consider.

1. Maintain an objective attitude towards the nurse's performance.
2. Consider only the nurse's patient-teaching performance as it is carried out on the ward.
3. Avoid allowing one instance to influence your rating.
4. Base rating of performance on actual functioning rather than capabilities or potentials.

B. Directions for the Rating.

1. Read the questions carefully before scoring the nurses on your list.
2. Choose the column headed by a word that describes the nurse's performance best for each question.
3. Place a check (X) in the space opposite each nurse's name in the selected column.
4. Choose only one column space for the question under consideration for each nurse.
5. Be sure each nurse has one space checked for each question.