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An evaluation of the quality of nursing received by patients in selected hospital wards

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2015-06-26
http://hdl.handle.net/10539/18012

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29. Patient is Encouraged to Observe Appropriate Rest and Exerc. (D/I)
- Patient is helped to understand significance of rest in hi. treatment; e.g. cardiac, hepatitis, etc.
- Patient is helped to understand the significance of exercise in treatment of his illness; e.g. post-operative, paralysis, etc.
- Elderly patient is assisted out of bed; patient is encouraged to stand and to help self. Patient is given time to do for himself, but necessary assistance and protection is offered.
- Patient is helped to plan ways to save movement and steps in acco
- New Patient is Encouraged to Take Adequate Diet (D/I) or light handicaps for rest; ...

30. Patient is Encouraged to Take Adequate Diet (D/I)
- Eating habits are discussed with patient to learn cultural and social habits as well as food likes and dislikes.
- Patient is helped to know what constitutes an adequate diet.
- Interest is displayed in attractiveness of patient's tray and in appropriateness of food served; assistance is promptly given in making dietary corrections.
- Pleasant atmosphere is provided for mealtime; company - other patients, volunteers, visitors - is provided wherever possible.
- Special dietary needs or increased requirements of certain dietary constituents are discussed, and appropriate foods on tray are pointed out to patient.

31. Action is Taken to Meet the Patient's Needs for Adequate Hydration and Elimination (D/I)
- Elimination patterns are identified and steps taken to promote adequate elimination; e.g. laxatives, proper diet, exercise.
- Patient overanxious about elimination is given opportunities to discuss concerns and is provided information to enhance understanding.
- Fluids are encouraged in the dehydrated patient or the patient losing large amounts of fluid; e.g. diaphoresis with pyrexia.
- Intake and output is measured accurately.
- Diarrhoea reported promptly and measures taken to alleviate it.
- Measures are initiated to prevent elimination or intake problems whenever there is psychomotor retardation, as in the depressed patient.

32. Behavioural and Physiologic Changes due to Medications are Observed and Appropriate Action Taken (D/I)
- Skin reactions of patients are reported and drug is withheld as necessary.
- Disturbances in orientation recorded and reported.
- Relaxation and amount of sleep in response to sedative noted.
- Effect of a mucolytic agent during I.P.P.B. treatment noted.

33. Expectations of Patient's Behaviour are Adjusted and Acted Upon According to the Effect the Medication has on the Patient (D/I)
- Drowsiness and retarded psychomotor activity accepted as valid reasons for non-participation in active discussions or sports.
- For tremulous patient projects requiring little coordination.
- Postural hypotension allowed to walk slowly without pressure.
- Tranquilized or sedated patient allowed ample time to respond.
- Photosensitive patient not expected to participate in outdoor activities for prolonged periods.

34. Medical Asepsis is carried out in Relation to Patient's Personal Hygiene and Immediate Environment (D)
- Staff wash hands as necessary; e.g. completing care of a patient, before moving on to another; before beginning "clean" procedure, etc.
- Floor is recognized as a grossly contaminated area.
- In giving a bath staff proceed from clean to unclean areas.
- All equipment used by or for patient is clean, and is cleansed well between uses.
- Soiled linen and dressings are changed promptly to prevent infection or skin breakdown.

35. Medical and Surgical Asepsis is Carried Out During Treatments and Special Procedures (D/I)
- Dressings are handled so that surface that will cover wound and surrounding area remains sterile.
- Site for injection is cleansed properly prior to administration.
- Irrigations are done without contamination.
- Cross-contamination is avoided; e.g. gloves changed between dressings for each stump of a bilateral amputation.
- Breaks in technique are recognized and steps taken to correct them; e.g. replace contaminated catheter, torn glove, etc.
- Staff make appropriate judgement as to when aseptic precautions are necessary.

36. Environment is Maintained that gives the Patient a Feeling of Being Safe and Secure (D)
- Sufficient number of assistants obtained to lift patient.
- Cotsides provided when necessary and explained to patient.
- Patient is informed about placement of various tubes and instructed about movement as necessary.
- Reasons for "no smoking" rules in presence of oxygen are discussed with patient and visitors.
- Patient's allergies are known and measures taken to prevent exposure; e.g. feathers, eggs, bleach.
- Patient is properly secured when on Stryker frame, etc.

37. Safety Measures are Carried Out to Prevent Patient from Harming Himself or Others (D)
- Threats made by patient to harm himself or others are reported and precautions taken.
- Impulsive or confused behaviour is protected by presence of staff or appropriate use of equipment; e.g. cotsides.
- Staff ask for assistance when needed to provide safety for the patient or for personnel.
- Patient is given instruction in the safe use of equipment.

38. Established Techniques for Safe Administration of Medications and Parenteral Fluids are Carried Out. (D)
- IV and tube feedings with medications added are labelled properly
- Medications left at bedside are properly labelled; they are left only when self administration is advisable and feasible and only following adequate instructions to the patient.
- Patient is identified before medication is given. Nurse remains with patient until medication is taken.
- Medication tray is not left unattended in the ward.
- IV flowrate and site are checked regularly.

GENERAL

ACTIONS THAT MAY BE DIRECTED TOWARD MEETING EITHER PSYCHOSOCIAL OR PHYSICAL NEEDS OF THE PATIENT, OR BOTH AT THE SAME TIME.

39. Patient Receives Instruction as Necessary (D)
- Signal cord and intercom are shown to each newly admitted patient
- T.T.O.'s are discussed; nurse ensures patient knows identity, purpose, dosage and schedule of each, and expected effects.
- Cardiac is advised how to conserve energy at home.
- Pre- and post-operative instruction is provided.

40. Patient and Family are Involved in Planning for Care and Treatment (D/I)
- If family member is there nurse includes him in discussion of treatment whenever appropriate.
- Arrangements are made for family to participate in trea.ment, eventually doing entire treatment where appropriate.
- Patient and family are included in planning home care schedules.
- Patient is helped to communicate with family about needs for items and procedures of care after discharge.

41. Patient's Sensitivities and Right to Privacy are Protected (D)
- Sheets or towels are used as drapes to avoid unnecessary exposure
- Bed is screened for procedures of physical care.
- Patient is taken to a private room for interviews (social worker, PTO)
- Sensitivities of maturing child and teenager are protected.
- Dentures are promptly replaced after cleaning or surgery.

42. Patient is Helped to Accept Dependence/Independence as Appropriate to His Condition (D)
- Role of rest in treatment is discussed, patient reassured of gradual progress towards responsibility of doing for himself.
- Surgical patient is helped to understand the purpose of early post-operative ambulation and exercises; e.g. up to toilet.
- Patient with permanent disability is helped to understand disease process, rationale for treatments and probable outcome.
- The rationale for increasing independence is explained and empathy, support and encouragement given as patient performs required activities for movement toward independence.

43. Resources Within the Milieu are Utilized to Provide the Patient with Opportunities for Problem Solving (D)
- Patient is encouraged to suggest ways to accomplish routine tasks despite limitations, and to plan placement of articles as he will use them in hospital and at home or at work.
- Patient is helped to consider alternatives in choosing activities.
- Patient is asked to propose furniture arrangement that will provide best light without glare.

44. Patient is Given Freedom of Choice in Activities of Daily Living Whenever Feasible and Within His Ability to Make the Choice (D)
- Morning or evening bath or shower, depending on custom and preference
- Patient is assisted to make his own choice of clothing
- Requests are granted involving changes in daily routines that can be made without disrupting ward plans.

45. Patient is Encouraged to Take Part in Activities of Daily Living That will Stimulate Him for Positive Psychosocial Growth and Movement Toward Physical Independence (D/I)
- Early riser is encouraged to assist with serving early morning coffee.
- Stroke patient encouraged to shave himself; electric razor provided if indicated.
- Patient is invited to look after the flowers in the ward.

Patient's efforts and successes are recognized.

46. Activities are Adapted to Physical and Mental Capabilities of Patient (D/I)
- Hard of hearing patient provided with an earphone for radio
- Confused patient is guided through steps of preparation for visit to therapist; reminded, one step at a time, about washing face and hands, brushing hair, etc.
- Time allowed for slow patient to do things for himself so that he may develop confidence and independence.
- Assistance is provided before he reaches point of frustration.
- Long-term diabetic allowed to administer own insulin.

47. Nursing Care is Adapted to Patient's Level and Rate of Development (D)
- Allowed to perform tasks of which he is capable and provided with challenging tasks within his capacity.
- Contests related to learning new tasks are avoided if they are likely to cause frustration and feelings of inadequacy.
- Instructions and performances of tasks to be learned are repeated as often as necessary.
- Patient is helped to rethink a problem and decide on a different course of action, if need be.

48. Diversional and/or Treatment Activities are Made Available to the Patient According to His Capabilities and Needs (D)
- Rubber ball for stroke patient for hand exercise.
- Older patient is taken to dayroom and time spent with him.
- Patient encouraged to visit or share activity - cards, TV, etc.

49. Patient with Slow or Unskilled Performance is Accepted and Encouraged (D)
- Gentle persuasion is used to keep regressed patient moving in process of morning toilet and dressing.
- Time is allowed for aphasic patient to speak.
- Cerebral patient is encouraged to feed himself.
- Dyspnoeic patient is allowed time "to catch his breath" when moving in bed or walking.

50. Nursing Care Goals are Established and Activities Performed which Recognize and Support the Therapist's Plan of Care (D/I)
- Arthritic patient encouraged to do prescribed exercises.
- Food tray removed after 30 minutes to help establish good eating habits where there is a feeding problem.
- Toilet schedule planned with paraplegic to achieve independence from indwelling catheter.
- Patient with decubitus ulcer helped to plan a high protein menu and encouraged to eat.

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51. Interaction with the Patient is within the Framework of the Therapeutic Plan (O)
- Disoriented patient is helped to reorient himself by having reality pointed out to him when confused.
- Patient with myocardial infarction is reassured that it is not too much bother to feed him.
- Patient learning to use crutches is reassured that the nurse will be near to support him if needed, but is encouraged to manage with his crutches.

52. Close Observation of the Patient is Carried out with Minimal Disturbance (O)
- Quiet is maintained as staff move in and out of room for frequent checking; IV, oxygen, urinary output, etc.
- Bed clothing is arranged so that it can easily be lifted to check e.g. limb circulation.
- Staff approach and stand quietly without unnecessarily interrupting group engaged in game or conversation.
- Room of patient with suicidal tendencies is checked for harmful objects during daily cleaning.

53. Response to the Patient is Appropriate in Emergency Situations (O)
- Staff wait until help is available to move patient who has fallen out of bed.
- Patient who is threatening to strike a nurse is spoken to quietly.
- Staff remain with patient having an asthmatic attack and send for available help.
- Staff remain with convulsing patient to observe and to protect him from injury.
- IV glucose is immediately prepared for the diabetic patient in severe insulin shock.

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COMMUNICATION

COMMUNICATION ON BEHALF OF THE PATIENT

54. IDEAS, FACTS, FEELINGS AND CONCEPTS ABOUT THE PATIENT ARE COMMUNICATED CLEARLY IN SPEECH TO MEDICAL AND PARAMEDICAL PERSONNEL (0)
- FEELINGS AND THOUGHTS EXPRESSED ARE NEITHER MUMBLED NOR HIGHLY EMOTIONAL.
- COMPLETE DESCRIPTION OF PATIENT'S BEHAVIOUR IS GIVEN WITHOUT EXCESSIVE REPETITION AND USING GOOD SEQUENCE.
- REPORTS OF OBSERVATIONS ARE FACTUAL AND CLEARLY STATED LEADING TO MEANINGFUL CONCLUSIONS.
- QUESTIONS ARE USED TO HELP N/A'S REPORT AND DESCRIBE PATIENT'S CONDITION AND TO MAKE SURE THEY HAVE UNDERSTOOD THE PLAN FOR CARE.

55. FAMILY IS PROVIDED WITH THE OPPORTUNITY FOR [illegible] COMMUNICATION WITH THE NURSING STAFF (0,1)
- EXPLANATIONS REGARDING TREATMENT ARE CLEAR AND UNDERSTANDABLE.
- FAMILY FEARS AND CONCERNS ARE RESPONDED TO IN A WAY THAT PROMOTES AN UNDERSTANDING AND ACCEPTANCE OF THEIR ROLE IN MEETING THE PATIENT'S NEEDS.
- FAMILY IS KEPT INFORMED OF CHANGES IN PATIENT'S CONDITION.
- FAMILY IS USED AS A RESOURCE FOR INFORMATION ABOUT THE PATIENT IN DEVELOPING AN APPROPRIATE PLAN OF CARE.

56. IDEAS, FACTS AND CONCEPTS ABOUT THE PATIENT ARE CLEARLY COMMUNICATED IN CHARTING (1)
- PRECISE AND SPECIFIC OBSERVATIONS ARE RECORDED; FEW CLICHES ARE USED.
- POSSIBLE INTERPRETATION OF REASONS FOR PATIENT'S BEHAVIOUR IS RECORDED.
- SENTENCES ARE CLEAR; ABBREVIATIONS AVOIDED. WRITING IS LEGIBLE.
- ALL PERTINENT OBSERVATIONS ARE INCLUDED.

57. WELL-DEVELOPED NURSING CARE PLANS ARE ESTABLISHED AND INCORPORATED INTO NURSING ASSIGNMENTS (1)
- SHORT-TERM AND LONG-TERM OBJECTIVES OF CARE ARE INCLUDED, CHANGED AS PATIENT'S NEEDS CHANGE, AND DATED.
- INFORMATION IS INCLUDED ABOUT PATIENT'S LIKES AND DISLIKES.
- SUGGESTIONS FOR MODIFICATION OF PROCEDURES TO MAKE CARE EASIER OR MORE EFFECTIVE FOR THE PATIENT ARE INCLUDED.
- ANTICIPATED FUTURE NEEDS OF THE PATIENT ARE INCLUDED IN THE PLAN FOR IMPLEMENTATION OF PROGRESSIVE CARE.
- WRITTEN ASSIGNMENTS OR WORKSHEETS REFLECT THE OBJECTIVES OF THE PLAN OF CARE.

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58. Pertinent Incidents of the Patient's Behaviour during Interaction with Staff are Accurately Reported (D/I)
- Nurse reports patient refused to take IM injection, claiming she hurt him last time she gave it.
- Nurse reports patient refuses to sit up in chair because he was left up too long yesterday.
- Patient's response to interaction with staff.
- After instruction in giving self-injection, nurse charts patient's response to his initial self-injection.

59. Staff Participate in Conferences Concerning Patient Care (D)
- Staff volunteer observations they have made.
- Pertinent information is discussed by staff about patient's condition and treatment.
- Staff suggest approaches to care of particular patient.
- Nurse asks questions that will elicit information or ideas from other workers.

60. Effective Communication and Good Relationships with other Disciplines within the Hospital are Established for the Patient's Benefit (I/D)
- Physiotherapist is consulted for suggestions on the nursing staff to enhance patient's treatment.
- Social worker is referred to for patient who may need her help.
- X-ray or lab is notified promptly if patient is unable to keep appointment.
- Consultant physician is given all the pertinent information he requires about the patient.

61. Patient's Needs are Met Through the Use of Referrals, both to Departments in the Hospital and to Other Community Agencies (I/D)
- District Nurse is asked to visit elderly diabetic living alone.
- Social worker is asked to arrange for a disability grant.
- Hospital teaching department is asked to arrange for tuition of convalescent adolescent.
- Adequate information is given to the patient and his relatives about follow-up clinic times, days and location and his specific follow-up appointment.

PROFESSIONAL IMPLICATIONS

CARE GIVEN TO PATIENTS REFLECTS INITIATIVE AND RESPONSIBILITY INDICATIVE OF PROFESSIONAL EXPECTATIONS

62. DECISIONS THAT ARE MADE BY STAFF REFLECT KNOWLEDGE OF FACTS AND GOOD JUDGEMENT (D/I)
- PATIENT WHOSE BABY DIED DURING DELIVERY IS NOT PLACED WITH A MOTHER WITH A DAY-OLD BABY.
- IV FLUID IS SLOWED WHEN POST-OPERATIVE PATIENT MANIFESTS INCREASED DIFFICULTY AND RATE OF BREATHING.
- EMPHYSEMA PATIENT IS SERVED SIX SMALL FEEDINGS A DAY.
- JOKING REFERENCES MADE BY A PATIENT TO "JUMPING OUT OF A WINDOW" ARE RESPONDED TO WITH INCREASED OBSERVATION AND REASSESSMENT OF HIS BEHAVIOUR.

63. EVIDENCE (SPOKEN, BEHAVIOURAL, RECORDED) IS GIVEN BY STAFF OF INSIGHT INTO DEEPER PROBLEMS AND NEEDS OF THE PATIENT (D/I)
- PATIENT WHO LOST CHILDREN IN M.V.A. IS NOT LEFT ALONE ANY MORE THAN NECESSARY, AND NURSES SHARE HER EXPERIENCE WITH HER.
- ADOLESCENT WITH SEVERE ACNE IS HELPED TO RECOGNIZE AND USE ASSETS AND ABILITIES TO CONTRIBUTE TO WELFARE OF OTHERS, THUS ENHANCING CONFIDENCE AND SATISFACTION IN HIS OWN WORTH.
- STAFF SUPPORT DYING PATIENT BY LISTENING TO HIS FEARS.
- STAFF DISCUSS APPROACH TO PATIENT WHO HAS SUSTAINED A CHANGE IN BODY IMAGE.

64. CHANGES IN CARE AND CARE PLANS REFLECT CONTINUOUS EVALUATION OF RESULTS OF NURSING CARE (I/D)
- WOUND IS DRESSED AFTER WIFE'S VISIT SINCE DOING IT BEFORE HER VISIT FOCUSES HIS ATTENTION ON THE WOUND TO THE EXTENT THAT HE DISCUSSES LITTLE ELSE.
- REFERRALS FOR HOME VISITS ARE MADE FOR THE AMPUTEE PATIENT WHEN IT IS DISCOVERED THAT HIS RECENT RETURN TO DEPENDENCY IS THE RESULT OF HIS FEAR OF BEING INADEQUATE IN THE HOME SITUATION.
- PASSIVE EXERCISES TO THE PARALYZED HAND OF THE C.V.A. PATIENT HAVE RESULTED IN PREVENTION OF CONTRACTURES AND PLANS ARE MADE TO CONTINUE THEM.
- SUGGESTIONS AND CRITICISMS MADE BY PATIENT AND FAMILY ARE USED IN PLANNING AND EVALUATING CARE.

65. STAFF ARE RELIABLE, FOLLOW THROUGH WITH RESPONSIBILITY FOR THE PATIENT'S CARE (D/I)
- STAFF ASK FOR HELP IN DOUBTFUL SITUATIONS RATHER THAN MAKE ERRORS.
- STAFF REPORT WHEN WORK IS NOT COMPLETED.
- NURSE VIEWS SITUATION HERSELF RATHER THAN DEPENDING ON REPORTS.
- ASSIGNMENTS AND WORK ACCOMPLISHED ARE PERIODICALLY REVIEWED TO REPLAN, ESTABLISH PRIORITIES AND FULFILL RESPONSIBILITIES.
- STAFF FOLLOW THROUGH ON COMMITMENTS THEY HAVE MADE E.G. PERFORM TREATMENT WHEN SCHEDULED.

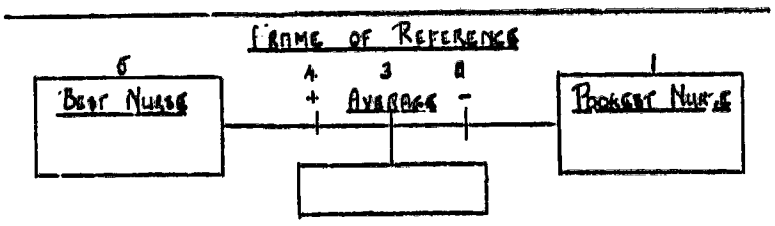
B. 1 The Cue Sheet (cont.) Page 15

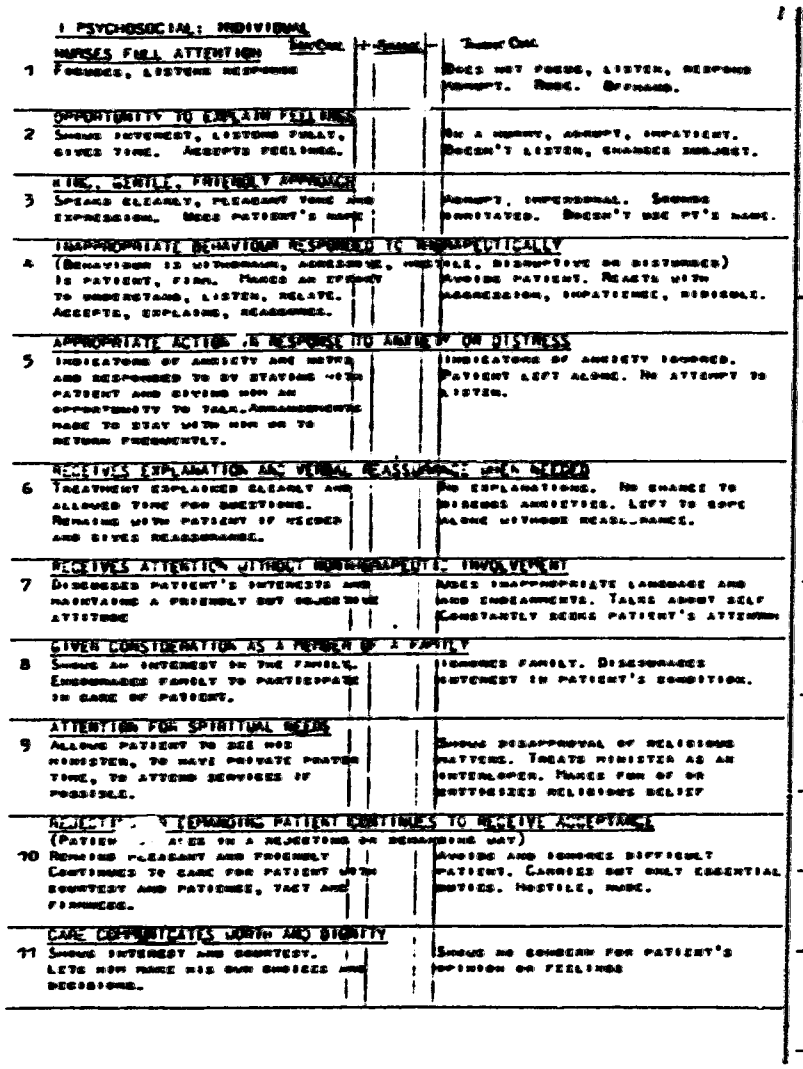
66. Assigned Staff Keep Informed of the Patient's Condition and Whereabouts (D)
- All assigned patients are visited to ascertain their condition before the tasks of the shift are begun.
- Patient's whereabouts are known along with reason for being away and when he is expected to return.
- Current condition of patient is known as well as changes in past 24 hours, and plans of care are reported to staff of next shift.
- Patient is accompanied by staff when leaving the unit if indicated.

67. Care Given the Patient Reflects Flexibility in Rules and Regulations as Indicated by Individual Patient Needs (D/I)
- Adjustments in visiting hours are made in accord with patient's condition and special needs of his family.
- Room change is arranged for smoking patient whose companion has to have continuous oxygen.
- Patient who is not eating well may have family bring in favourite foods in accordance with his diet.
- Patient accustomed to night duty and unable to alter his sleeping pattern is allowed to read or listen to radio.

68. Organization and Management of Nursing Activities Reflect Due Consideration of Patient Needs (D/I)
- Treatment is performed at times that will not interfere with visiting hours.
- Supplies and equipment are assembled before commencing treatment.
- Patient is given adequate and prompt assistance at mealtimes.
- Acutely ill patient receives care before patients with less acute needs.
- Staff assignment plans reflect consideration of patient's needs.

B. 2 The Frame of Reference





I PSYCHOSOCIAL: INDIVIDUAL

	Nurses Cue	+ Response	− Nurses Cue
	NURSES FULL ATTENTION		
1	Focuses, listens responds		Does not focus, listen, respond prompt. Rude. Offhand.
	OPPORTUNITY TO EXPLAIN FEELINGS		
2	Shows interest, listens freely, gives time. Accepts feelings.		Is in hurry, abrupt, impatient. Doesn't listen, changes subject.
	KIND, GENTLE, FRIENDLY APPROACH		
3	Speaks clearly, pleasant tone and expression. Uses patient's name		Abrupt, impersonal. Shows irritated. Doesn't use pt's name.
	INAPPROPRIATE BEHAVIOUR RESPONDED TO NONCRITICALLY		
4	(Behaviour is withdrawn, aggressive, hostile, disruptive or disturbed) Is patient, firm. Makes an effort to understand, listen, relate. Accepts, explains, reassures.		Avoids patient. Reacts with aggression, impatience, ridicule.
	APPROPRIATE ACTION IN RESPONSE TO ANXIETY OR DISTRESS		
5	Indications of anxiety are noted and responded to by staying with patient and giving him an opportunity to talk. Arrangements made to stay with him or to return frequently.		Indications of anxiety ignored. Patient left alone. No attempt to listen.
	RECEIVES EXPLANATION AND VERBAL REASSURANCE WHEN NEEDED		
6	Treatment explained clearly and allowed time for questions. Remains with patient if needed and gives reassurance.		No explanations. No chance to discuss anxieties. Left to cope alone without reassurance.
	RECEIVES ATTENTION WITHOUT INAPPROPRIATE INVOLVEMENT		
7	Discusses patient's interests and maintains a friendly but objective attitude		Uses inappropriate language and has embarrassments. Talks about self Constantly seeks patient's attention
	GIVEN CONSIDERATION AS A MEMBER OF A FAMILY		
8	Shows an interest in the family. Encourages family to participate in care of patient.		Ignores family. Discourages interest in patient's condition.
	ATTENTION FOR SPIRITUAL NEEDS		
9	Allows patient to see his minister, to have private prayer time, to attend services if possible.		Shows disapproval of religious matters. Treats minister as an intermeddler. Makes fun of or mistrusts religious belief
	REJECTING BUT DEMANDING PATIENT CONTINUES TO RECEIVE ACCEPTANCE (Patient acts in a rejecting or demanding way)		
10	Remains pleasant and friendly Continues to care for patient with courtesy and patience, tact and firmness.		Avoids and ignores difficult patient. Carries out only essential duties. Hostile, rude.
	CARE COMMUNICATES WORTH AND DIGNITY		
11	Shows interest and courtesy. Lets him make his own choices and decisions.		Shows no concern for patient's opinion or feelings

	Nurses Cue	+ Response	− Nurses Cue
	HEALTHY ASPECTS OF PERSONALITY UTILIZED		
12	Helps patient to plan realistically in terms of his abilities and potential.		Focuses on patient's handicap Avoids discussion of future plans Encourages dependency
	ATMOSPHERE OF TRUST, ACCEPTANCE, RESPECT		
13	Listens to patient's ideas, opinions. Discusses treatment plans with him		Bosses, bullies. Discourages discussion. 'Knows best'.
	APPROPRIATE TOPICS OF CONVERSATION ARE CHOSEN		
14	Finds patient's interests and something and encourages him to talk about them. Realistic discussion of future plans.		Discusses own interests and activities. Does not seek patient' level of interest.
	UNCONSCIOUS OR DISORIENTATED PATIENT (Patient is unconscious or disorientated)		
15	Moves him gently, continues to respect his privacy, uses screens. Talks to him even though he does not respond.		Talks over or about patient as though deaf. Forgets about screens Moves roughly.

II PSYCHOSOCIAL: GROUP

	RECEIVES WARMTH, INTEREST, ATTENTION AS A GROUP MEMBER		
16	Listens to each group member and encourages all to participate		No interaction of group nor its authoritarian leadership by staff
	HELPED TO ACCEPT BEHAVIOUR LIMITS ESSENTIAL TO GROUP WELFARE		
17	Rules and regulations are discussed. Reasons for them are explained. Firm and consistent enforcement when required.		'Laissez faire' attitude which allows unacceptable behaviour to continue unchecked. Or inflexible, strict, rigid enforcement.
	ENCOURAGED TO PARTICIPATE IN OR TO PLAN GROUP'S DAILY ACTIVITIES		
18	Listens to patient's ideas and encourages them to try them out. Sees whether is left out		Does not use the opportunity to promote group spirit or to include newcomers in any group interaction.
	GROUP MEMBER GIVEN OPPORTUNITY TO ASSUME RESPONSIBILITY		
19	Recognizes therapeutic potential of social recognition and group support		Does not allow patients to meet their social needs through group activities
	STAFF PROPOSALS REFLECT INTERESTS AND NEEDS OF GROUP MEMBERS		
20	Find out members' interests and encourages them to use and develop them in group activities		Does not use the group process to promote and develop the interests and welfare of the patients
	HELPS TO VIEW EMOTION IN A SOCIALLY ACCEPTABLE WAY IN THE GROUP		
	Staff make it possible to talk about feelings, to accept group limits, to channel feelings in group activities.		Does not recognize the value of the group in helping the patient to deal with overwhelming or uncomfortable emotions.

B. 3 The Modified Cue Sheet Page 1

	Poor Care	+ Average	-	Superior Care
	PRAISE AND RECOGNITION FOR ACHIEVEMENT			INDIVIDUAL NEEDS AND GROUP
22	ENCOURAGES PRAISE AND RECOGNITION OF ACHIEVEMENT IN THE GROUP AND GAINED TOWARDS REALISTIC GOALS			DOES NOT ENCOURAGE GROUP SUPPORT TOWARDS SETTING AND ACHIEVING INDIVIDUAL GOALS
	RIGHTS AND INTEGRITY PROTECTED WITHIN GROUP SITUATION			
23	SENSITIVE TO PROBLEM AREAS AND RESPONDS CONVERSATION IF NECESSARY. PROTECTS CONFIDENTIALITY AND DOESN'T ALLOW DISCUSSIONS OR RIDICULE			DOES NOT INTERVENE WITH GROUP PROCESS TO PROTECT PATIENT WHO IS BEING SCAPEGOATED OR RIDICULED OR EMBARRASSED
	III PHYSICAL			
	PROCEDURES ADAPTED TO MEET NEEDS OF INDIVIDUAL PATIENTS			
24	GIVES SLOW PATIENT EXTRA TIME, REASSURES ANXIOUS PATIENT, LETS ACTIVE PATIENT DO AS MUCH FOR HIMSELF AS POSSIBLE			GOES THROUGH ALL PROCEDURES AS RAPIDLY AS POSSIBLE WITH LITTLE OR NO EXPLANATION OR DISCUSSION
	SEES DAILY HYGIENE NEEDS FOR CLEANLINESS AND APPEARANCE ARE MET			
25	HELPS PATIENT TO BATH, SHAVE, CLEAN TEETH, LOOK NICE. PROVIDES RECOGNIZING IF NECESSARY			FINISHES BATH ROUTINE WITH NO CONCERN FOR COMFORT, APPEARANCE OR GIVING ANY HELP NEEDED.
	PROCEDURES USED AS MEDIA FOR COMMUNICATION AND INTERACTION			
26	USES TONE WHILE CARRYING OUT PROCEDURES TO LISTEN, TO TALK, TO TEACH, TO REASSURE.			DOES NOT COMMUNICATE OR TALKS OF OWN AFFAIRS AND CONCERNS
	PHYSICAL SYMPTOMS AND CHANGES IDENTIFIED AND ACTION TAKEN			
27	KEEPS CHECK ON PHYSICAL CONDITION NOTES POSSIBLE PROBLEMS AND DEALS WITH THEM			RECALLED TO OBSERVE CONDITION AND TO IDENTIFY AND AVOID POSSIBLE PROBLEMS
	PHYSICAL DISTRESS RESPONDED TO QUICKLY AND APPROPRIATELY			
28	OBSERVES AND RESPONDS IMMEDIATELY TO PHYSICAL DISTRESS SHOWN BY PATIENT			FAILS TO NOTICE PHYSICAL DISTRESS NEGLECTS PATIENT WHO SHOWS SIGNS OF DISTRESS
	PATIENT ENCOURAGED TO OBSERVE APPROPRIATE REST AND EXERCISE			
29	PATIENT IS HELPED TO UNDERSTAND THE IMPORTANCE OF REST/EXERCISE IN HIS CONDITION. A PRACTICABLE ROUTINE DISCUSSED AND PLANNED			IMPORTANCE OF REST/EXERCISE NOT DISCUSSED AT ALL. THIS ASPECT OF PATIENT'S CONDITION NEGLECTED
	PATIENT ENCOURAGED TO TAKE ADEQUATE DIET			
30	EATING HABITS DISCUSSED AND PATIENT HELPED TO UNDERSTAND THE IMPORTANCE OF DIET TO HIS HEALTH. SPECIAL DIET ORDERED IF NEEDED. DIETICIAN CONSULTED. FOOD SERVED ATTRACTIVELY			NO SPECIAL CONSIDERATION GIVEN TO PATIENT'S DIETARY NEEDS. FOOD DEALT OUT TO PATIENTS WITH NO ATTEMPT TO MAKE IT ATTRACTIVE

	Poor Care	+ Average	-	Superior Care
	ACTION TAKEN TO MEET NEEDS FOR ADEQUATE HYDRATION AND ELIMINATION			
31	SIGNS, ACTION NOTED, PROBLEMS DEALT WITH APPROPRIATELY. INTAKE/OUTPUT OBSERVED, CHARTED IF NECESSARY. PATIENT HELPED TO UNDERSTAND IMPORTANCE AND COOPERATION ENCOURAGED			NO ATTENTION TO SIGNS, ACTIONS, INTAKE, OUTPUT, HYDRATION NEGLECTED.
	CHANGES DUE TO MEDICATIONS OBSERVED AND DEALT WITH			
32	AWARE OF POSSIBLE SIDE EFFECTS AND SEES THAT STAFF ARE AWARE OF THEM. OBSERVES AND DEALS WITH REACTIONS PROMPTLY			IGNORANT OF POSSIBLE SIDE EFFECTS DOES NOT OBSERVE FOR THEM OR REMIND STAFF TO DO SO. CARRIES OUT TREATMENT REGARDLESS OF EFFECTS
	EFFECT OF MEDICATION ON PATIENT CONSIDERED IN EXPECTATIONS			
33	ARRANGEMENTS MADE FOR EFFECT OF MEDICATION ON PATIENT'S ABILITY TO PARTICIPATE IN ACTIVITIES			DOES NOT RECOGNIZE THAT MEDICATIONS MAY ALTER PATIENT'S PARTICIPATION IN WARD ACTIVITIES
	MEDICAL ASEPSIS OF PERSONAL HYGIENE AND IMMEDIATE ENVIRONMENT			
34	CLEANLINESS OF WARD AND LOCKER BED, BED LINEN DEMONSTRABLY MAINTAINED. STAFF WASH HANDS WHENEVER NECESSARY.			POOR MAINTENANCE OF CLEANLINESS STANDARDS IN PATIENT'S PERSONAL HYGIENE AND IMMEDIATE ENVIRONMENT
	MEDICAL AND SURGICAL ASEPSIS DURING TREATMENTS AND SPECIAL PROCEDURES			
35	ALL TREATMENTS AND PROCEDURES CARRIED OUT ACCORDING TO ESTABLISHED METHODS FOR SEPSIS CONTROL			POOR MEASURES FOR SEPSIS CONTROL WHEN CARRYING OUT TREATMENTS AND PROCEDURES
	ENVIRONMENT THAT MAKES THE PATIENT FEEL SAFE AND SECURE			
36	STEPS ARE TAKEN TO PROTECT THE PATIENT FROM HARM AND EXPLANATIONS GIVEN WHEN POSSIBLE			CARELESS OF POSSIBLE HARM TO THE PATIENT. DOES NOT EXPLAIN SAFETY PRECAUTIONS TO PATIENT, FAMILY OR JUNIOR STAFF
	SAFETY MEASURES TO PREVENT PATIENT HARMING HIMSELF OR OTHERS			
37	SPECIAL OBSERVATION FOR PATIENTS WHO MAY HARM HIMSELF OR OTHERS. EXTRA STAFF, SECURITY OFFICERS OR OTHER APPROPRIATE MEASURES TO PROTECT PATIENTS AND STAFF			ISOLATES POTENTIALLY HARMFUL PATIENT WITHOUT TAKING ADEQUATE SAFETY PRECAUTIONS
	ESTABLISHED TECHNIQUES FOR SAFE ADMINISTRATION OF MEDICATIONS AND PARENTERAL FLUIDS			
38	IDENTIFICATION OF PATIENT, PROPER LABELLING OF MEDICATIONS, CHECKING OF MEDICATIONS, IV RATE AND FLOW RATE CARRIED OUT METICULOUSLY			CARELESS ADMINISTRATION OF MEDICATIONS, LABELLING AND CHECKING NEGLECTED.

B. 3 The Modified Cue Sheet (cont.) Page 2

	Your Cues	+ Nurse	-	Therapy Cues
	IV QUESTIONS.			
	RECEIVES INSTRUCTIONS AS NECESSARY			
39	Takes time to talk to patient to find out whatever he wants or needs to know about his treatment and conditions			Doesn't take time to talk to patient to find out whatever he needs to know about his conditions
	PATIENT AND FAMILY INVOLVED IN PLANNING FOR CARE AND TREATMENT			
40	Finds out about family and includes them in plans and discussions about care and treatment			Discusses family's significance or private them as incompetents. Does not include them in care plans
	PATIENT'S SUBJECTIVITY, AND RIGHT TO PRIVACY ARE PROTECTED			
41	Speaking soft for preoccupied Discussions personal matters in a private place or behind screens			Leaves patient exposed. Discusses personal matters in a loud voice. Exposes patient to privacy
	PATIENT HELPED TO ACCEPT APPROPRIATE DEPENDENCE/INDEPENDENCE			
42	Encourages maximum independence but helps patient to accept his limitations			Shows no awareness that patient may have problems in accepting dependence/independence
	RESOURCES WITHIN THE PATIENT MOBILIZED TO PROVIDE OPPORTUNITIES FOR PROBLEM SOLVING			
43	Encourages patient to work out suitable ways of solving his own decision problems			Makes all decisions and expects patient to conform
	FREEDOM OF CHOICE IN ACTIVITIES OF DAILY LIVING			
44	Commits to the patient about his preferences. Allows him choose whenever possible			Disregards personal preferences. Lets patient do take whatever he gets, to be conforming.
	ENCOURAGES ACTIVITIES OF DAILY LIVING (BATHING, GROOMING AND TOILETING)			
45	Encourages patient to participate in daily corrective activities in the ward			Does not encourage patient participation in the daily corrective activities of the ward.
	ACTIVITIES ADAPTED TO PHYSICAL AND MENTAL CAPABILITIES OF PATIENT			
46	Helps each patient to cope with his own limitations			Posted directions of the ward does not help but encourages those who cannot participate
	NURSING IS ADAPTED TO LEVEL AND PACE OF DAILY LIVING			
47	Allowed to perform tasks of which he is capable and encouraged to try new ones			Bathing care is carried out without patient's involvement in understanding or planning it
	DIAGNOSTIC AND/OR THERAPEUTIC ACTIVITIES MADE AVAILABLE ACCORDING TO CAPABILITIES AND NEEDS			
48	Occupational therapy, physiotherapy and other diagnostic/therapeutic facilities used in the patient's interests			Patient's need for these types of activities not recognized. Left to spend long periods alone and idle

	Your Cues	+ Nurse	-	Therapy Cues
	PATIENT WITH SLOW OR HANDICAPPED PERFORMANCE ACCEPTED AND ENCOURAGED			
49	(Patient is slow and clumsy) Knows it patient and gives patient time to do things for herself, praising improvement			Does not make allowances, but sets things done for the patient as efficiently as possible
	NURSING CARE GOALS AND ESTABLISHED AND ACTIVITIES PERFORMED WITH [illegible]			
50	All staff know nursing care goals so they can carry out activities which support them			No nursing care goals, no plan of nursing care
	INTERACTION WITHIN THE FRAMEWORK OF THE THERAPEUTIC PLAN			
51	All ward routines and individual care are carried out within the framework of a therapeutic plan			Ward routines and individual care carried out regardless of the therapeutic needs of the patient
	CLOSE OBSERVATION CARRIED OUT WITH MINIMAL DISTURBANCE			
52	Staff move quietly in and out of the ward, arrange things for easy and frequent observation			No observations carried out when necessary, or carried out very ineffectively
	APPROPRIATE RESPONSE TO EMERGENCY SITUATION			
53	Staff respond quickly and efficiently to emergency			Response is inappropriate or inadequate

B. 3 The Modified Cue Sheet (cont.)
Page 3

	Poor Care	Borderline	Positive Care
V COMMUNICATION			
IDEAS, FACTS, FEELINGS AND CONCEPTS COMMUNICATED CLEARLY IN SPEECH			
TO MEDICAL AND PARAMEDICAL PERSONNEL			
54	DETERMINES PATIENT'S CONDITION AND BEHAVIOUR CLEARLY AND FACTUALLY. COMMENTS ON FEELINGS AND OPINIONS ABOUT CONDITION APPROPRIATELY		DOES NOT DISCUSS PATIENT'S CONDITION EXCEPT TO COMPLAIN OR MISCHIEF
FAMILY PROVIDED WITH OPPORTUNITY FOR NON-MEDICAL COMMUNICATION WITH STAFF			
55	TALKS TO FAMILY ABOUT PATIENT'S CONDITION AND WELFARE. LISTENS TO FAMILY CONCERN'S AND HELPS WHEN NOT SURE HOW TO HANDLE THE SITUATION		KEEPS FAMILY AT A DISTANCE. MAKES THEM FEEL UNNECESSARY OR A NUISANCE. NOT PREPARED TO DISCUSS SITUATION WITH THEM AT ALL
IDEAS, FACTS, CONCEPTS ABOUT THE PATIENT FAMILY COMMUNICATED IN CHARTING			
56	WRITTEN RECORDS KEPT CLEARLY AND ACCURATELY. SIGNIFICANT FINDINGS NOTED IN CHARTS		WRITTEN RECORDS INCOMPLETE OR INACCURATE
WELL-DEVELOPED NURSING CARE PLANS ESTABLISHED AND INCORPORATED INTO NURSING ASSIGNMENTS			
57	WRITTEN NURSING CARE PLANS ARE KEPT AND PROGRESS RECORDED. OBJECTIVES CHANGED AS PATIENT'S NEEDS CHANGE		NO NURSING CARE PLANS AND NO OBJECTIVES SET
PERTINENT INCIDENTS OF PATIENT'S BEHAVIOUR ACCURATELY REPORTED			
58	STAFF REPORT AND RECORD PERTINENT INCIDENTS WHICH MAY AFFECT PATIENT'S TREATMENT E.G. REFUSAL OF MEDS., INJECTION, ETC.		REFUSAL OF TREATMENT IGNORED – NOT GIVEN AND REFUSAL NOT REPORTED
STAFF PARTICIPATE IN CONFERENCES CONCERNING PATIENT CARE			
59	CONFERENCES ARE HELD REGULARLY AND ALL STAFF PARTICIPATE. GROUP DISCUSSES AND PLANS TREATMENT		NO CONFERENCES ARE HELD. NO STAFF DISCUSSIONS ABOUT PATIENTS AND TREATMENT PLANS
EFFECTIVE COMMUNICATION AND GOOD RELATIONSHIPS WITH OTHER DISCIPLINES WITHIN THE HOSPITAL			
60	PHYSIO., O.T., SOCIAL WORKER, X-RAY, VARIOUS CONSULTANTS, ETC., INVOLVED IN PATIENT CARE AS NEEDED		OTHER DISCIPLINES NOT CONSULTED ABOUT CARE PLANS OF THE PATIENT
USE OF REFERRALS WITHIN THE HOSPITAL AND TO OTHER COMMUNITY AGENCIES			
61	PATIENT REFERRED TO HELPING AGENCIES BOTH INSIDE AND OUTSIDE THE HOSPITAL		NO USE MADE OF APPROPRIATE AGENCIES THAT SHOULD BE OF HELP TO THE PATIENT

	Poor Care	Borderline	Positive Care
VI PROFESSIONAL IMPLICATIONS			
STAFF DECISION REFLECT KNOWLEDGE OF FACTS AND GOOD JUDGEMENT			
62	FORESEES POSSIBLE PROBLEMS AND ACTS TO PREVENT THEM		DOES NOT USE JUDGEMENT TO FORESTALL PROBLEMS.
INSIGHT INTO HUMAN PROBLEMS AND NEEDS OF PATIENT			
63	INTERACTIONS WITH PATIENT SHOW UNDERSTANDING OF PROBLEMS		KEEPS INTERACTIONS SUPERFICIAL, DOES NOT LISTEN, AVOIDS DISCUSSING PROBLEMS
CONTINUOUSLY EVALUATES PROGRESS AND ALTERS CARE ACCORDINGLY			
64	DISCUSSES AND EVALUATES PROGRESS. CHANGES IN CARE REFLECT CHANGES IN PATIENT'S CONDITION		CARE GIVEN REGARDLESS OF A NEED FOR/ATTABLE WITHOUT TAKING CHANGES OF CONDITION INTO ACCOUNT
RELIABLE, FOLLOWS THROUGH WITH RESPONSIBILITY FOR PATIENT'S CARE			
65	REMEMBERS TO COME BACK AND KNOWS WHEN IF NOT SURE. SEE THAT SOMEONE ELSE KNOWS ABOUT THE INCOMPLETE TREATMENT IF THEY HAVE TO BE OFF		LEAVE THINGS UNFINISHED. DO NOT KNOW. FORGET TO RESCHEDULE.
KEEP INFORMED OF PATIENT'S CONDITION AND WHEREABOUTS			
66	PATIENT KNOWS WHEN AFTER TREATMENT KNOWS WHERE PATIENTS ARE, WHEN THEY ARE, HOW THEY ARE.		DOES NOT KNOW PATIENT KNOWS. DOESN'T KNOW ON CONDITION OR RETURN FROM TREATMENT OR INVESTIGATION, ETC.
CARE REFLECTS FLEXIBILITY IN RULES AND REGULATIONS			
67	WILLING TO ADJUST VISITING HOURS, TO MOVE PATIENT, TO INVOLVE FAMILY IF IN THE INTERESTS OF THE PATIENT		RIGIDLY ENFORCES RULES AND REACTS HOSTILELY TO ANY SUGGESTION THAT THEY MAY BE BENT.
ORGANIZATION AND MANAGEMENT OF NURSING ACTIVITIES REFLECT DUE CONSIDERATION OF PATIENT NEEDS			
68	CARRIES OUT TREATMENT AT TIMES THAT DO NOT INTERFERE WITH COMFORT OF VISITORS. ASSEMBLES EQUIPMENT BEFORE STARTING TREATMENT.		CARRIES OUT TREATMENT REGARDLESS OF PATIENT'S COMFORT OR NEEDS.

B. 3 The Modified Cue Sheet (cont.)
Page 4

B. 4 The Check List

PSYCHOSOCIAL I	PHYSICAL III	GENERAL IV	COMMUNICATION V	PROFESSIONAL VI	GROUP II
Full attention	Procedures adapted to needs	Receive instruction as necessary	Medical and paramedical communication	Decisions show knowledge and judgment D/I	Warmth, interest, attention
Can explain feelings	Hygiene re cleanliness, appearance	Pt. and family involved in planning Rx. D/I	Family provided opportunity to communicate D/I	Evidence of insight into deeper problems and needs D/I	Helped to accept limits
Kind, gentle, friendly approach	Communication/ interaction with procedures	Sensitivity and privacy protected	Charting carried out I	Changes reflect continuous evaluation D/I	Encouraged to participate in or plan group's activities
Therapeutic re inappropriate behaviour	Symptoms and changes noted and dealt with	Helped to accept dependence/ independence	Nursing care plan established I	Staff show themselves reliable, responsible D/I	Opportunity to assume responsibility in group
Responds to anxiety or distress D/I	Response to physical distress	Opportunities for problem-solving	Incidents accurately reported D/I	Informed of condition and whereabouts	Activities reflect interests and needs
Explanation and reassurance	Rest and exercise encouraged D/I	Choice in activities of daily living	Staff conferences held re patient care	Flexibility in rules and regulations D/I	Helped to vent emotions in a socially acceptable way
Attention without involvement	Adequate diet encouraged D/I	A.D.L. towards growth and independence D/I	Communication with other disciplines within the hospital D/I	Organization, management show consideration of needs D/I	Praise and recognition given for achievement
Member of family and society D/I	Adequate hydration/ elimination D/I	Activities adapted to capabilities D/I	Referrals within hospital and to other community agencies D/I		Rights and integrity protected within the group
Attention for spiritual needs D/I	Side effects observed and dealt with D/I	Nursing care adapted to level and pace			
Rejecting/ demanding accepted D/I	Medication effects allowed for D/I	Diversion/Rx according to capabilities and needs			
Communicates worth and dignity	Aseptic re personal hygiene	Slow/unskilled accepted and encouraged			
Healthy aspects utilized D/I	Aseptic re treatments and procedures D/I	N/C goals established and supported D/I			
Atmosphere of trust, respect, acceptance	Safe and secure environment	Framework of a therapeutic plan			
Appropriate topics chosen	Safety measures to prevent harm	Observation with minimal disturbance			
Unconscious/ non-oriented with same respect	Safe techniques re medications and IV Therapy	Appropriate response in emergency			

NURSING CARE

CHECKLIST

HIGHLY CONFIDENTIAL

NAME OF OBSERVER:_____ DATE:_____

TIME:_____ TO _____ WARD:_____

S T I C K E R

LEVEL OF CARE: TOTAL BED CARE: ☐ MEDIUM CARE: ☐ SELF CARE: ☐

DIAGNOSIS:_____

NURSING INTERACTIONS OBSERVED

No.	TIME	WHO?	PURPOSE
1			
2			
3			
4			
5			

N.B.: ALL OBSERVATIONS ARE REGARDED AS HIGHLY CONFIDENTIAL. PLEASE DO NOT DISCUSS THEM WITH ANYONE EXCEPT ME.

.....

Nursing Interactions Observed (cont.)

No.	Time	Who?	Purpose
6			
7			
8			
9			
10			
11			
12			
13			
14			

3

PSYCHOSOCIAL : INDIVIDUAL	Poor Care		Average Care		Superior Care	II|I	II|O
1. Patient receives nurse's full attention							
2. Patient is given an opportunity to explain his feelings							
3. Patient is approached in a kind, gentle and friendly manner							
4. Patient's inappropriate behaviour is responded to in a therapeutic manner							
5. Appropriate action is taken in response to anticipated or manifest patient anxiety or distress							
6. Patient receives explanation and verbal reassurance when needed							
7. Patient receives attention from nurse with neither becoming involved in a nontherapeutic way							
8. Patient is given consideration as a member of a family and society							
9. Patient receives attention for his spiritual needs							
10. The rejecting or demanding patient continues to receive acceptance							
11. Patient receive care that communicates worth and dignity of man							
12. The healthy aspects of the patient's personality are utilised							
13. An atmosphere of trust, acceptance, and respect is created rather than power, prestige and authority							
14. Appropriate topics for conversation are chosen							
15. The unconscious or nonoriented patient is cared for with the same respectful manner as the conscious patient							
	Poor Care		Average Care		Superior Care		

4

PSYCHOSOCIAL : GROUP

	Poor Care		Adequate Care		Superior Care	N/A	N/O
16. Patient as a member of a group receives warmth, interest and attention from the staff							
17. Patient receives the help necessary to accept limits on his behaviour that are essential to group welfare							
18. Patient receives encouragement to participate in or to plan for the group's daily activities							
19. The member of the group is provided with the opportunity to assume responsibility according to his capability							
20. Staff proposals for patient activities appropriately reflect interests and needs of the group members							
21. Patient is helped to vent his emotions in a socially acceptable way within the group							
22. Praise and recognition are given for achievement according to individual needs and with respect for others in the group							
23. The rights and integrity of the group members are protected within the group structure							

5

PHYSICAL							
24. Nursing procedures are adapted to meet needs of individual patient for treatment							
25. Patient's daily hygiene needs for cleanliness and acceptable appearance are met							
26. Nursing procedures are utilized as media for communication and interaction with patient							
27. Physical symptoms and physical changes are identified and appropriate action taken							
28. Physical distress evidenced by the patient is responded to quickly and appropriately							
29. Patient is encouraged to observe appropriate rest and exercise							
30. Patient is encouraged to take adequate diet							
31. Action is taken to meet the patient's needs for adequate hydration and elimination							
32. Behavioural and physiologic changes due to medications are observed and appropriate action taken							
33. Expectations of patient's behaviour are adjusted and acted upon according to the effect the medication has upon the patient'							
34. Medical asepsis is carried out in relation to patient's personal hygiene and immediate environment							
35. Medical and surgical asepsis is carried out during treatments and special procedures							
36. Environment is maintained that gives the patient a feeling of being safe and secure							
37. Safety measures are carried out to prevent patient from harming himself or others							
38. Established techniques for safe administration of medications and parenteral fluids are carried out							

GENERAL								6
39. Patient receives instruction as necessary								
40. Patient and family are involved in planning for care and treatment								
41. Patient's sensitivities and right to privacy are protected								
42. Patient is helped to accept dependence/independence as appropriate to his condition								
43. Resources within the milieu are utilised to provide the patient with opportunities for problem solving								
44. Patient is given freedom of choice in ac[illegible] of daily living whenever possible and within [illegible]'s ability to make the choice								
45. Patient is encouraged to take part in activities of daily living that will stimulate his potential for positive psychological growth and movement toward physical independence								
46. Activities are adapted to physical and mental capabilities of patient								
47. Nursing care is adapted to patient's level and pace of development								
48. Diversional and/or treatment activities are made available to the patient according to his capabilities and needs								
49. Patient with slow or unskilled performance is accepted and encouraged								
50. Nursing care goals are established and activities performed which recognise and support the therapist's plan of care								
51. Interaction with the patient is within the framework of the therapeutic plan								
52. Close observation of the patient is carried out with minimal disturbance								
53. Response to the patient is appropriate in emergency situations								

B. 6: The Rating Sheets (cont.) Page 5

7

COMMUNICATION	Best Care	[illegible]	[illegible] Care	[illegible]	[illegible] Care	1/1	1/0
54. Ideas, facts, feelings and concepts about the patient are communicated clearly in speech to medical and paramedical personnel							
55. Family is provided with the opportunity for reciprocal communication with nursing staff							
56. Ideas, facts and concepts about the patient are clearly communicated in charting							
57. Well-developed nursing care plans are established and incorporated into nursing assignments							
58. Pertinent incidents of the patient's behaviour during interaction with staff are accurately reported							
59. Staff participate in conferences concerning patient care							
60. Effective communication and good relationships with other disciplines within the hospital are established for the patient's benefit							
61. Patient's needs are met through the use of referrals, both to departments in the hospital and to other community agencies							
	Best Care	[illegible]	[illegible] Care	[illegible]	[illegible] Care		

B. 6: The Rating Sheets (cont.) Page 6

PROFESSIONAL IMPLICATIONS

	Best Care	[illegible]	Average Care	[illegible]	Worst Care	N/A	N/O
62. Decisions that are made by staff reflect knowledge of facts and good judgement							
63. Evidence (spoken, behavioural, recorded) is given by staff of insight into deeper problems and needs of the patient							
64. Changes in care and care plans reflect continuous evaluation of results of nursing care							
65. Staff are reliable: follow through with responsibilities for the patient's care							
66. Assigned staff keep informed of the patient's condition and whereabouts							
67. Care given the patient reflects flexibility in rules and regulations as indicated by individual patient needs							
68. Organization and management of nursing activities reflect due consideration for patient needs							
	Best Care	[illegible]	Average Care	[illegible]	Worst Care		

APPENDIX C: Data Collection

C. 1 Letter to the Ward Sister

SISTER IN CHARGE OF WARD

I AM CARRYING OUT A NURSING CARE STUDY IN THE HOSPITAL AND WOULD VERY MUCH LIKE TO COME TO YOUR WARD TO COLLECT DATA. I HAVE TO SPEND TIME IN 3 MEDICAL AND 3 SURGICAL WARDS, AND YOURS IS ONE THAT HAS BEEN SELECTED.

IF IT IS IN ORDER, I SHALL COME TO YOUR WARD AFTER TEA ON MONDAY MORNING (ABOUT 10H30) TO ORIENTATE MYSELF TO THE WARD AND TO COLLECT THE BASIC INFORMATION I SHALL NEED ABOUT YOUR PATIENTS. THIS I'LL GET FROM CARDEX AND BY GOING AROUND TO EACH PATIENT. I'LL ALSO SIT IN ON HANDOVER AT 13H00.

ONCE I HAVE ALL THE NECESSARY INFORMATION I'LL SELECT PATIENTS FOR OBSERVATION. ON TUESDAY, WEDNESDAY AND THURSDAY MORNINGS I'LL BE IN ONE OF THE WARDS BETWEEN 8H00 AND 12H30 ANALYSING AND CATEGORISING INFORMATION ABOUT THE NURSING CARE OF THE SELECTED PATIENTS. BECAUSE I'M DOING THE STUDY ALONE, I MAY HAVE A CO-OBSERVER TO CHECK ON MY OBSERVATIONS. I'LL ALSO USE A TAPERECORDER FOR GREATER ACCURACY. I SHALL IN NO WAY BE INVOLVED IN THE NURSING CARE OF YOUR PATIENTS.

THE INFORMATION I COLLECT WILL BE KEPT CONFIDENTIAL. IT WILL BE CODED AND PROCESSED AND I HOPE TO GET INFORMATION FROM IT WHICH WILL HELP ME TO IDENTIFY THE DIMENSIONS OF NURSING CARE, SO THAT RECOMMENDATIONS CAN BE MADE FOR EDUCATIONAL PROGRAMMES TO PROMOTE QUALITY OF CARE. ALSO, PERHAPS, TO SUPPLY MATERIAL FOR FURTHER RESEARCH.

MRS G E JACKSON
CLINICAL TUTOR

C. 2 Information About the Patient (Specimen)

DS: Mr S AGED 60 CHEST PAIN. ANTERO-LATERAL INFARCT
FEELING WELL. UP IN A CHAIR FOR A WHILE.
MONITOR. BED REST.

C. 3 Recording Sheet (Specimen)

HIGHLY CONFIDENTIAL

NAME OF OBSERVER: O DATE: 30/12/81

TIME: 8⁰⁰ TO 10⁰⁰ WARD: D5 51/1

STICKER

LEVEL OF CARE: TOTAL BED CARE: [ ] MEDIUM CARE: [✓] SELF CARE: [ ]

DIAGNOSIS: CHEST PAIN ANTERO-LATERAL INFARCT

NURSING INTERACTIONS OBSERVED

No.	TIME	WHO?	PURPOSE
1	8⁰⁰	Sr N II	Bell ringing "Can I have a pan please?" Screens. "Can you manage?"
2	8⁰⁶	Sr N II	"Are you finished?" Draws curtains
3	8⁰⁷	Sr	"Gentlemen? Jungle Oats? Cold milk - no - Then J.O." Brings in tray
4	8⁰⁹	Sr N II	Sprays with air freshener
5	8²³	Doctor	"Morning" Checks chart.

N.B.: ALL OBSERVATIONS ARE REGARDED AS HIGHLY CONFIDENTIAL. PLEASE DO NOT DISCUSS THEM WITH ANYONE EXCEPT ME.

.....[signature].....

C. 4: Rating Sheet (Specimen)

PSYCHOSOCIAL : INDIVIDUAL	Best Care	Between	Average Care	Between	Poorest Care	N/A	N/O
1. Patient receives nurse's full attention	7	1 6 11 12 14	2 3 8 9				
2. Patient is given an opportunity to explain his feelings		7 8 14	6				
3. Patient is approached in a kind, gentle and friendly manner	7	1 6 11 12 14	2 3 8 9				
4. Patient's inappropriate behaviour is responded to in a therapeutic manner							
5. Appropriate action is taken in response to anticipated or manifest patient anxiety or distress							
6. Patient receives explanation and verbal reassurance when needed		14 7					
7. Patient receives attention from nurse with neither becoming involved in a nontherapeutic way		1 7 6 11 12 14	2 3 8 9				
8. Patient is given consideration as a member of a family and society							
9. Patient receives attention for his spiritual needs							
10. The rejecting or demanding patient continues to receive acceptance							
11. Patient receives care that communicates worth and dignity of man		1 6 7 11 14	2 3 8 9				
12. The healthy aspects of the patient's personality are utilized		1 7 14 11	3 9				
13. An atmosphere of trust, acceptance, and respect is created rather than power, prestige and authority		1 6 7 12 14	2 3 8 9				
14. Appropriate topics for conversation are chosen	7	14 8	9				
15. The unconscious or nonoriented patient is cared for with the same respectful manner as the conscious patient	3	37	25			-	233 / 65
15 - 148 + 75	Best Care	Between	Average Care	Between	Poorest Care	-	3.66

APPENDIX D: Data Processing

D. 1 Raw Data

Details from the Recording Sheets and the Rating Sheets

Table 2 (b)

Observer	Vc	O		O		O		O		O		O	
S/s I	hrm	Rmins	Rr	Rmins	Rr	Rmins	Rr	Rmins	Rr	Rmins	Rr	Rmins	Rr
1	2.19	9	11	4.32	11	3.47	13	3.75	13	3.33	13	3.93	10
2	1.0	4	3.5	4.0	4.75	3.0	8	3.0	8	3.0	8	3.0	8
3	1.44	9	3.44	11	4.38	9	5.88	9	3.47	15	2	3.33	3
4					4.0	3	4.0	3	4.6	5	1.0	3	1.0
5	1.0	3	3.33	3	4.0	1	3.0	3	3.0	1	1.0	1	1.5
6	1.0	2	1.33	4	4.0	1	4.0	1	1.0	1	1.0	1	1.0
7	1.0	3	1.44	5	3.4	5	3.6	1	1.0	1	1.0	1	1.0
8	1.0	2	1.0	4	4.32	9	4.67	7	1.0	1	1.44	9	2.6
9									1.0	1			
10			5.0	2							3.0	4	
11	8.12	2	4.0	3	3.42	7	3.76	4	4.42	7	3.47	6	3.33
12	1.0	1			4.0	4			4.3	5	1.0	1	1.0
13	2.85	5	2.64	7	3.13	6	2.32	4	3.23	6	3.33	6	3.45
14	1.44	7	4.0	4									
15													
16	4.0	1											
17													
18													
19													
20													
21													
22													
23													

Table 2 (a) FAN SPECTS (dB)

Observer	Vc	O		O		O		O		O		O	
S/s I	hrm	Rmins	Rr	Rmins	Rr	Rmins	Rr	Rmins	Rr	Rmins	Rr	Rmins	Rr
1	2.19	9	11	4.32	11	3.47	13	3.75	13	3.33	13	3.93	10
2	1.0	4	3.5	4.0	4.75	3.0	8	3.0	8	3.0	8	3.0	8
3	1.44	9	3.44	11	4.38	9	5.88	9	3.47	15	2	3.33	3
4					4.0	3	4.0	3	4.6	5	1.0	3	1.0
5	1.0	3	3.33	3	4.0	1	3.0	3	3.0	1	1.0	1	1.5
6	1.0	2	1.33	4	4.0	1	4.0	1	1.0	1	1.0	1	1.0
7	1.0	3	1.44	5	3.4	5	3.6	1	1.0	1	1.44	9	2.6
8	1.0	2	1.0	4	4.32	9	4.67	7	1.0	1	1.44	9	2.6
9									1.0	1			
10			5.0	2							3.0	4	
11	8.12	2	4.0	3	3.42	7	3.76	4	4.42	7	3.47	6	3.33
12	1.0	1			4.0	4			4.3	5	1.0	1	1.0
13	2.85	5	2.64	7	3.13	6	2.32	4	3.23	6	3.33	6	3.45
14	1.44	7	4.0	4									
15													
16	4.0	1											
17													
18													
19													
20													
21													
22													
23													

FIGS 3(a) RSW SERIES (cont.)

3(a)

		MI (cont)								MII →																	
		24 J24 3/12		25 J25 3/12		26 J26 3/12		27 C5 3/12		28 C5 3/12		29 C6 3/12		30 C6 3/12		31 C7 3/12		32 C7 3/12		33 C8 3/12		34 C8 3/12		35 M3 4/12		36 M4 4/12	
	OBSERVER	O		RH		O		O		RH		O		RH		O		LB		O		LB		O		LR		O	
C/S I	Impt	Rating	H°	Rating	H°	Rating	H°	Rating	H°	Rating	H°	Rating	H°	Rating	H°	Rating	H°	Rating	H°	Rating	H°	Rating	H°	Rating	H°	Rating	H°	Rating	H°
	1	3·67	3	3·0	9	3·0	10	3·54	11	3·19	16	3·25	4	3·0	6	3·4	4	3·67	3	3·0	3	1·5	8	3·4	10	3·7	10	3·94	9
	2	4·0	1	1·6	5	3·0	4	3·0	1	3·12	9			2·5	8	2·0	1	3·0	8			1·67	3	3·35	3	3·94	11	4·5	2
	3	3·33	2	3·4	5	3·83	8	3·7	10	3·5	19	3·75	4	3·5	6	3·4	6	3·0	4	3·0	3	3·0	3	3·94	4	3·64	15	3·9	10
	4															3·0	1												
	5			3·83	3	3·0	2	3·5	4	3·25	14																		
	6	1·0	3	3·83	3	3·6	5	3·5	4	3·0	2	4·0	2	3·67	3							1·0	1			3·5	14	3·0	1
	7	4·0	1	4·0	1	3·33	6	3·5	6	3·0	1	4·0	1	3·0	1							1·0	2	3·4	5	3·7	10	3·5	8
	8																			3·0	3			3·0	4	3·0	14	3·5	10
	9																	1·5	2	3·0	1	3·0	1					4·0	1
	10																												
	11			3·33	4	3·0	2	4·0	1	3·0	1	4·0	1			2·67	3												
	12																	3·0	4					4·0	3	3·0	8	3·37	5
	13			4·0	1	3·0	3	3·0	1			4·0	1			3·0	1	3·0	1	3·0	2	3·0	1	4·0	1			3·67	3
	14			1·5	2	4·0	1	3·0	1	4·0	1													3·6	5	3·5	5	3·37	9
	15											4·0	1									3·0	1	4·0	2	3·6	5	3·0	3
S/S II	16							3·0	2	4·0	1	3·0	1									1·5	3			3·75	4		
	17																												
	18																												
	19																												
	20																												
	21																												
	22																									3·0	1		
	23																									3·0	1		
S/S III	24	3·0	1	4·0	2	3·67	3	3·0	1															3·33	3	3·5	9	4·0	1
	25	3·0	1					4·0	1	3·0	3					3·0	1	1·0	1					4·0	2	3·33	3	3·0	2
	26	1·5	2			3·0	4	4·0	1	3·0	4	3·0	1			1·0	1			3·0	1	1·0	1	3·57	7	3·85	6	3·86	7
	27	3·0	1			3·5	6	3·0	4	3·0	2			4·0	1									3·67	6	3·0	3	4·0	2
	28			3·5	3			3·5	3	4·0	1							2·0	1			1·0	1						
	29																			3·0	1			3·85	4			3·5	4
	30	3·0	3	3·5	3	3·0	2	3·0	1	4·0	2	3·0	1	3·0	2	3·0	1	3·5	2	1·0	1			3·0	1	3·0	8	4·0	1
	31					3·0	4	3·5	2	3·5	4	3·0	1			3·0	2							3·67	3	3·67	3	3·5	2
	32	3·0	1			3·0	1																	5·0	1				
	33			3·0	1	3·0	1	4·0	1																				
	34							4·0	1	3·5	4			3·0	1									4·0	1			4·0	1
	35							4·0	1			3·0	1											3·0	1	1·0	1		
	36																												

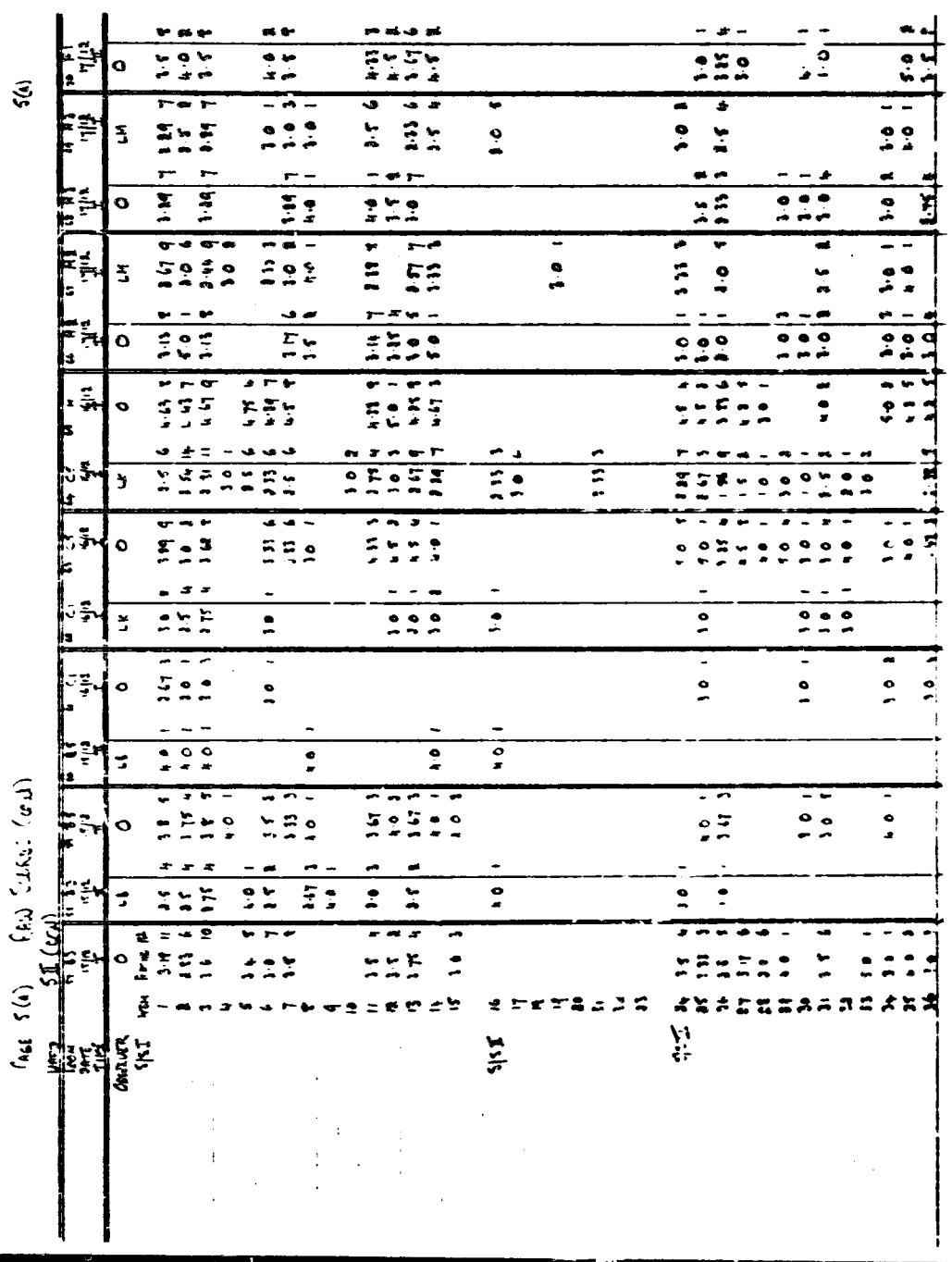
Page 3(b)

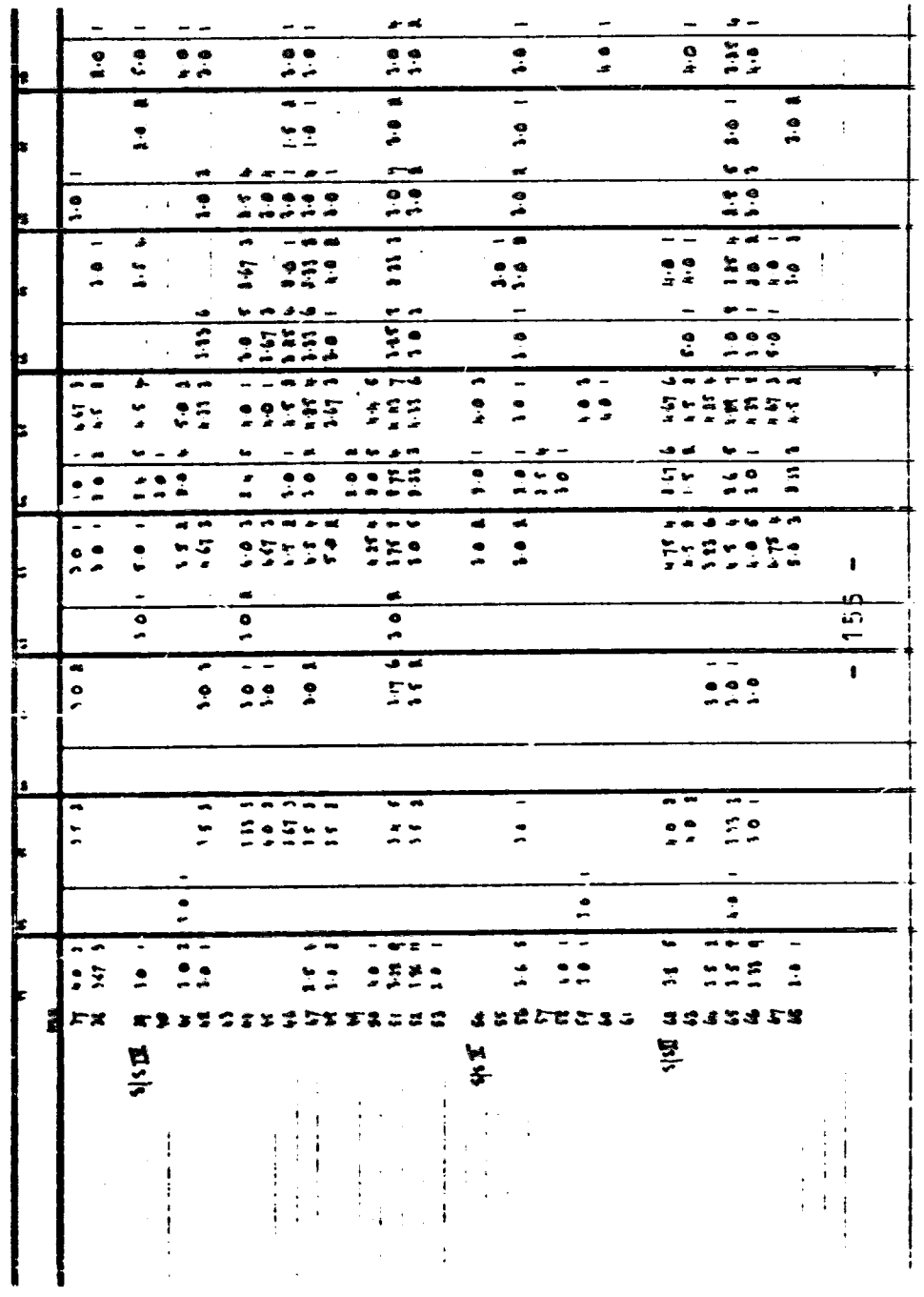
3(b)

		37	1·67	3	1·5	2			3·0	1					3·0	1												
		38	1·0	1									3·0	1			3·0	1							1·0	3		
		39					1·0	1	3·0	1			3·0	1													3·0	1		
S/S II		40																												
		41	3·0	1	1·5	2	1·0	1	4·0	2	3·0	1			3·0	1	4·0	1	3·0	1					3·67	3	3·3	5	4·0	1
		42	3·0	1			3·0	2	3·0	1									3·0	1					3·0	1	3·0	3		
		43																							3·1	5	3·0	1	3·75	4
		44					3·0	3																						
		45					3·0	2											3·0	4					4·0	1	3·0	8	3·4	6
		46	3·0	3			3·0	4	3·0	1									3·0	3					4·0	1			1·67	3
		47	3·0	2			3·0	4	3·0	1									3·0	2					3·33	3	3·0	1	3·5	4
		48					3·0	1											3·33	6					3·97	4	3·0	8	3·5	4
		49																							4·0	1			3·0	2
		50																												
		51	3·0	2	3·0	2	3·85	9	3·0	1			3·0	2			3·0	1									3·78	4	4·0	1
		52	3·0	1			3·0	5	3·33	1			3·0	2			3·0	1			3·0	5			3·62	9	3·67	7	3·89	7
		53							3·38	5	4·0	2									3·0	2			3·33	4	1·0	1	3·33	4
		54																											1·0	1
S/S I		55	4·0	1	3·0	1	5·0	1	4·0	1			4·0	1											5·0	1	3·0	3	5·0	1
		56																												
		57					3·0	8	3·0	3			3·0	2			3·0	1							3·6	5			4·0	3
		58																									3·0	1		
		59	4·0	1			3·5	8																						
		60																												
		61	4·0	2									4·0	1	3·0	1									4·0	1				
		62																							4·0	1				
S/S II		63	5·0	1	3·0	1	4·0	4	3·0	1	3·0	2			3·0	1					3·0	1			5·0	3	3·29	7	5·0	1
		64					5·0	1							3·5	8							1·0	1	4·0	1	3·17	6	3·5	2
		65	5·0	1			3·67	3	3·0	1	3·0	2			3·0	1					3·0	1			4·33	3			4·0	1
		66	3·67	6	4·0	1	3·5	4	3·25	4	3·0	1	3·0	2	3·0	1	3·0	4	3·5	2	3·5	2	1·0	1	4·0	1	3·75	4	3·86	7
		67	3·67	1	2·0	2	3·5	6	3·0	5	3·0	2			3·0	1			2·5	2					4·18	2	3·75	4	3·43	7
		68	3·0	2			4·0	8											3·0	1					4·83	6			3·14	7
		69	3·33	3	3·0	1	3·67	3																	5·0	1				
		70																									3·0	3		

USED ROOM DATE TIME		M II (CONT.)												S II									
OBSERVER		O		CB	O	O	LH	O	O	VR	O	VR	O	VR	O			VR					
S/S I																							
	1	3 77	4	1 33	6 3 6 5	3 33	6 8 57 7	3 93	6 3 0 5	3 67	6 3 0 4	3 0	4 4 0 4	1 93	12 3 67 3	4 0	2						
	2	4 0	1	1 0	6 3 67 3		3 67 4			2 0	3	1 5	2 3 67 3	1 5	14			4 0	2				
	3	3 0	4	1 5	6 3 6 5	3 83	6 3 37 5	3 67	4 3 0 5	3 67	6 3 0 4	3 5	2 3 77 4	1 93	13 3 0 4	4 0	2						
	4						3 67 3						3 0 1										
	5			1 25	4		3 0 2						3 0 1			4 0	1						
	6	1 33	3	1 0	3 3 67 3	3 0	3 33 3	4 67	3	1 68	3	1 0	2 3 5 2	1 5	2								
	7	4 0	1	1 0	2 3 5 4	3 0	2 3 5 4	3 33	3 3 0 2	3 0	5	1 5	4 3 67 3	1 64	11 3 0 3								
	8			1 0	3							3 0	1		3 0 1	4 0	1						
	9											1 0	3										
	10						3 6 5																
	11	3 0	2	1 5	6 3 67 5	2 0	2 4 6	3 77	4	3 67	6	3 25	4 3 5 2	1 4	10	4 0	2						
	12			1 0	1		2 0 3	4 0	2	1 0	1	1 0	1										
	13	2 0	2	1 77	6 3 33 5	3 0	1 3 5 2	4 33	3	2 6	5	3 75	4 3 0 1	3 2	10	4 0	2						
	14	1 0	1	1 0	6 4 5 2	3 0	1 3 5 4			1 0	2	3 25	4 4 0 1	1 93	13	1 0	2						
	15							4 2	5														
S/S I	16			1 0	5		3 4 5			1 0	2	3 0	2		1 0	10 3 5 3		4 0	1				
	17																						
	18											1 0	1										
	19						3 0 1											4 0	2				
	20						1 0 2								3 0 1	4 0	1						
	21			1 0	1		3 0 1																
	22						3 33 3																
S/S II	24	4 0	1	1 5	2		3 25 4	5 0	2 3 0 1														
	25	4 0	1	1 33	3 3 0 1		3 0 1				3 0 1		3 0 1		3 0 1								
	26	2 0	1	1 0	6 3 33 3	3 33	3 - 0 4	1 0	2	1 0	4	3 0	2 4 0 2	1 63	14 3 0 1	1 0	2						
	27	3 0	1	1 0	4 3 0 2	3 0	2 3 5 2	4 0	4														
	28																						
	29			1 0	1 3 0 1		3 0 1		1 0 1	2 0	1												
	30	1 0	2	1 0	2 3 0 1	3 0	1 1 5 2	4 5	2 3 0 1	3 0	1 3 0 1				3 0 1	3 0	1						
	31			1 0	2		3 0 1		3 0 2	3 0	1			1 0	1 3 0 1	3 0	1						
	32																						
	33																						
	34			1 4	5				3 0 1	1 0	1 3 67 3	3 0	1 3 0 1	1 0	1 3 0 2								
	35			1 5	4 1 0 1	4 0	1 1 0 1																
	36			1 5	5			5 0	1	3 0	1	3 0	1 3 0 2			4 0	1						

	37		3 0 2		3 0 1		3 5 4						3 0 1		3 0 1								
	38		3 67 3		3 0 1		1 0 1	3 0 2	1 0 1		1 0 1												
S/S II	39	3 0 1	1 67 3	3 0 1	3 0 2	5 0 2	1 41 3		1 5 2							3 0 1							
	40																						
	41	3 0 1	2 0 2	1 5 2	3 0 2	1 0 5	1 0 1																
	42		1 0 1	4 0 1	2 3 0 1								3 0 1		3 0 1								
	43		1 47 3		3 0 1					1 0 1		1 0 1											
	44		1 0 2		2 0 1	2 0 5	3 0 1		3 0 1				3 0 1		3 0 1								
	45				3 0 1		3 0 2				1 0 1												
	46				3 0 1	2 0 3	3 0 2						3 0 2										
	47		2 0 2	3 0 2		2 0 2		5 0 2	3 0 1				3 0 1		3 0 1								
	48		1 0 1			5 0 1	3 0 1								3 0 1								
	49		2 0 2			3 0 1	3 5 3	5 0 2															
	50		2 0 1	3 0 1		3 0 1	4 0 4	3 33 5	1 8 1	1 0 1		3 25 3	3 5 5										
	51	1 0 2	1 2 2	1 0 2		3 77 4	3 5 5	4 2 5	1 8 1	1 0 2		1 0 1	3 11 4										
	52																						
S/S I	54						1 0 1	5 0 1															
	55																						
	56	3 0 1			3 5 2	1 0 4	3 0 2	3 4 5	1 0 1		3 0 1		3 0 1	4 0 1									
	57		2 67 3							1 0 1													
	58						1 0 1	5 0 1															
	59						1 0 1	5 0 1															
	60		3 0 1	1 0 1		2 0 1	1 0 1	5 0 1															
	61		3 0 2	2 0 1		5 0 1	1 0 1	5 0 1															
S/S II	62		1 0 1				4 0 4	4 5 2															
	63		1 0 3				3 0 1	5 0 2		1 0 1													
	64		1 0 1				3 0 1	5 0 1															
	65	3 0 1	1 41 7	3 5 2		4 0 1	3 67 3	3 5 6	3 0 2		3 0 1				3 14 7								
	66	3 0 1		3 0 1		3 5 2		3 67 3	3 0 1		3 67 3		3 13 4										
	67		1 2 5				2 0 1					3 0 1											
	68		1 5 4				3 5 4	5 0 2		3 75 4													





Page 6(a) RAW SCORES (cont.)

| | | |

WARD SIII (cont) → MIII →

| | | |

USED MTII (cont)

| | | |

D. 2 Activity Record (Specimen)

RATER: B Jackson DATE: 30/12/81 TIME: 8°° - 10°° WARD: D5

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
I	444 444	333 33	333 33			444 443	555 444 444	443 333 333	333 333 3		444 44	444 4		444 444 444					
II																			
III	333 3	333 3	333 3	33		433	555 5	433 33	333 3	33		3	3	443					
IV	333 33	333 33	333 33	33	33	43	555	444 444 4	444 444 4			3	333 333	444					
V					3	3	3												
VI	3	3	3	3	3	433	544 33	332	333	3				44					
Totals	54/16	45/15	45/15	15/5	12/4	53/15	90/22	81/24	72/22	9/3	90/5	22/6	21/7	67/17					
Mean	3.38	3	3	3	3	3.53	4.09	3.38	3.27	3	4	3.67	3	3.94			!		

INTERACTION

	STAFF	RATING
1	SIN II ①	3.83 ✓
2	SIN II ②	3
3	Sister	3
4	SIN II ③	3
5	Doctor	3
6	Sister	3.53 ✓
7	Doctor	4.09 ✓
8	SIN II	3.38 ✓
9	SIN II	3.27 ✓
10	WM	3
11	Sr Yc	4 ✓
12	Sister	3.67 ✓
13	Jeffcoate	3
14	Sister	3.94 ✓
15		

RANK ORDER

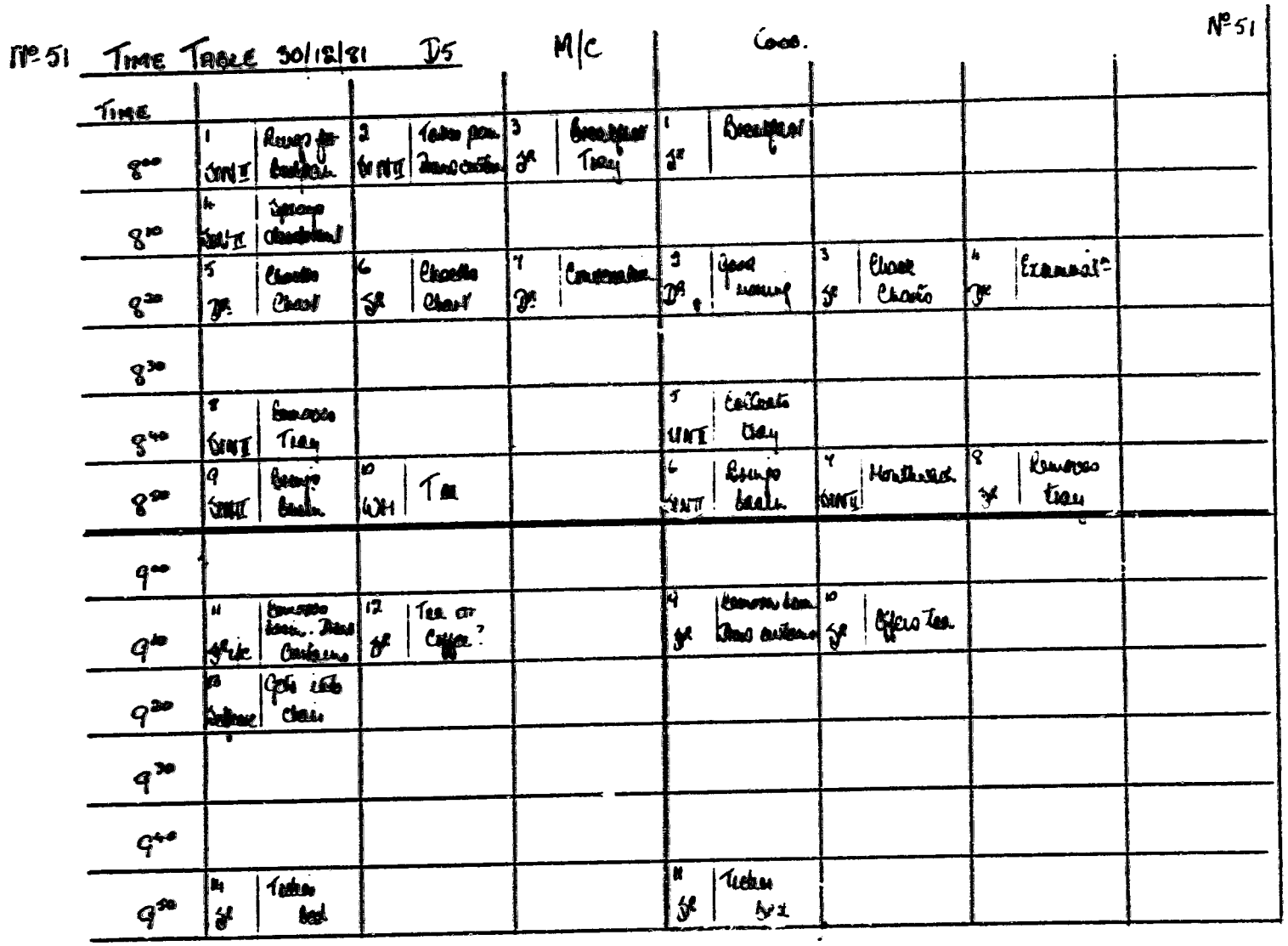
STAFF	RATING
1. Doctor	4.09
2. Sr Yc	4
3. Sister	3.94
4. SIN II ①	3.83
5 Sister	3.67
6. Sister	3.53
7. SIN II	3.38
8. SIN II	3.27
9. SIN II ④	3
Sister	3
SIN II ②	3
Doctor	3
WM	3
Jeffcoate	3

MIII 51

CHEST PAIN ANTERO-LATERAL INFARCT

MC

D. 3 Timetable (Specimen)



Nº 51 TIME TABLE 30/12/81 D5 M/C Coco. Nº 51

TIME												
8⁰⁰	1 SIN II	Rings for Bedpan	2 SIN II	Takes pan Dans cuisine	3 Sr	Breakfast Tray	1 Sr	Breakfast				
8¹⁰	4 SIN II	Sprays Chambrant										
8²⁰	5 Dr	Chartes Chart	6 Sr	Chartes Chart	7 Dr	Conversation	2 Dr	Good morning	3 Sr	Chart Charts	4 Dr	Examinat^n
8³⁰												
8⁴⁰	8 SIN II	Removes Tray					5 SIN II	Collects tray				
8⁵⁰	9 SIN II	Brings basin	10 WH	Tea			6 SIN II	Brings basin	7 SIN II	Mouthwash	8 Sr	Removes tray
9⁰⁰												
9¹⁰	11 Sr etc	Removes basin. Dans Cuisine	12 Sr	Tea or Coffee?			9 Sr	Removes basin Dans cuisine	10 Sr	Offers Tea		
9²⁰	13 Sr	Gets into chair										
9³⁰												
9⁴⁰												
9⁵⁰	14 Sr	Takes bed					11 Sr	Takes bed				

D. 3 Timetable (Specimen)

D. 4 Score Sheet (Specimen) Page 1

RATER _____ DATE 30/12/81 TIME 8h00 - 10h00 WARD D5

I	6	4	3	2	1		
1	5 1	20 5	12 4			37 10	37
2		12 3	3 1			15 4	376
3	5 1	20 5	12 4			37 10	37
4							
5							
6		8 2	3 1			11 3	367
7		24 6	12 4			36 10	36
8							
9							
10							
11		20 5	12 4			32 9	356
12		16 4	6 2			22 6	367
13		20 5	12 4			32 9	356
14	5 1	8 2	3 1			16 4	4
15							
	366					938 65	

II	6	4	3	2	1
16					
17					
18					
19					
20					
21					
22					
23					

SCORE SHEET (a)

III	6	4	3	2	1		
24			3 1			3 1	3
25			12 4			12 4	3
26	5 1	12 3	12 4			29 8	363
27	5 1					5 1	5
28							
29			24 8			24 8	3
30			3 1			3 1	3
31			12 4			12 4	3
32							
33							
34			9 1			3 1	3
35							
36		4 1	24 8			28 8	311
37							
38							
	322					119/37	

SCORE SHEET (cont) 30/12/81 D5

IV	6	4	3	2	1		
39							
40							
41	5 / 1		6 / 2	2 / 1		13 / 4	3.25
42		12 / 3	15 / 5			27 / 8	3.38
43							
44		9 / 2	9 / 3			17 / 5	3.4
45		8 / 2	3 / 1			11 / 3	3.67
46		8 / 2	12 / 4			20 / 6	3.33
47		8 / 2	12 / 4			20 / 6	3.33
48		8 / 2				8 / 2	4
49							
50							
51		12 / 3	24 / 8			36 / 11	3.27
52	5 / 1	8 / 2	3 / 1			16 / 4	4
53							
		3.43				168 / 49	

V	6	4	3	2	1		
54							
55							
56			9 / 3			9 / 3	3
57							
58							
59							
60							
61							
	30					9 / 3	

VI	6	4	3	2	1		
62		4 / 1	3 / 1	2 / 1		9 / 3	3
63		4 / 1				4 / 1	4
64			3 / 1			3 / 1	3
65		4 / 1	30 / 10			34 / 11	3.09
66	5 / 1	8 / 2	3 / 1			16 / 4	4
67							
68			6 / 2			6 / 2	3
			3.27			72 / 22	
			3.44			606 / 176	

I = 3.66

II =

III = 3.22

IV = 3.43

V = 3.0

VI = 3.27

TOTAL: 606/176 = 3.44

APPENDIX E: Terms and Abbreviations

N.B.:
(Page numbers refer to Qualpacs manual, Chapter references to this work)

E.1: Definition of Terms Used

Above Average: see Interpretation of Scores
Activities: see Patient Care Activities
Activity Record: Form devised by the candidate to process the ratings in order to derive caregiver scores (Chapter IV, 4.8.2 and Appendix D.2
Adjunct Materials: Models of forms and materials that may be used with the Quality Patient Care Scale (p. 71 and Chapter III, 3.5.9)
Assistant Nurse: Person who is enrolled with the South African Nursing Council and works under the supervision of a registered nurse.
Average Care: see Ratings
" Interpretation of Scores

Below Average: see Interpretation of Scores
Best Care: see Ratings
" Interpretation of Scores
Between: see Ratings

Care: Feeling of concern. An important element of nursing. (Chapter II, 2.4.4 (143))
Care Elements } A primary element in the quality rating of
Care Factor } Qualpacs (Chapter III, 3.5.6)
Care Ratings: see Ratings
see also Level of Care
Nursing Care
Quality Patient Care Scale
Quality of Care
Standard of Care
Medium Care (MC)
Patient Care Activities
Selfcare (SC)
Total Care (TC)
Caregivers: All the persons participating in patient care activities involving the observed patients. There were 20 categories of caregivers, divided into a) Constant caregivers, b) Regular caregivers, c) Occasional caregivers and d) Outsiders who were involved in patient care activities (Chapter VI, 6.4)
Check List: A one-page summary of the Qualpacs items issued to the observers when they carried out the observations (Chapter IV, 4.3 and Appendix B.4)
Clinical Sister: A registered nurse who is employed in the hospital to teach student or pupil nurses in the wards. Six of the observers were clinical sisters. (Chapter V, 5.2)
Components of the Patient Care Activities: There were found to be 987 components in this study, divided into 8 categories (Chapter VI, 6.0 - 6.2)

Co-observer: There were 9 co-observers. They were suitably qualified nurses who were involved in clinical teaching and experienced in assessing the performance of nurses. They carried out 43 of the observations concurrently with the main observer (Chapter IV, 4.2)

Cue Sheet: A list of clues provided in the Qualpacs manual (pages 11 - 30) as concrete examples of interactions/ interventions which illustrate the items (Chapter III, 3.3 and Appendix B.1) Users may add to or modify cues to suit particular situations (page 38)
Modified Cue Sheet: Drawn up by the candidate, with the clues modified for the local situation and "Poorest Care" examples included (Chapter IV, 4.3.1 and Appendix B.3)

Enrolled Nurse: Suitably qualified nurse enrolled with the South African Nursing Council.

Evaluate: To ascertain the worth of, to find a numerical expression for (Chapter I, 1.2.1)

First-level Staff Nurse: The standard of measurement for Qualpacs is the quality of care expected to be provided by a first-level staff nurse (page 44). A first-level staff nurse is defined as a nurse traditionally charged with responsibility for providing care that is safe, adequate, therapeutic and supportive for meeting nursing care needs of patients, and who is prepared for her responsibilities through a nursing education programme that leads to state licensure as a registered nurse. (Page 45 and Chapter III, 3.5.1) In this project a first-level staff nurse is regarded as the equivalent of a registered nurse in South Africa. (Chapter IV, 4.2.3)

Frame of Reference: A model provided in the Qualpacs manual (page 48) to be used as a yardstick to keep the standard of measurement constant (Chapter IV, 4.3.2 and Appendix B.2)

General Hospital: The setting of this research project was a 2 000-bed academic general hospital in an urban area. It provided a full range of medical services. Six adult wards were selected for this study, 3 surgical and 6 medical. (Chapter IV, 4.1)

Handover Report: A nursing report on the patients in the ward given verbally at each change of shifts. In this study the research student attended the 13h00 handover report on Mondays to learn about the patients in the ward (Chapter IV, 4.5).

Hospital: see General Hospital

Initial Observation: see Observations
Instrument: The Quality Patient Care Scale and its adjunct materials as presented in the Quality Patient Care Scale manual (Chapter III)
Interactions/interventions: Described in Qualpacs manual as nurse-patient interactions or a nurse's intervention on behalf of the patient which form the basis of judgement of the quality of care. (Chapter III, 3.5.6) In the research study the interactions/interventions were defined as the patient care activities (PCA's) which were observed to contain the care factor and were rated on the Qualpacs scale. (Chapter IV, 4.9)
Interpretation of Scores: For this project, the candidate devised the following descriptive quality labels for the various levels of scores:

Best Care : More than 4,20
Above Average: 3,41 - 4,20
Average Care: 2,61 - 3,40
Below Average: 1,81 - 2,60
Poorest Care: Less than 1,81
(Chapter VII, 7.3)

Items: There are 68 items in the Quality Patient Care Scale divided into 6 subsections (Qualpacs manual pp. 1 - 7, Chapter III, 3.3 and Appendix A) They are defined as the "68 elements composing nursing care received by the patient" (Qualpacs manual page 36)
Item Ratings: Interactions are rated against the appropriate items on a 5 - point descriptive scale, "Best Care", "Between", "Average Care", "Between" and "Poorest Care" (Qualpacs manual page 48 and Chapter III, 3.5.5)
Item Scores: These are calculated as the average of the ratings in all the cells of the item (page 50 and Chapter VII, 7.2)
The Total Mean Score (Patient Score) and the Single Category Mean Score (Subsection Score) are each derived from the average of the appropriate items (page 50 and Chapter VII, 7.2)
see also Interpretation of Scores

Judge: To form an idea or opinion about; to think or suppose (Definition in Qualpacs manual, page 43)
Judgement: The rater will focus on a single interaction, note the CARE component of the interaction and consider the patient's needs. She will consider the content and tone of the action and make a judgement about the quality of the action (page 46)

Level of Care: The Qualpacs definition (page 74) was modified in this study to:

Total Care (TC): Patient requires total or almost total assistance and support. Maximum dependence upon staff for his care.

Medium Care (MC): Patient requires a moderate amount of care. Is able to help himself to some extent but relies upon staff for assistance and support.

Selfcare (SC): Patient is up and about and looks after his own needs. Requires only supportive, supervisory or teaching assistance.

Materials: see Adjunct Materials
Mean Score: The Qualpacs scores derived by finding the mean of the ratings for each item (page 50)
Measure: see Instrument
" Standard of Measurement
Modified Cue Sheet: see Cue Sheet
Modified Random Selection: The method of selection of Patients for observation recommended in the Qualpacs manual (pages 76 - 79) The random table selection is modified by the fact that 2-3 patients who are near one another may be simultaneously observed, so complete random sampling is uneconomical. (Chapter III, 3.6.2)

Not Applicable (N/A): A column in the Qualpacs rating scale for situations in which actions itemized would not be likely to take place (Qualpacs manual page 40 and Chapter III, 3.5.6.2) These items are not included in the calculation of the scores.
Not Observed (N/O): A column for an interaction which may have taken place but was not observed and therefore could not be rated. If it SHOULD have taken place and did not, then it is rated as "Poorest Care". These N/O items are also not included in the calculation of scores (Qualpacs manual page 41 and Chapter III,3.5.6.2)
Nurse: A person engaged in nursing a patient or patients.
see Assistant Nurse (Nursing Assistant)
Enrolled Nurse
Registered Nurse
Scholar Nurse
Sister
Student Nurse (includes pupil nurses)
Ward Sister (see Sister)
Nurses involved in teaching - see Clinical Sister
" Registered Tutor
Nurses involved in administration - see Zone Matron

Observation Period: }
Observation Session:} A two-hour period of patient observation carried out by the observer or a co-observer. Session I refers to the early (8h00 - 10h00) observation periods and Session II to the later (10h30 - 12h30) periods. (Qualpacs manual page 51 and Chapter IV, 4.4)
Initial Observation: The first observation of a patient selected for the study.
Repeat Observation: An observation repeated on a patient at the same time on the following day. (Chapter IV, 4.2)

Observers: There was one main observer and 9 co-observers (see Co-observers) They observed, recorded and rated their observations of the patient care activities that took place during the two-hour observation periods. They were regarded as competent to judge the quality of the nurse actions by virtue of their training and experience. (Qualpacs page 33 and Chapter V, 5.2)

Patient: A person who has been admitted to the ward as a patient in need of investigation or treatment.
Patient Care Activities: All the activities directed towards the observed patient. (Chapter IV, 5.4 and Chapter VI)
Patient Identity: In this study ward, room and bed number were used to identify the patients under observation, thus preserving their privacy. (Chapter V, 5.1)
Period: see Observation Period
Poorest Care: see Interpretation of Scores
" Ratings

Quality: The nature, character, property or kind or the degree of excellence of something (Chapter I, 1.2) Quality of a single nurse-patient interaction is measured by figuratively holding the observed CARE of the interaction against the CARE of the standard of measurement as she has envisioned it. (Qualpacs manual page 45 and Chapter III, 3.5.6)
Quality Patient Care Scale: An instrument designed to evaluate the quality of nursing care received by patients while the care is in progress. It is also known as Qualpacs, and is the instrument used in this research project (Qualpacs manual page 33 and Chapter III)

Ratings: These are the values ascribed to the interactions/ interventions on the Qualpacs scale. They are rated on a 5-point scale as "Best Care", "Between", "Average Care", "Between" or "Poorest Care". (Qualpacs Manual pages 38 - 48 and Chapter III, 3.5)
Observers should rate observed interactions in terms of the nature and quality of the CARE element in each and its appropriateness to the patient's care needs. (Qualpacs manual page 45 and Chapter III, 3.5)
See also Interpretation of Scores

Rating Sheets: These were sheets drafted by the research student from the Qualpacs manual and used for rating the interactions. (Qualpacs appendix and Chapter IV, 4.3.4 and Appendix B.6)

Recording Sheets: Sheets drafted from the adjunct materials of Qualpacs and used to record the observations. (Qualpacs pages 71 - 82 and Chapter IV, 4.3.3 and Appendix B.5)

Repeat Observations: see Observations

Report: see Handover Report

Registered Nurse: A qualified nurse registered with the South Afr[illegible] Nursing Council.

Registered [illegible] A nurse with a recognized diploma in nursing [illegible]on and registered with the South African Nursing C[illegible]l as a tutor.

Room Accommodation: All the wards in the research setting follow the same design. They contain 4 6-bedded rooms, A, B, C, and D, and 4 double rooms or side wards, E, F, G and H. (Chapter V, 5.1)

Scholar Nurse: Student [illegible]chool, college or university employed to help in the [illegible]tal wards during their vacations.

Scores: see Item Scores

Score Sheets: Used by the research student for this project to list the ratings and calculate the scores. (Chapter IV, 4.8.3 and Appendix D.4)

Single Category Mean Scores: see Item Scores

Sister: A qualified nursing sister registered with the South African Nursing Council. For this project qualified nurses enrolled with the Council were included in this category.
Ward Sister: The qualified registered nursing sister who is in charge of the ward.
See also Nurse.

Standard of Measurement: In Qualpacs this discussed in pages 42 - 48. It includes:

-Measurement: a) a comparison of a single phenomenon with a standard of measurement (Page 43)

Ratings: These are the values ascribed to the interactions/ interventions on the Qualpacs scale. They are rated on a 5-point scale as "Best Care", "Between", "Average Care", "Between" or "Poorest Care". (Qualpacs Manual pages 38 - 48 and Chapter III, 3.5)
Observers should rate observed interactions in terms of the nature and quality of the CARE element in each and its appropriateness to the patient's care needs. (Qualpacs manual page 45 and Chapter III, 3.5)
See also Interpretation of Scores

Rating Sheets: These were sheets drafted by the research student from the Qualpacs manual and used for rating the interactions. (Qualpacs appendix and Chapter IV, 4.3.4 and Appendix B.6)

Recording Sheets: Sheets drafted from the adjunct materials of Qualpacs and used to record the observations. (Qualpacs pages 71 - 82 and Chapter IV, 4.3.3 and Appendix B.5)

Repeat Observations: see Observations

Report: see Handover Report

Registered Nurse: A qualified nurse registered with the South African Nursing Council.

Registered Tutor: A nurse with a recognized diploma in nursing education and registered with the South African Nursing Council as a tutor.

Room Accommodation: All the wards in the research setting follow the same design. They contain 4 6-bedded rooms, A, B, C, and D, and 4 double rooms or side wards, E, F, G and H. (Chapter V, 5.1)

Scholar Nurse: Student in any school, college or university employed to help in the hospital wards during their vacations.

Scores: see Item Scores

Score Sheets: Used by the research student for this project to list the ratings and calculate the scores. (Chapter IV, 4.8.3 and Appendix D.4)

Single Category Mean Scores: see Item Scores

Sister: A qualified nursing sister registered with the South African Nursing Council. For this project qualified nurses enrolled with the Council were included in this category.
Ward Sister: The qualified registered nursing sister who is in charge of the ward.
See also Nurse.

Standard of Measurement: In Qualpacs this discussed in pages 42 - 48. It includes:

-Measurement: a) a comparison of a single phenomenon with a standard of measurement (Page 43)

b) the recorded number or symbol that represents the magnitude of the phenomenon in terms of the magnitude of the standard of measurement (page 43)
-The quality of care a first-level staff nurse is expected to provide (page 44)
-Used to measure the CARE elements in the interactions/ interventions. Focuses on the nature and quality of care and its appropriateness to the patient's care needs (page 45)
-Constant: it must be kept constant and not changed to accommodate expectations (page 46)
-The standard of measurement is used "to measure the CARE elements in a variety of nurse-patient interactions or interventions".
-The primary elements of the rating process are:
(1) the CARE factor of the observed nurse-patient interaction;
(2) the CARE expected of a nurse (any nurse) charged with the responsibilities of first-level staff nursing - adequate, safe, therapeutic and supportive care.

Student Nurse: A nurse who is undergoing training through the hospital. In this study, pupil nurses, scholar nurses and nursing assistants were included in this category.(Chapter VI, 6.4.1)

Subsections: The 6 subdivisions of the Qualpacs items described in the Qualpacs manual page xi and in Chapter III, 3.3 and Appendix A.

Subsection Scores: see Item Scores

Timetables: Data processing forms used to record the times of the patient care activities (Chapter IV, 4.8.1)

Ward Scores: see Item Scores

Ward Sister: see Sister
" Nurse

Zone Matron: Nurse Manager responsible for the administration of a "zone" or block of wards in the hospital.

E.2 : ABBREVIATIONS USED

Bladder WO : Bladder Washout
BNA : Black Nursing Assistant
B/P : Blood Pressure

COOB : Co-observer(s)
Co-ob : Co-observer(s)

DNED : Diploma in Nursing Education (Registered Tutor)
DNEd : Diploma in Nursing Education (Registered Tutor)

ECG : Electrocardiograph
ECG Tech. : Electrocardiograph Technician

Gen 1 : Medical ward MI
Gen 2 : Medical ward MII
Gen 3 : Medical ward MIII

ID : Identity (label of observers or details of patients)
I/O : Intake/Output chart
IV Therapy : Intravenous therapy

MI : Medical ward MI
MII : Medical ward MII
MIII : Medical ward MIII
MC : Medium care
MED/Med : Medical wards
Mon : Monday
Monitor/OBS : Monitoring

N/A : Not Applicable (Qualpacs Rating Scale)
No. : Number
N= : Number
N/O : Not Observed (Qualpacs Rating Scale)

OB/Ob : Observer
OBS/Obs : Observation(s)
Or : Other (sidewards)

Pat : Patient(s)
Pts : Patient(s)
PCA's : Patient Care Activities

R : Repeat observation
Rest and Ex : Rest and exercise
Room Accomm : Room accommodation

SI : Session I - 8h00-10h00
SII : Session II - 10h30-12h30
SI : Surgical ward SI
SII : Surgical ward SII
SIII : Surgical ward SIII

Surg 1 : Surgical ward SI
Surg 2 : Surgical ward SII
Surg 3 : Surgical ward SIII
SURG:Surg : Surgical wards
S+M : Surgical and Medical Wards combined
SC : Selfcare
S/S : Subsection (Qualpacs) I-VI
SSU : Specimen of urine
St N : Student nurse

TC : Total care
Thur : Thursday
TPR : Temperature, pulse and respiration
Tues : Tuesday

Wed : Wednesday

APPENDIX F: Special References

F. 1 Letter from Dr. Wandelt

THE UNIVERSITY OF TEXAS AT AUSTIN
SCHOOL OF NURSING
AUSTIN, TEXAS 78701

Center for Research
1700 Red River
512/471-7311

July 7, 1981

Mrs. G E N Jackson
Box 68451
Bryanston 2021
Republic of South Africa

Dear Mrs. Jackson:

The Quality Patient Care Scale was an evolvement from the Slater Nursing Competencies Rating Scale. I believe that your having a copy of the Slater Scale and reading the discussion of the ratings and the use of the scale in that publication will add to your feeling of confidence in using the Quality Patient Care Scale. Actually, what happened was that we were able to publish the Quality Patient Care Scale first, and had the Slater Scale delayed in order to add a discussion of the process of measurement for evaluation and I believe that that particular discussion would be helpful to you.

As far as offering any hints or suggestions about the use of the Quality Patient Care Scale, I have no additional ones to make outside of these that are published in the book. We did test the scale extensively and it was used over at least a three year period before the final writing of the instructions and so those as published are about the best that we can offer from our experience. There have been occasions when groups have initiated the use of the scale and then had me come in and discuss it with them and they found that very helpful. Of course, that option is not available to you. On the other hand, should you have any specific questions to ask, I would be happy to attempt to answer them.

I do know that a number of persons in various hospital settings have used the Quality Patient Care Scale following only the directions that are available in the scale and have done so with considerable satisfaction and success. One admonition that I might make is believe what the instructions say, that is, particularly in relation to the standard of measurement, and holding that standard of measurement constant. This is a new concept to nurses in measurement and it is rather difficult for some nurses to be convinced that that is the feasible way to go.

I have called the publisher at Appleton-Century-Crofts and asked that they send a complimentary copy of the Slater Scale to you. Mr. Bollenger's secretary assures that he will get a copy out to you air mail today. I hope that this will be helpful to you.

My best wishes in your graduate study.

Sincerely yours,

Mabel A. Wandelt, Ph.D.
Director, Center for Research

MAW:bls

F. 2 Report on the Computer Analysis

STATISTICAL ANALYSIS ON WORK FOR MRS JACKSON

RE: NURSING CARE EVALUATION

Introduction:

The aim of the study was to evaluate how good nursing care was in the hospital and whether there was a difference in care between the surgical and general wards.

Six wards(three surgical, three general) were randomly selected and from each of the wards six or more patients were observed for a two-hour period, either 8-10 or 10-12. Evaluator 1 did all the patients, and most of these patients were also observed by a second evaluator. Some of the patients were also re-evaluated a few days later to see whether the evaluators were repeatable.

Sixty-eight factors which can again be subdivided into 6 groups were noted. On each factor there is a scale from 1 - 5.

Two methods of calculating an average value for a patient were considered.

1) Total score over all visits divided by the number of visits of hospital staff to the patient,(in future referred to as 'Average').

2) An average score was obtained for each factor and then an average over all factors of these averages was calculated as the final value.(In future called 'Avcor').

The reason for this was that a relatively minor factor may have had about six scorings whilst the visit of the doctor only had one scoring.

In calculating averages according to: (1) the doctor's visit will have 1/6th the weight of the other factor. According to Method 2, they will at least have equal weights.

Lastly, several of the factors were separated out as very important re the well-being of the patient. The average of these factors was calculated according to Method 1 only and given in the tables as important variables.

Statistical Analyses Done:

1) Repeatability study:

To determine whether evaluator one could repeat her evaluation of a patient. This was done on 11 of the patients.

For these 11 patients the average scores obtained according to procedures 1 and 2, were calculated for repeat one and two of each

2/patient....

patient. A paired t-test was then applied to the first and second repeats of each person for all of the different variables. The results are summarised in Table 1.

Except for Group VI(Corr), we see that the first evaluation on the patients tends to be higher than the second, some of them statistically significant. Especially Average and Avcor.

A second observation from the last two lines of Table 1 is that when Average is compared to Avcor, we see that both, in the first and second observations of the patients, that the Average is statistically significantly higher than Avcor.

This possibly implies that too much weight is given in the calculation of Average to factors which are not really important and where the visits may be more frequent.

Since we observed that in general the first observation was higher than the repeat observation, we also calculated the correlation coefficients between these two for the major variables. The results are summarised in Table 2. In two of the variables there are strong relationships in two further variables(reasonable and in one there was not a strong relationship).

2. <u>Comparing Evaluator One With The Rest Of The Evaluators:</u>

It was decided to compare evaluator one with the rest of the evaluators, separately, in general and surgical wards. There were 22 patients in the general ward and 19 patients in the surgical ward on which the comparisons were based. The results are summarised in Table 3.

From Table 3 it is noted that Evaluator One tends to evaluate the care as being better than do the other evaluators. This tendency is statistically significant re Average, Avcor and Important Variables. It seems as if the same trend is kept in surgical and in general wards, thus when we compare these two in the next section and find a difference, the preference of the evaluator for one of the two types of wards, can be ruled out.

3. <u>Comparing Surgical with General Wards:</u>

For this comparison the six wards were considered as treatments and the patients in the wards, as replicates. Only the values of patients done by evaluator one on her first evaluation of the patients were used in the analysis. A contrast comparing surgical wards with general wards was also calculated and its probability obtained.

3/The....

The results are summarised in Table 4.

Overall, the surgical wards did not differ from general wards in any statistically significant way.

For some of the variables, especially the more important ones, namely Average, Avcor and Important Variables, it was found that there was a significant difference between wards. Comparing individual wards with one another, using a much lower test level (0,005) since so many comparisons are made, it was found that General Ward 3, in three cases, was statistically significantly higher than Surgical Ward 3 and General Ward 2.

The comparison between surgical and general wards made here was repeated by considering a ward as an observation. Thus we had 3 observations for surgical and three for general wards. An ordinary t-test was applied but in none of the variables did we find a significant difference between types of wards.

Remark:
It was assumed that the order in which the wards were selected was random i.e. not all the surgical wards completed before general wards were handled.

Conclusions:

1. It does not seem as if the observations on a patient are very repeatable. The tendency seems to be to evaluate the patient more strictly the second time.
2. Evaluator One seemed to be less strict in her evaluation of care received by patients than other evaluators. However, this tendency was the same in general and surgical wards therefore no obvious bias between types of wards was detected in her evaluation.
3. When comparing surgical with general wards, no significant statistical differences seem to be present in the quality of patient care.
4. There are however differences in the wards themselves with, in most cases, General Ward 3 being better than General Ward 2 and Surgical Ward 3.
5. In calculating the mean score of the patients by means of the two methods described in the introduction, significant statistical differences were observed. The corrected procedure tended to have lower averages than the other method of calculation.

DR S.G. RETHMACH
Institute for Biostatistics of the South African Medical Research Council.
23/3/1982

BIBLIOGRAPHY

BOOKS

Abdellah, F.G. and Levine, E. Better Patient Care Through Nursing Research. 2nd edition. U.S.A.: Macmillan Publishing Co., Inc., 1979.

Allan, J.C. Learning About Statistics. Johannesburg: Macmillan South Africa, 1982.

Altschul, Annie. Patient-Nurse Interaction. A Study of Interaction Patterns in Acute Psychiatric Wards. Edinburgh: Churchill Livingstone, 1972.

Brill, E.L. and Kilts, D.F. Foundations for Nursing. New York: Appleton-Century-Crofts, 1980.

Brink, Pamela and Wood, Marilyn. Basic Steps in Planning Nursing Research: from Question to Proposal. California: Duxbury Press, 1978.

Brownlee, E.B.I. The Sisters-in-Charge of Hospital Wards - An Appraisal. Pretoria: University of South Africa, 1983.

Chaska, Norma L. The Nursing Profession: Views Through the Mist. McGraw -Hill Book Company. U.S.A.: 1978.

Chaska, Norma. The Nursing Profession: A Time To Speak. New York: McGraw-Hill Book Company, 1983.

Cormack, Desmond. Psychiatric Nursing Described. Edinburgh: Churchill Livingstone, 1983.

Douglass, L.M. The Effective Nurse. Saint Louis: C.V. Mosby Company, 1984.

Downie, N.M. and Heath, R.W. Basic Statistical Methods. 4th edition. New York: Harper & Row, 1974.

Fowler, H.W. and Fowler, F.G. The Concise Oxford Dictionary. 6th edition. Oxford: Oxford University Press, 1980.

Froebe, Doris and Bain, R. Joyce. Quality Assurance Programs and Controls in Nursing. Saint Louis, U.S.A.: The C.V. Mosby Company, 1976.

Henderson, V. and Nite, Gladys. Principles and Practice of Nursing. 6th edition. New York: Macmillan Publishing Company., Inc., 1978.

Kerlinger, F.N. Foundations of Behavioural Research. 2nd edition. New York: Holt, Rinehart & Winston.

Kron, Thora. The Management of Patient Care. Putting Leadership Skills to Work. 4th edition. Philadelphia: W.B. Saunders Company, 1976.

Langley, Russel. Practical Statistics. Simply Explained. 2nd edition. London: Pan Books, 1979.

Laszlo, Ervin. Introduction to Systems Philosophy. Toward a New Paradigm of Contemporary Thought.New York: Harper & Row, 1972.

Little, W., Fowler, H.W., Coulson, J. The Shorter Oxford English Dictionary. 3rd edition. Oxford: Oxford University Press, 1977.

Macdonald, A.M. Chambers Twentieth Century Dictionary. Edinburgh: W & R. Chambers Ltd., 1981.

Mager, Robert and Pipe, Peter. Analyzing Performance Problems or 'You Really Oughta Wanna.' California: Fearon Publishers, Inc.,(No date)

Mellish, J.M. Ethos of Nursing. A South African Perspective. South Africa: Butterworth & Co., 1978.

Mellish, J.M. Unit Teaching and Administration for Nurses. South Africa: Butterworth & Co., 1980.

Miles, I.M. Scientific Education for Scientific Nursing. Criterion-referenced Charts. South Africa: Juta & Co. Ltd., 1984.

Miles, I.M. Scientific Education for Scientific Nursing.Nursing Process. South Africa: Juta & Co. Ltd., 1984.

Moser, C.A. and Kalton, G. Survey Methods in Social Investigation. 2nd edition. London: Heinemann Educational Books, Ltd. 1977.

Newman, M.A. The Continuing Revolution: A History of Nursing Science. In The Nursing Profession: A Time to Speak. Edited by Chaska, N.L. U.S.A.: McGraw-Hill, Inc , 1983.

Orem, Dorothea. Nursing: Concepts of Practice. 2nd edition. U.S.A.: McGraw -Hill, Inc., 1980.

Paetznick, Marguerite. A Guide for Staffing a Hospital Nursing Service. Geneva: World Health Organization, 1966.

Phaneuf, Maria. The Nursing Audit. Self-regulation in Nursing Practice. 2nd edition. New York: Appleton-Century-Crofts, 1976.

Pugh, D.S., Hickson, D.J., Hinings, C.R. Writers on Organizations. 2nd edition. England: Penguin Books, 1971.

Putt, Arlene. General Systems Theory Applied to Nursing. Boston: Little, Brown and Company, 1978.

Revans, R.W. Action Learning in Hospitals. Diagnosis and Therapy. Berkshire, England: McGraw-Hill, 1976.

Riehl, J.P. and Roy, Callista. Conceptual Models for Nursing Practice. 2nd edition. New York: Appleton-Century-Crofts, 1980.

Roper, N. et al. Using a Model for Nursing. Edinburgh: Churchill-Livingstone, 1983.

Rowland, H.S. and Rowland, B.L. Nursing Administration Handbook. U.S.A.: Aspen Systems Corporation, 1980.

Runyon, R.P. and Haber, A. Fundamentals of Behavioural Statistics. 4th edition. U.S.A.: Addison-Wesley Publishing Company,Inc., 1980.

Schreiber, Lorna and Vlok, Marie. Manual of Advanced Nursing. 3rd edition. South Africa: Juta & Company Ltd., 1979.

Searle, C. and Pera, S.A. Nursing Administration III (Guide 3). South Africa: University of South Africa, 1980.

Stone, S., Firisch, S.C., Jordan, S.B., Berger, M.S. and Elhart, D. 3rd edition. Management for Nurses: A Multidisciplinary Approach. C.V.Mosby, 1984.

Treece, Eleanor and Treece, James(Jnr.) Elements of Research in Nursing. Saint Louis, U.S.A.: The C.V. Mosby Company, 1973.

Veninga, Robert. The Human Side of Health Administration. A Guide for Hospital, Nursing and Public Health Administrators. New Jersey: Prentice-Hall, Inc., 1982.

Von Bertalanffy, Ludwig. General System Theory. England: Penguin Books, 1968.

Wandelt, Mabel and Ager, Joel. Quality Patient Care Sclae. New York: Appleton-Century-Crofts, 1975.

Wolff, L.V., Weitzel, M.H., Fuerst, E.V. Fundamentals of Nursing. 6th editon. U.S.A.: J.B. Lippincott Company, 1979.

PERIODICALS AND OTHER PUBLICATIONS

Adams,R. and Duchene,P. Computerization of Patient Activity and Nursing Care Planning. Journal of Nursing Administration. April 1985, Vol.15, No.4, p.11-17.

American Nurses' Association. Guidelines for Review of Nursing Care at the Local Level. Kansas City. American Nurses' Association,1975.

American Nurses' Association. Quality Assurance Workbook. New Jersey: ROCOM Division of Hoffmann-La Roche Inc.,1976.

Bergman,R. Evaluation of Nursing Care - Could it Make a Difference? International Journal of Nursing Studies,1982, Vol.19, No.2, p.54.

Bergmann,R. Present Day Key Roles in Nursing Administration. Curationis,June 1978,Vol.1. No.1., p.48.

Bottorff,J.L. and D'Cruz,J.V. Towards Inclusive Notions of 'Patient' and 'Nurse' Journal of Advanced Nursing, 1984, No.9, p.549-553.

Chenitz,W.C. and Swanson,J.M. : Surfacing Nursing Process: A method of generating theory from practice. Journal of Advanced Nursing. September,_1984. 9. p.205-215.

Eichorn,M.L. and Frevert,E.I. Evaluation of a Primary Nursing System Using the Quality Patient Care Scale. Journal of Nursing Administration,October 1979,p.11-15.

Felton,G. et al. Pathway to Accountability: Implementation of a Quality Assurance Program. Journal of Nursing Administration, January 1976, Vol.6,No.1,p.21.

Felton,G. Increasing the quality of nursing care by introducing the concept of primary nursing: A model concept. Nursing Research. Vol.24,1975.p.27-32.

Fox,R.N. and Ventura,M.R. Internal Psychometric Characteristics of the Quality Patient Care Scale. Nursing Research,March/April 1984,Vol.33,No.2, p.112-117.

Gaumer, G.L. Regulating Health Professionals: A Review of the Empirical Literature. Milbank Memorial Fund Quarterly/Health and Society,1984,_Vol. 62,no.3,p 407.

Grimaldi, P.L. and Micheletti, J.A. PRO Objectives and Quality Criteria. Hospitals. February 1,1985, p.64.

Hegvary,S.T. and Haussmann,R.K.D. Monitoring Nursing Care Quality. in Quality Control and Performance Appraisal, Vol.1,1976. p.35.

Journal of Nursing Administration Editorial Staff. Quality Control and Performance Appraisal. Massachusetts: Contemporary Publishing,Inc.,1976. Vol.1.

Journal of Nursing Administration Editorial Staff. Quality Control and Performance Appraisal. Massachusetts: Contemporary Publishing,Inc.,1976. Vol.2.

Journal of Nursing Administration Editorial Staff. Quality Control and Performance Appraisal. Massachusetts: Contemporary Publishing,Inc.,1977. Vol.3.

Kneedler et al. Association of Operating Room Nurses, Inc., Denver, Colarado, 1974.

Maciovowski,L.F. et al. Quality Assurance: Evaluate Thyself. Journal of Nursing Administration, July 1985, Vol.15. No.7, p.39

Malloy,J.L. Taking Exception to Problem-Oriented Nursing Care. American Journal of Nursing, April 1976. Vol. 76, No. 4 p.582-583.

Management Rounds. Patient Care Services. Hospitals. February 1,1985,p.47-49 and p.64-67.

Mellish, J.M., Evaluating the Quality of Care. South African Nursing Journal, January 1978,p.25.

Mihalski, E.J. The New Era of Utilization and Quality Control: Professional Review Organizations. Bulletin of the New York Academy of Medicine. January-February 1984,Vol.60, No.1,p.50.

Monagle, J.F. Risk Management is linked with Quality of Care. Hospitals. September,1980, Vol.54,no.17,p.57.

Openshaw, S. Literature Review: Measurement of Adequate Care. International Journal of Nursing Studies.1984,Vol.21,no.4,p.295.

Ostrow, P.C. The Historical Precedents for Quality Assurance in Health Care. The American Journal of Occupational Therapy. January 1983, vol.37, No.1, p.24.

Pembrey, S. Nursing Care: Professional Progress. Journal of Advanced Nursing,1984,Vol.9,p.546.

Searle,C.,Pera,S.A. et al. NUA003/3: Nursing Administration III, Study Guide 3. UNISA,1980.p.41.

Searle,C. and Van Huyssteen,M. Workbook: Check the Quality of Care,Series no.3., Pretoria: The South African Nursing Association, 1976.

Van Huyssteen,M.C. Quo Vadis. Curationis,September 1984,p.7.

Van Maanen, H.M.Th. Improvement of Quality of Nursing Care: a Goal to Challenge in the Eighties. Journal of Advanced Nursing,1981,No.6,p.4 & 5.

Ventura,M.R. Correlation Between the Quality Patient Care Scale and Phaneuf Audit. International Journal of Nursing Studies,1980,Vol.17,p.155-162.(p.159)

Ventura,M.R. Correlation Between the Quality Patient Care Scale and Phaneuf Audit. International Journal of Nursing Studies,1980,Vol.17,p.155-162.(p.159)

Ventura,M.R. and Crosby,F. Preparing the Nurse Observer to Use the Quality Patient Care Scale: A Modular Approach. The Journal of Continuing Education in Nursing,1978,Vol.9,no.6,p.38.

Vermaak, M.V. Die Kwaliteit van sekere aspeckte van verpleegsorg vanuit die oogpunt van sekere pasiente in die Blanke algemene verpleegopleidingshospitale in die OranjeVrystaat. Unpublished thesis for M.Soc.Sc.(Verpleegkunde). University of the Orange Free State.

Wainwright,P. and Burnip,S. Qualpacs at Burford. Nursing Times,February 1983,p.36-38.

Wainwright,P. and Burnip,S. Qualpacs-the Second Visit. Nursing Times,August 1983,p.26-27.

Wandelt,M.A. and Phaneuf,M.C. Tools for Evaluation: Three Instruments for Measuring the Qyality of Nursing Care. Hospital Topics,August 1972,p.229.

Weinstein,E.L. Developing a Measure of the Quality of Nursing Care. Journal of Nursing Administration, July/August,1976.

Wiles,A. and Wood,K. More About Qualpacs. Nursing Times,January 1985,p.51-52.

Wilson,H.S. Field Methods: Research in the Natural Setting. The Journal of Nursing Administration, April,1985. Vol.15, No.4. p.5

Woodbury, P.A. Computer Assisted Evaluation of Problem Solving Skills of Primary Health Care Providers. The Journal of Continuing Education in Nursing. 1984, Vol.15,No.5,p.174-177.

World Health Organisation Report. Evaluation of Inpatient Nursing Practice. 1979.

Wright, D. An Introduction to the Evaluation of Nursing Care: a Review of the Literature. Journal of Advanced Nursing, 1984,No.9,p.457-467.

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PUBLISHER:
University of the Witwatersrand, Johannesburg
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