Nurse Awareness and Psychosocial Function in the Aged

Phyllis A. Putnam, RN, PhD
The ability of an ordinary nursing staff to rate aspects of psychosocial function in elderly patients was demonstrated. Effects on patients of this increased attention were not decisive. Differing trends in data for older and for younger patients were apparent. Implications for enrichment of nursing services were identified.

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The study grew out of some observations of the care of the aging in varied kinds of institutional settings. There was an almost universal lack of nursing attention to psychosocial needs that contrasted oddly with the generally present, conscientious attention to physical needs. These observations were found to parallel those of other researchers (Coe, 1967). The present writer found an added element of interest when she noted the general ease with which nursing personnel of all levels could give detailed descriptions of almost every aspect of their patients' patterns of daily life.

Refinement of Focus

An informal statement of the basic question that arose from the observations could be phrased as, "Why is so little done by those who possess so much information?" The preliminary questions that were approached in the present study concerned: (1) the reliability and validity of the psychosocial information that was ordinarily available to nursing personnel and (2) the possible effects that focusing nursing attention upon this available information could have on patient psychosocial function. For purposes of study, psychosocial function was conceived of as the ability to act in areas of life not immediately connected to the biochemical maintenance of biological life. This definition included abilities to interact with other people and to act in the interests of both preservation of self and enjoyment. It seemed possible that answers to the questions posed could furnish the basis for more effective use of personnel in comprehensive care of the elderly.

Underlying Assumptions

The approach to the study was developed from the idea that if nurses are to give the kind of organized attention to psychosocial function that they give to physical function, equally clear points of observation should be marked out. Traditionally, nurses have used specific points of observation in assessing physical care needs. Adequacy of physical function can be grossly assessed by such factors as food intake, waste elimination, skin condition, and mobility. Deficiencies can be easily recognized as indications for care. The concrete nature of the deficiencies as well as of the concrete responses to care furnish highly visible records of progress or deterioration. Less crucial signs of psychosocial need can be regarded as interesting things

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to know about a patient rather than as focal points of attention. This possible lack of need visibility suggested that one of the prerequisites of comprehensive care was the incorporation of psychosocial observations into ordinary nursing service routines.

The present study furnished a preliminary test of the idea that nurses could include psychosocial observations in usual workloads and that this added dimension of attention to patients could, in and of itself, have meaningful results. There seemed to be several avenues of possible association between nurse awareness of function and actual levels of function. Awareness could increase interest, reinforce patient identity, and possibly improve function. Awareness could stimulate personnel to consciously seek informal ways of encouraging higher levels of function or it could stimulate formal planning for improvement.

Plan of Study

Realities of actual nursing practice dictated the form of the design. The survey was planned to allow for the usual variations in a nursing staff that could vary in respect to the specific personnel that were on duty on a particular day and that could additionally vary in terms of the specific individual patients that specific individual nurses cared for. Stabilizing factors were considered to be implicit in the over-all orientation of staff members who were accustomed to replacing each other. The resulting methodology was a plan of study that could be applied to any in-patient care situation where accommodations to a changing patient census and to changing nurse assignments are ordinary facts of life.

The study was carried out in two nursing care units of a home for the aged. The patients were nonacutely ill residents who required some nursing supervision. One of the units was an extended care facility and the other a unit for the care of patients with varying degrees of blindness associated with varying degrees of chronic illness. All but a small minority were ambulatory. The nursing staff consisted of aides, licensed vocational nurses, and supervisory registered nurses. A full-time physician provided medical care. Social, recreational, and physiotherapy services were available for all residents.

Two kinds of data relating to patient psychosocial function were collected from the nursing personnel for a period of 6 consecutive weeks. The charge nurses rated each of their patients for each of the 6 weeks by means of Psychosocial Function Scale. This scale provided for ratings in eight categories: Interaction with Nurses, Interaction with Other Patients, Use of Spare Time, Knowledge of Current Events, Knowledge of Daily Schedule, Expression of Needs, Knowledge of Agency Resources, and Knowledge of Own Resources. Nursing aides completed a check list of spare-time interests (The Patient Interest Survey) for each patient for each of the 6 weeks. The Interest Surveys provided additional space for noting specific examples of the patient's interests, if known, and for commenting on ways of encouraging interests, if known. These two data collections covered all patients who were on the units during the 6-week study. The numbers of patients included ranged from 46 in the first week to 43 in the last, with a median of 45 for the total period. All personnel on daytime duty were asked to contribute data. Although all did not participate in all six data collections, all were aware of the nature of the study and of the kind of nursing observations that were being collected.

A third kind of patient function data was collected by the investigator before and after the 6-week period of staff data. Each patient was asked what he did from the time he awoke in the morning to the time he went to bed at night. These Self-Reports of Activity were recorded by pad and pencil as the patients gave them. They were later categorized and scored as either biological maintenance activities or as psychosocial activities according to a classification guide developed and found reliable in a previous study (Putnam, 1971). A total of 45 pre-study Self-Reports and 43 post-study Self-Reports were collected. A continuing group of 33 patients was included in all data collections from the pre-study Self-Reports through the 6 weeks of staff data and the final post-study Self-Reports.

Additional data consisting of patient ages and weeks of residence on the units were collected from the records. Ages ranged from 73 to 96, with a median of 84. Weeks of unit residence ranged from 1 to 900, with the medians for the weekly samples ranging from 77 to 92 weeks.

Measurement of Outcomes

The data were analyzed by nonparametric procedures. Levels of reliability and validity were determined in the first phase of analysis. Highest reliabilities were found for the six Psychosocial Function Scale samples. Split-half correlations ranged between .84 and .96. The
two Self-Report samples yielded split-half correlations of .82 and .81. The six Interest Survey samples were found to vary most widely. Split-half correlations fluctuated with two above .90, two above .70, one at .67, and the one representing the sixth week sample at .21. Since the Surveys were contributed by nursing aides, the personnel most subject to change of assignment, the fluctuating levels of reliability seemed to be consistent with expected differences in familiarity with specific patients. The Surveys collected few comments on ways known to the aides of encouraging patients to follow through on more spare-time interests. These comments did not increase during the study and were not included in the reliability estimates.

Validity was estimated by correlating the scores of the continuous group of 33 patients. Their pre-study Self-Reports were correlated with their first week Psychosocial Function Scales and their post-study Self-Reports with their sixth week Function Scale ratings. Correlations of .66 and .54, significant beyond the .01 level, were found.

Estimates of concurrence of staff ratings were obtained by correlating the Psychosocial Function ratings and the Interest Survey ratings for the six weekly samples. These correlations ranged from .62, significant beyond .001, for the second week to .44, significant beyond .01, for the sixth week.

Changes in measures of psychosocial function were analyzed by testing the significance of the differences between first and final measures. There were no significant group differences in any of the measures for either the weekly samples or for the continuous group of 33 patients. However, the continuous group did show some interesting individual trends. Analysis of the data with the strongest claims for reliability and validity, the Psychosocial Function Scale ratings, showed that there were slightly more continuous patients who gained than there were patients who lost. When comparisons were made between those older than the median age of 84 and those younger, a pattern of more gain and less loss for the younger group emerged.

Interpretation of Meaning

The initial questions of the possibility of an ordinary nursing staff making regular observations of psychosocial function under ordinary service conditions and within usual work schedules were partially answered. Findings suggested that gross estimations could be made and that nurses with the most consistent patient contacts could make the best estimates. No statistical inferences of the influence of the study on either patients or personnel could be drawn. Some qualitative speculations were possible when data trends were considered in the light of the informal observations that were part of the data collection contacts.

Many of the nurses expressed their concern for the less competent patients. Since both staff and patients knew that severe mental deterioration was cause for transfer out of the Home, uneasy feelings centered around problem patients. The nurses first began to share anecdotes with the researcher and then to spontaneously present their views of specific problems and of aging in general. Common themes of aging as either a second childhood or as a slowly progressive organic disease ran through the comments. Nurses did note that patients seemed to change from day to day, sometimes up and sometimes down. Often these variations were thought to relate to visits from relatives, to a lack of visits, or to physical regression. The staff realized that they were a center of human warmth and that being allowed to sit near the desk or being allowed to listen to staff conversation was a comfort for many patients. The more competent elderly managed their own networks of elderly friends, the less competent clung to the nurses, and the least competent drifted with daily routines of eating and sleeping.

In spite of subjective indications that nursing interest had been focused on patient function by the data collection procedures, there were no significant changes in patient group function. The small number of nursing suggestions for assisting patients in following through their interests showed no increase from beginning of the
study to the end. Small gains in function had been counterbalanced by small losses. From one point of view, the lack of significant change in function could be regarded as minimal gain in that deterioration had not increased. Gerontological literature has suggested that meaningful outcomes of programs for the aged may appear as no significant change (Sherwood, 1969). The age-linked pattern of trend to improvement supported this interpretation for the older patients while suggesting that more positive changes might be expected for the younger.

Indications for Further Work

The study suggested that ordinary nursing personnel are generally reliable and valid sources of continuous assessment of psychosocial function in elderly patients. More effective utilization of personnel in prevention of deterioration and in improvement of function may require: (1) inservice education to counteract belief in the inevitability of senile regression (Verwoerdt, 1969), (2) use of nurse specialists prepared in modern gerontology to guide newer approaches to care (Brown, 1971), and (3) routine use of standardized nursing assessments as visible records of patient trends.

References


Gerontological Society 1975 Meeting
in Louisville

Planning talk and test tubes are mixed by Dr. Calvin Lang and Convention Manager Larry Pearson at the Univ. of Louisville laboratory. Biochemist Dr. Lang heads the group hosting the Gerontological Society's conference in Louisville in 1975. The Galt House will be the convention headquarters. The Executive Director of the Louisville Convention Bureau is Mr. Lewis C. Tingley.