Factors Affecting the Rest of the Hospitalized Cardiac Patient

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FACTORS AFFECTING THE REST OF THE
HOSPITALIZED CARDIAC PATIENT

by

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A Thesis in Partial Fulfillment
of the Requirements for the Degree
Master of Science in the Field of Nursing

August, 1963
I certify that I have read this thesis and that in my opinion it is adequate, in scope and quality, as a thesis for the degree of Master of Science.

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CHAPTER I

INTRODUCTION

I. THE PROBLEM

Need for the Study

Medical literature advocates rest for the initial period of the cardiac patient's recovery. Yet little is mentioned regarding the practical aspect of this treatment, except that a few activities be restricted. There is a repeated plea in current literature for patient-centered care. Relatively few studies have included the patient's opinion regarding himself or his environment in the hospital. However, there is a recognized need to include the patient in more research studies concerned with improving patient care.¹ In recent years there have appeared in popular magazines and medical literature articles written by former patients relating how the hospital world appeared to them while ill. Why not let the cardiac patient help to decide what promotes and prevents this crucial rest?

Statement of the Problem

The problem of this study was to find out what promoted and prevented the rest of the hospitalized cardiac patient as perceived by the patient. The areas under study were (1) physical care, (2) supportive care, (3) environment, and (4) visitors.

The Purpose of the Study

The purpose of this study was to ascertain from the cardiac patient what factors in his care while in the hospital were or were not

¹Patricia Brandt, "The Value of Patient Surveys," The Modern Hospital, 84:76, January, 1955.
conducive to rest. The patient was the source of information because it was believed that an attempt to see things through the patient's window to the world--his viewpoint--was worthwhile. Rest is prescribed by the physician, but the cardiac patient can best describe the details which promote and prevent this therapeutic measure. With a knowledge and an understanding of what promotes maximum rest according to the patient, the nursing care of these patients can be improved regarding this aspect of the therapeutic regime.

Assumptions

In this study it was assumed that:

1. The patient was the best source for identification of factors which promote and prevent the prescribed rest for him.

2. Nursing personnel are often unaware of how they or the hospital environment affect the rest of the cardiac patient.

3. With a broader and deeper perspective of what constitutes rest according to the cardiac patient, nursing personnel can provide more adequately for optimum rest.

II. SCOPE AND LIMITATIONS OF THE STUDY

1. A questionnaire was sent to seventy cardiac patients who were hospitalized in a selected hospital within the nine-month period of July 1962 through March 1963.

2. It was recognized that opinions of patients based on their retrospect view may have distorted recollection of experiences and

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opinions during the time they were hospitalized.

3. The selected hospital was a 200 bed teaching institution associated with a university located in a small community.

III. DEFINITION OF TERMS

**Cardiac Patient:** A cardiac patient was a patient with a diagnosed heart problem whose physical condition made it possible to participate in this study and whose heart problem was not complicated by other conditions.

**Rest:** Rest was here defined as a state defined by the attending physician in which the patient's heart is relieved of many unnecessary burdens. The degree of rest may differ according to the severity of the patient's illness and the doctor's regime for him.

**Nursing Personnel:** This term referred to the personnel who gave nursing care to the patient. This group of personnel included the professional registered nurse, the licensed practical nurse, the nursing student, the nurse aide, and the orderly.
CHAPTER II

REVIEW OF THE LITERATURE

Much has been written in medical literature concerning the rest of the hospitalized cardiac patient. Rest is advocated for many cardiac conditions. Literature was reviewed in the areas of patients' opinions about their hospitalization and pertinent concepts in medical literature regarding cardiac rest.

I. PATIENTS' OPINIONS ABOUT THEIR HOSPITALIZATION

In the literature reviewed no study was found which polled cardiac patients specifically regarding their ability to rest while in the hospital.

Studies have been conducted to ascertain what opinions patients have about their experience in the hospital. One of the most extensive studies executed was that by Abdellah and Levine under the direction of the United States Public Health Service and the American Hospital Association. From the check list used it was found that 9,000 patients in 60 general hospitals reported omissions in their nursing care during hospitalization. The needs most often met were personal hygiene, supportive care, appearance of bed and room, and clean towels. Unfulfilled needs identified from the check list included the following top ten: (1) there was too much noise in the hall; (2) other patients made disturbing noises; (3) the food was cold when served; (4) there was no answer to calls for a nurse for a long time; (6) air in room was poor; (7) nurse was always in a hurry; (8) thermometer was left in too long; (9) IV needle was not checked; and (10) bath, meal, or rest period was
interrupted by treatment. The authors recognized that it should be kept in mind in evaluating the data that respondents might not have expressed their real need in reporting omissions in care, but instead voiced their basic insecurity and apprehension in terms of complaints about familiar things.¹

Leib conducted a study concerned with the opinions patients have about nurses. Patients were asked to list in this study eight things they thought a nurse should do, think, or feel and eight things they thought a nurse should not do, think, or feel. The data were divided into positive and negative responses, under the headings of "The Science of Nursing"—learned technical skills; "The Art of Nursing"—psychological skills and intangible qualities of the nurse bearing upon the emotional comfort and security of the patient; and "Miscellaneous"—all other items. From a word count the indication was that the needs felt by these particular patients were notably more numerous in the "Art of Nursing" category than in the "Science of Nursing" category.²

A single hospital survey in the Middle West by Murphy and Pansky questioned 1,000 patients about their hospitalization from the time of admission until they were discharged. A graded type of check list was used to collect data. Changes were made according to the conclusions of the study and were as follows: (1) visiting hours, (2) cafeteria hours, (3) admitting hours, (4) information for the medical staff and


patients regarding hospital policies, (5) entertainment for the patient, (6) faster billing, (7) name pins worn by personnel, (8) improved instruction and training of nurse's aides, and (9) use of the press to interpret hospital policies and the reasons for them to the public. 3

Other similar studies reviewed that were centered on patient opinions were the Harper Hospital study 4 and studies conducted by Millsaps 5 and Pencak 6. Approximately the same conclusions were drawn as in the studies discussed earlier in this chapter.

Brandt stressed the value of patient surveys. Patients can offer some of the best ideas in devising new ways to do things. What the individual patient says about the hospital service represents his reactions to that experience. These reactions play a significant part in the public relations of the hospital. 7 Abdellah emphasizes the importance of letting the patients tell the hospital and its personnel where they fail. 8


7Patricia Brandt, "The Value of Patient Surveys," The Modern Hospital, 84:76, January, 1955.

8Faye G. Abdellah, "Let the Patients Tell Us Where We Fail," The Modern Hospital, 85:71-74, August, 1955.
In summarizing these studies it seemed evident that patients' opinions are valuable when evaluating the service of a hospital to its patients.

II. CARDIAC REST

Definitions of Rest

Medical literature. Conn and Kissane of Ohio State University stated that rest is a mandatory adjunct in the treatment of acute myocardial infarction. Body tissue that is injured is known to heal more rapidly if the part is kept at rest, and since the injured myocardium must obviously continue to work while it is healing, it seems only rational to keep the work load as light as possible by the avoidance of any activity which would call for an increased cardiac output. It is their practice to hospitalize patients for this advised rest. Depending on the severity of the case, patients with acute coronary occlusions are kept at bed rest from three to six weeks.9

Paul Dudley White advocates rest for heart conditions. In congestive heart failure rest is one of the most important remedies.10 When a patient has hypertension he recommends rest, physical and mental, with relief from all avoidable nervous and physical strain.11 For rheumatic infections rest in bed is prescribed.12 When describing this


11Ibid., pp. 483-484. 12Ibid., p. 374.
therapeutic measure as related to myocardial infarction he stresses the prime importance of limitation of activity to suit each individual case. For the acute myocardial infarction such rest should be more or less complete for a few weeks. A satisfactory plan of treatment for the average case of acute myocardial infarction is one month of full rest, one month of gradually increasing activity, and a third month if possible to consolidate the recovery nervously as well as otherwise. This is adapted to the needs of each patient. The author further stated that there is a great difference between ordinary rest in bed and absolute rest. In ordinary bed rest the patient moves about a good deal by himself, reaches for various things, feeds himself, holds a book to read, writes or dictates, and entertains visitors. On absolute rest the patient does as little as possible himself and is carefully nursed; he is lifted to different positions, is fed, is not allowed to reach for objects or to hold them, to read, or to write. Visitors are limited to those of calming and pleasing influence, noise is kept to a minimum, and all business and family cares are banned. To pass some of the waking hours, entertaining, light, and restful literature may be read to the patient for short intervals.

One article portrays rest as conveying a variety of ideas and as being the source of widespread misunderstanding. Bed rest, while more exact is still subjected to broad interpretation. It can be synonymous

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13 Ibid., pp. 556, 561.

14 Ibid., p. 821.

with complete horizontal immobilization or it can mean doing anything that a person can do without getting out of bed. Now there is the concept that patients can rest sitting in a chair better than in bed. The author of this article stated that strict bed rest has many adverse consequences and that there is now all but complete agreement that it is seldom essential for a cardiac patient. Strict bed rest can cause circulatory disturbances, gastrointestinal and urinary symptoms, poor appetite and general undernourishment, impaired respiratory function, bed sores, and mental depression.\(^{16}\) In 1954 when this article was written it was suggesting that some patients could take a few steps to a nearby commode for bowel movements.\(^{17}\) Current practice seems to favor a much less rigid concept of rest with chair rest presenting obvious benefits in the alleviation of respiratory distress, particularly when treating a patient with congestive heart failure.\(^{18}\)

Levine agreed with the principle of rest to an affected organ but he also indicated that the pendulum has swung to the extreme of rigidness.\(^{19}\)

One article briefly mentioned that there are a few physicians who treat patients with acute infarctions on an ambulatory basis.\(^{20}\) In general, the question does not seem to be should a cardiac patient rest, but in what way and for how long should the patient rest.

\(^{16}\)Ibid., p. 99.  
\(^{17}\)Ibid.  
\(^{18}\)Ibid., p. 100.  
\(^{20}\)Conn and Kissane, op. cit., p. 423.
Nursing Literature. Various textbooks discuss the rest of the cardiac patient. Ten years ago Brown stated that the aim in nursing care was to achieve complete physical and mental rest for the patient. Shafer and others have emphasized the importance of rest because the body's oxygen requirements can best be reduced by providing the patient with both physical and mental rest. Rest may be difficult to provide, and it takes the ingenuity of all concerned to obtain this for the patient. Regarding the rest of the cardiac patient Hayter emphasized the importance of limiting visitors, long conversations, and of cutting routine procedures to a minimum. Crawley stressed the necessity of bed rest for the myocardial infarction patient. She stated that the first, and most important, need of this patient is for maximum rest—continuous, maximum rest—until circulatory adjustment has occurred and the area of infarction has sufficiently healed. Two important items she mentioned were spacing of daily activities to allow for rest and attempting to give the patient the same nurse each day.

Primarily nursing literature seems to be concerned with the nurses' responsibility in providing rest for the patient and not with defining rest as such.

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Rest hard to define. From the difference of opinions as outlined above in medical literature it can be understood that rest is not always easy to define.

A study was conducted by Roose with the purpose of determining the interpretations of doctors and nurses as to the general activities allowed the patient when prescriptions for rest are given; of determining the areas in which discrepancies arose; and pointing out some possible causal factors which operate in the interpretation and subsequent modification of rest orders with regard to the activities allowed. A check list questionnaire was administered to a random sample of 250 doctors and 250 nurses. Doctors and nurses generally disagreed about various activities that were permitted when a patient was on complete bed rest, bed rest with bedside commode, bed rest with bathroom privileges, and ambulation. Factors identified by the respondents that alter interpretation of a rest order were personality, emotional condition, age of the patient and medical factors. Medical literature describes activities allowed the patient while on complete bedrest. Ambulation has been generally interpreted as including a wide range of activity. Interpretation of bed rest with commode and bathroom privileges are where the significant disagreements seem to be the greatest. The orders often do not appear to convey the true intention of the physician.25

History of Rest in Cardiac Treatment

Changing concepts of rest for the cardiac patient have come about in the past century. Since Herric described the condition of myocardial

infarction clinically in 1912 and 1916, prolonged bed rest has been widely advocated. Before that time this regime was evidently not so widely used in heart disease or angina pectoris.\textsuperscript{26} Early physicians appeared to recognize the value of permitting an injured member of the body to restore itself by restricting its activity. For many cardiovascular conditions rest was not a matter of general practice until the present century. In the past 50 years, patients with myocardial infarction were treated on an ambulatory basis. During the past decade a change in thought has occurred regarding the value of strict bed rest for the cardiac patient. Relaxation of the rigid rest programs previously recommended for many cardiac conditions has relaxed because of clinical and physiological observations.\textsuperscript{27}

**Factors Influencing Rest**

As was seen above medical and nursing literature advocate rest for the hospitalized cardiac patient, but there are relatively few published theories and research studies to determine how this therapeutic measure can be achieved or what factors influence this goal.

**Physical.** A study which bares relationship to the physical aspect of rest was conducted at the Toronto Western Hospital. Allemang observed eight cardiac patients for the purpose of describing and analyzing their experiences in order to answer the following questions:


\textsuperscript{27} Cumley, \textit{op. cit.}, p. 97.
(1) What activities comprise the cardiac patient's day? (2) Who participates in these activities, what do they do, and what period of time are they with the patient? (3) What symptoms, reactions, and changes in condition does the patient display during the course of his hospitalization? (4) What are some of the identifiable needs of cardiac patients as evidenced by the patients studied? (5) How may the nursing of cardiac patients be improved? Direct, continuous observations were recorded at the bedside of the selected eight patients during a seven-day period with a total number of patient days observed fifty-three. Observations were divided into twelve categories of activity.28

In the above study it was found that approximately twenty-three of the twenty-four hours were spent in activities of a general nature related to general and personal needs; and slightly more than one hour was spent in activities associated with diagnostic measures and methods, treatment, consultation and health teaching. The average time spent in sleep was 7 hours and 18 minutes; however, this varied considerably.29 The number of contacts with each patient by professional and hospital personnel during a twenty-four hour period ranged from nine to twenty-eight, averaging twenty.30 Professional and hospital personnel spent an average of 3 hours and 57 minutes a day at the bedside of the eight cardiac patients.31 Unmet needs of the patients studied were

28 Margaret Allemang, The Experiences of Eight Cardiac Patients During a Period of Hospitalization in a General Hospital (Toronto: University of Toronto, 1960), pp. 1-5.
31 Ibid.
compiled in case studies about each patient. Eight areas of unmet nursing needs were identified: (1) Need for relief from distressing symptoms; (2) Need for less fatiguing physical care and more immediate attention to physical needs; (3) Need for more supervision of nursing personnel to ensure the patient's safety; (4) Need for alleviation of emotional stress and strain; (5) Need for lessened environmental stress; (6) Need for better doctor-nurse-patient communications; (7) Need for information, explanation, health teaching and referral to nursing organizations for home visits; (8) Need for the patient's unique pattern of living and values to be considered.32

Areas in which the nursing of cardiac patients could be improved were: (1) administration of nursing services, (2) placement of patients, (3) study of patient's problems, (4) insight, understanding, and skills of the nurse, and (5) facilities for study of nursing problems.33 The author stated that generalizations cannot be drawn from this study since it was confined to selected patients in a particular hospital. However, the findings of this study provide areas for further research.

Between 1940 and 1950 the theory began to develop that some cardiac patients would rest more effectively in an armchair. Mitchell, Lown, and Levine are largely responsible for this concept.34 The

32 Ibid., p. 39.
33 Ibid., pp. 40-41.
armchair treatment was based on the belief that strict bed rest was more taxing to the damaged heart than a sitting position in a comfortable chair. The authors reported some findings from a study concerned with the treatment. At the time of the report 150 patients had been treated by the armchair method. Evidence showed that there was no increase in mortality; the percentage of deaths in the armchair-treated patients was somewhat lower than the percentage in a comparable group of bed-treated patients. The incidence of complications was decidedly less among chair-treated patients. Incidence of pulmonary edema was rare. Many times the patient was out of bed in the first two days and he remained in the chair as long as he was comfortable. The patient was assisted to the chair by two people. The purpose of the treatment and limitation of activities were explained to the patient. The advantages of this treatment are that lying on the back taxes the heart because blood gets back to the heart more easily thus more extravascular fluid is mobilized into the circulation. Secondly, many patients with myocardial infarctions tend to accumulate excess fluid in the body and lying in bed encourages the pooling of free fluid in the lungs. Thirdly, the inflicted helplessness and dependency causes the patient to grow depressed and the work of the heart is increased by emotional upset, consequently the patient does not rest either physically or mentally. Furthermore, the patient is more comfortable and does not have to adjust to the usual upright condition when he walks again. In

addition, a comfortable patient in an armchair is less active than an uncomfortable one in bed. Contraindications to this treatment would be patients in severe shock, extreme debility and weakness, or a concomitant cerebrovascular accident, the presence of high fever, severe pain, need for oxygen, or cardiac irregularities. The authors strongly emphasized that the purpose of this method of treatment is not to allow the patient more physical activity.

Some authors that agreed with this form of rest were Cumley and Irvin and Burgess. Conn and Kissane did not favor the armchair method of rest on the premise that patients would believe they were well enough to walk around and do other things that were restricted. It also increased the demands on the hospital personnel. They felt there was little difference between the rest of the patient with the head of his bed elevated and the foot lowered and the patient sitting in a chair.

In a study of twenty-eight patients, Benton, Brown and Rusk found that approximately 50 per cent more oxygen was consumed when a patient used a bedpan rather than a bedside commode.

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38Ibid., p. 675. 39Ibid., p. 676.
40Cumley, op. cit., p. 99.
41Irvin and Burgess, op. cit., pp. 486-489.
42Conn and Kissane, op. cit., p. 424.
Emotional. "Coronary heart disease poses a major emotional problem to every patient. In fact, emotional reaction to coronary heart disease is as predictable and as characteristic as changes in the electrocardiogram or serum enzymes.\textsuperscript{44} In some cases the psychological reaction is the major problem. Following an illness as serious as a myocardial infarction is a time of emotional crisis. Relationships with other people are disturbed, the patient needs emotional support from any source, familiar or new, which he can tap.

Ham stated that "...inner forces (psychologic dynamism) in themselves and in reaction to environmental requirements can have a major effect upon the parts or the whole of the cardiovascular tree.\textsuperscript{45}

To expand further he stated that through the anatomic ramifications of the cardiovascular system and its function as distributor of blood, it is related to every organ and cell in the body. There are complex innervations and hormonal controls which regulate both the gross and microscopic aspects of cardiac and vascular function.\textsuperscript{46}

White stated that from his experience, patients who have angina pectoris on a background of serious coronary atherosclerosis are sometimes more aggravated by emotional stress than physical strain; this is accompanied by the outpouring of epinephrine from the adrenal glands. Sudden cardiac failure has been known to occur in the case of spectators in the stands of stadiums at exciting football matches or sitting


\textsuperscript{46}\textit{Ibid.}, p. 32.
watching television. The relationship of emotional factors in the simulation, production, and aggravation of cardiovascular disease remains a most important and interesting problem.\textsuperscript{47}

A patient's adjustment to heart disease will depend a great deal on his usual reaction to stress situations and his total adjustment to life. The patient's concern with himself may make him extremely sensitive to minute details that affect him physically.\textsuperscript{48}

Hollender pointed out that when we are afraid or tense our heart beats faster. Physiologists have demonstrated that fear and anxiety, as a result of an effect which is mediated by the autonomic nervous system, increases the work of the heart, thus limitations of activity should be designed to effect emotional tranquility as well as physical rest.\textsuperscript{49} When restrictions are too stringent during the period of confinement to bed, anxiety and depression are intensified.\textsuperscript{50}

Psychic changes occur after an acute coronary thrombosis when the patient is placed at complete bed rest. A few hours previously the patient was active and well; now he feels as though death was hovering close by.\textsuperscript{51}

Prinzmetal stated that it is definitely known that tension, nervousness, mental strain, anxiety, neuroses of various kinds are


\textsuperscript{50}Ibid.

\textsuperscript{51}Ibid.
aggravating and precipitating factors in coronary disease.\footnote{Myron Prinzmetal and William Winter, \textit{Heart Attack} (New York: Simon and Schuster, 1958), p. 121.} Doctor Harvey, who discovered circulating blood, also emphasized the effect of the mind upon the body in that every affection of the mind that is attended with either pain or pleasure, hope or fear, is the cause of an agitation whose influence extends to the heart.\footnote{\textit{Ibid.}}

The personality of patients with coronary disease are depicted by Hellerstein and Ford from the summary of many research studies. The build of the person is somewhat muscular and fat. Identified personality traits are of two types: (1) warm, heavy, industrious, social; and (2) agile, subjective, dramatic, egocentric. Personality has not been proved decisively as a primary factor in the etiology of coronary disease. With this knowledge those who care for the cardiac patient will recognize that the patient will receive therapeutic advice and approach his own rehabilitation in much the same way as he does other problems.\footnote{Hellerstein and Ford, \textit{op. cit.}, p. 1169.}

\textbf{Environment.} The investigator was unable to find research studies relating to environment as a factor influencing the rest of the cardiac patient. The study, mentioned previously, by Abdellah and Levine inquired of patients about hospital environment, but not specifically the environment of cardiac patients.

A writer who suffered a myocardial infarction has recorded his hospital experiences in a book. General noise, bright lights, ringing

\footnote{Hellerstein and Ford, \textit{op. cit.}, p. 1169.}
telephones, false reassurance, uninterested and unfriendly nurses, unnecessary care were the items he mentioned as being some of the most disturbing. He stated that he was annoyed by everything because of the fear he was experiencing.55

Visitors. One study was found which related visitors to cardiac patients. Devincenti, Koenig, and Carmody conducted a study among 20 patients to determine reactions of cardiac patients to visitors. Interviewing was the means of collecting data. The conclusions were:

1. Patients expressed a desire and pleasure at having visitors;
2. Patients wished to limit visiting groups to one or two visitors at a time; 
3. Shorter visiting hours were advocated, approximately one-half hour, while maintaining the established practice of visitors twice a day; 
4. Patients revealed that topics of conversation were concerned mainly with family affairs and the patient's progress and health; 
5. Patients believed that they felt better after the visits and expressed a wish to have their visitors return. The following recommendations based on these findings were: 

1. The particular needs of each patient should be considered when regulating visitors and visiting hours; 
2. Visitors should be educated toward thoughtfulness in hospital visiting and be helped to a better understanding of the effect his visit may have upon the patient; 
3. The number of visitors should be controlled, considering the patient's medical condition and his observed psychological needs; 
4. The nurse should be alert to the importance of

her role in making accurate and alert observations of the cardiac patient and recording them for others to use.56

The Nurse's Role in Rest Therapy

Many authorities have designated the nurse as the key person to provide rest for the cardiac patient. Modell and Schwartz depict the nurse as seeing far more of the patient than does the physician and she can be the mediator and interpreter between the patient and physician. Her interest, understanding, vigilance, and conscientiousness are vital to these patients. Rest is offered to the patient as one of the primary therapeutic items; it is up to the nurse to see that the rest is restful. The nurse should remember that each patient rests best in his own way. Rest should be considered and analyzed to make it useful to the patient. Reassurance, rest, and comfort are important, and the patient's preferences should be respected as much as possible. The patient should be protected from the bustle and excitement which tend to converge on him in these critical situations.57

Mitchell, Lown, and Levine stated that the role of the nurse in the armchair treatment of myocardial infarction is a key factor in the successful management of these patients. The nurse supervises, and carries out to a large extent, the planned program of care. These patients present primarily a nursing problem, requiring close attention


and thorough understanding of the principles and objectives of therapy.  

The writer who suffered a myocardial infarction described the nurse who knew what to do and did it without his asking as the most comforting.

Hayter portrays the nurse as being responsible for controlling the activities of the patient and those around him. Ingles, Russell, van Kaam, Sisler, and Meredith discussed the importance of the nurse considering each patient as an individual and suggested that the nurse look at the hospital environment and the care the patient received through his eyes.

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59 Modell and Schwartz, *loc. cit.*

60 Hayter, *loc. cit.*


III. SUMMARY

Of the studies reviewed regarding patients' opinions, none were found which related specifically to the cardiac patient. The patients' opinions seem to be of value when evaluating the service of a hospital. The conclusions drawn from studies polling patient opinions indicate that the patients were dissatisfied with some of the hospital services such as meals and entertainment. They were also dissatisfied with some aspects of nursing care such as the fact that nurses always were in a hurry.

Medical literature defines a heart at rest as one that is circulating the blood to a body that is quiet. Anything that would increase the heart rate would be a factor preventing the heart from resting, such as needless physical activity and emotional stress. What constitutes needless physical activity is disputed among cardiac authorities. There are some that recommend a patient can rest better in a comfortable armchair. It is advocated by some that there is less effort put forth by the patient to use a bedside commode than a bedpan. There are a few who treat some cardiac conditions on an ambulatory basis. The majority prescribe some form of rest, though there is disagreement about how this therapy should be attained. Nursing literature does not define rest for the cardiac patient in any detail other than that it should be physical and mental. It has been proved that physicians and nurses interpret rest orders differently.

When rest for the cardiac patient first became popular about the turn of this century, it was rigid and strict for many weeks extending into months. During the last two decades the concept of rest has begun
to relax and is being viewed from a physiological and a psychological basis.

There are relatively few published theories and research studies to determine the details of what makes this therapeutic measure successful. A small study was conducted to observe the activities of cardiac patients, but because of its size, no final conclusions could be drawn; however, areas for further study were suggested. The emotions of the patient can definitely disturb his rest. Very little, if any, research has been conducted concerning environmental factors. Visitors are welcomed by cardiac patients, but some can be a factor preventing his rest as was proved by one study.

The nurse is the primary person who controls the rest of the cardiac patient.
CHAPTER III

METHODOLOGY

I. METHOD USED IN THE STUDY

The descriptive or normative survey approach was used in this study in an attempt to find out what factors in the care of cardiac patients are important to their rest. Good and Scates describe this type of approach as being useful when determining what is prevalent, what is the common practice, what people want, what they like, and what they prefer. Descriptive studies are of value in providing facts on which professional judgments may be based.¹

II. DATA GATHERING DEVICE

When the problem of this study was first formulated, it was planned that cardiac patients would be interviewed twice during their hospitalization. During a period of six weeks three patients were hospitalized which met the criteria of this study. They were interviewed with several days elapsing between interviews. The second interview was not announced in advance so as not to make the respondents more aware of the care they received. The patients were told that the study was being conducted to improve the care of cardiac patients. Open-ended questions were used as an interview guide. In order to complete this

study within a reasonable length of time it was decided to send questionnaires to cardiac patients who had been previously hospitalized.

The questionnaire that was used was a combination of a check list and open-end questions. The check list was adapted from the study conducted by Abdellah and Levine.\(^2\) The results of this study were summarized in the previous chapter. Originally the authors employed open-ended forms, but found them too time-consuming to fill out, too unwieldy to tabulate, and difficult to analyze. They used the patients' stated needs for nursing care to organize the simple check list.

Additional questions were constructed from the three interviews mentioned above. The check list of Abdellah and Levine was modified and the additional questions added to meet the purposes of this study.

### III. THE PILOT STUDY

The questionnaires were administered to three people who had been hospitalized for cardiac conditions, one of whom had been interviewed previously. It was found that the questionnaire would provide the data needed. The wording of several questions was changed to provide for a clearer understanding by the respondents. The forms and cover letter were then mimeographed.\(^3\)

### IV. COLLECTION OF DATA

A letter explaining the proposed study was sent to each of nine physicians in the medical group associated with the selected hospital.


\(^3\)See Appendix.
A sample questionnaire and cover letter to the patients were attached. All granted their permission for the patients to be contacted and names and addresses of cardiac patients were obtained from each physician. Permission to conduct this study was also obtained from the hospital's executive committee and the Director of Nursing Service.

A personal letter, the questionnaire, and a self-addressed stamped envelope were sent to seventy people enlisting their cooperation. Returned within the next two weeks were 40 (57.2 per cent) responses. To promote further return of the questionnaires, twenty-five post cards were sent out and five patients were telephoned enlisting their cooperation. An additional 14 (20 per cent) questionnaires were received, making the total return 54 (83.1 per cent). It was found that two respondents did not meet the criteria for a cardiac patient, two were deceased, and one questionnaire was returned because of wrong address. Thus, the percentage of possible returns was based on sixty-five. An additional two respondents did not answer the questionnaire, but wrote a note about their hospitalization. A total of 47 (72.3 per cent) usable questionnaires were returned.

V. SUMMARY

The descriptive survey method was used in this study. Originally the investigator planned to interview cardiac patients during their hospitalization to gather data. It was found that an adequate number of patients could not be interviewed in the allotted time. A questionnaire which was a combination of check list and open-end questions was used to gather data. A pilot study of three patients was conducted.
The final questionnaire and cover letter were sent to seventy people. Returned within the time limit was a total of 47 (72.3 per cent) usable questionnaires.
CHAPTER IV

ANALYSIS OF DATA

The questions on the questionnaire were divided into four categories for analysis. These were: physical care, supportive nursing care, hospital environment, and visitors. Questions on physical care numbered twice as many as those on supportive nursing care, three times as many as those on hospital environment and visitors respectively. The responses to the request for suggestions for improving the rest of cardiac patients while in the hospital were analyzed according to the above-mentioned categories. In general, these responses supported the questions in the check list such as: Give medications on time and Answer lights at once. Additional suggestions were: Arrange a special signal system for heart patients, Have only prepared people care for heart patients, and Minimize admission time.

It was recognized that assignment of the questions to categories was somewhat arbitrary on the part of the researcher in several instances. For example, the questions, "My call for a nurse was answered very promptly," was placed in the category of physical care assuming that when most patients call for a nurse they are seeking physical care. However, it was recognized that this question could be placed in the category of supportive nursing care, since there are times when the patient calls the nurse asking for emotional support or he may ask for physical care when he is covertly seeking emotional support.

The question, "Nurse wanted me to do too much for myself," was also placed in the category of physical care. It was placed in this
category because there are times when nurses seem too busy to help patients. This question could also be placed in the category of supportive nursing care. When a nurse cares for a patient she can provide physical care as well as supportive care.

I. THE GROUP DESCRIBED

Of the forty-seven respondents who answered usable questionnaires twenty-five were women, twenty-two were men. Forty-one reported their age. The mean age for women was 60.6 years with a median of 59 years. The mean age for men was 62.6 years with a median of 57 years. The mean age for the forty-one who reported their age was 61.5 years with a median of 59 years. Five out of the six who did not report their age were women.

Forty indicated their occupation. Twenty-one reported non-professional occupations, three were professional, fifteen had retired, and one was unemployed.

Thirty-two of the respondents listed number of dependents. Fourteen had no dependents and fifteen only one. Two respondents had four dependents and one had three.

Seven indicated they were married, one was single, and five were widowed. The majority did not respond to this question.

Sixty per cent of the respondents were in a semi-private room while they were in the hospital. (Figure 1) Of the remaining respondents, 10 per cent were in a private room, 15 per cent were in a ward, and 15 per cent changed accommodations. Those respondents that changed accommodations during hospitalization changed to quieter and more private rooms. Some changed from a ward to a semi-private room or a semi-private
FIGURE 1

PERCENTAGE AND TYPES OF ACCOMMODATIONS OCCUPIED BY RESPONDENTS

*Respondents transferred from one type of accommodation to another because of dissatisfaction.
room to a private room. There did not seem to be a significant variation in the answers of respondents who had occupied the different accommodations. However, one respondent gave interesting comments to several questions on the quality of nursing care between a ward and a private room. While in a ward she felt that the nurse did not stay long enough for her to talk or ask questions, always seemed in a hurry, wanted her to do too much for herself, didn't seem interested in her, and was unfriendly. In a private room she found the nurse reacted to her in the opposite manner.

II. PHYSICAL CARE

Table I provides the complete breakdown of questions concerned with physical care. Thirty-nine patients (86.7 per cent) indicated that nurses usually answered their call promptly. Six did not have a strong opinion. Not one responded negatively to this question. To the nearest whole per cent, 81 per cent received pain medication when they requested it, while twelve per cent recorded neutral responses. Ninety-five per cent indicated that their rest was not disturbed by having to do too much for themselves. Seventy-two per cent were usually not aroused too early for the morning care, however, a rather high percentage (23 per cent) of the respondents indicated a neutral response to this question. Rest periods were provided between activities for approximately 85 per cent of the respondents. However, almost 15 per cent (9 per cent neutral; 6 per cent false) did not receive adequate rest periods. Patients were generally positioned comfortably for meals as was indicated by 83 per cent of the respondents. A total of the neutral and false
<table>
<thead>
<tr>
<th><strong>Table I</strong></th>
<th><strong>Number and Percentage of Respondents Who Reacted to Questions on Physical Care</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Usually True</strong></td>
</tr>
<tr>
<td>My call for a nurse was answered very promptly</td>
<td>39</td>
</tr>
<tr>
<td>Couldn't get anything from the nurse for pain</td>
<td>3</td>
</tr>
<tr>
<td>Thermometer was left in too long</td>
<td>5</td>
</tr>
<tr>
<td>Bedpan was left with me too long</td>
<td>--</td>
</tr>
<tr>
<td>Nurse wanted me to do too much for myself</td>
<td>--</td>
</tr>
<tr>
<td>Was aroused too early for temperature taking, to prepare for breakfast, and so forth</td>
<td>2</td>
</tr>
<tr>
<td>My bed was made comfortably</td>
<td>43</td>
</tr>
<tr>
<td>Rest periods were provided for between the bath, meals, and treatments</td>
<td>40</td>
</tr>
<tr>
<td>Not propped up properly, making it difficult to enjoy my meal</td>
<td>3</td>
</tr>
<tr>
<td>Had to wait too long for a bedpan or urinal</td>
<td>--</td>
</tr>
<tr>
<td>Bed was not changed when needed</td>
<td>--</td>
</tr>
<tr>
<td>Oxygen was not promptly serviced</td>
<td>1</td>
</tr>
<tr>
<td>Things I needed were out of my reach</td>
<td>2</td>
</tr>
</tbody>
</table>

*Space was not provided in this question for a "Neutral" response.*
responses indicates that approximately 17 per cent of the respondents were not satisfied.

Ninety-six per cent of the respondents found articles they needed within their reach. Approximately 95 per cent of the respondents indicated their beds were made comfortably and changed when needed. The use of bedpans and urinals was not a hindering factor to rest for approximately eighty-five per cent of the respondents. No one replied negatively to the two questions concerned with this aspect. Twelve per cent were neutral that the bedpan was left too long and 16 per cent were neutral about waiting too long for a bedpan or urinal. The thermometer was left in too long for 11 per cent of the respondents, 8 per cent were neutral, and 81 per cent expressed it was removed in adequate time.

Only about 75 per cent of the respondents replied to the question regarding oxygen service. The probable reason this percentage was not higher was that not all cardiac patients require this therapeutic measure. Seventy-six per cent were satisfied with the service, but 21 per cent responded neutrally.

Ten respondents made suggestions for improving cardiac care related to physical care. These suggestions were mentioned in the first paragraph of this chapter. There was only one duplication and that was about giving medications on schedule.

From the high number of positive replies indicating satisfaction with physical care, it can be assumed that this aspect of care was not a factor preventing the rest of most of the cardiac patients. However, the relatively high number of neutral responses could indicate that
some were not as comfortable as was possible. The high number of positive replies in this area of this study does not support the study of Abdellah and Levine in the related area.

III. SUPPORTIVE NURSING CARE

In general patients felt their nursing care was supportive. (Table II) Almost 85 per cent felt that the nurse stayed long enough to ask her questions, but 15 per cent responded neutral. Seventy-two per cent felt the nurse did not seem to be in a hurry. Patients responded 22 per cent neutral and 6 per cent negative. Ninety per cent felt their nurses were interested and friendly and saw enough of the nurse to have their needs met. Even though the majority of patients felt the nurse stayed long enough to answer questions less than 50 per cent felt their care was explained. Maybe the patients had covert needs regarding their care they received which they were not able to express and the nurse did not recognize this need.

The two questions regarding special nurses could be placed in either of the above categories depending on the reason the nurse was secured by the patient. Ninety per cent did not have a special nurse. Of the number that had a special nurse only one felt the nurse hindered the desirable rest. None of the respondents listed reasons why--all indicated that the nursing care was such that special nurses were not needed.

Two patients listed suggestions related to this area. One desired that all patients be given equal care and attention from the nurse. The other respondent appreciated nurses who were pleasant.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Usually True</th>
<th>%</th>
<th>Neutral</th>
<th>%</th>
<th>Usually False</th>
<th>%</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse stayed long enough for me to talk or ask questions</td>
<td>39</td>
<td>84.8</td>
<td>7</td>
<td>15.2</td>
<td>--</td>
<td>--</td>
<td>46</td>
</tr>
<tr>
<td>Those who cared for me always seemed in a hurry</td>
<td>3</td>
<td>6.5</td>
<td>10</td>
<td>21.7</td>
<td>33</td>
<td>71.7</td>
<td>46</td>
</tr>
<tr>
<td>My nurse explained my care to me</td>
<td>22</td>
<td>48.9</td>
<td>18</td>
<td>40.0</td>
<td>5</td>
<td>11.1</td>
<td>45</td>
</tr>
<tr>
<td>Nurses didn't seem interested in me</td>
<td>--</td>
<td>--</td>
<td>5</td>
<td>10.9</td>
<td>41</td>
<td>89.1</td>
<td>46</td>
</tr>
<tr>
<td>Nurses were unfriendly</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>2.1</td>
<td>46</td>
<td>97.9</td>
<td>47</td>
</tr>
<tr>
<td>Didn't see a nurse often enough</td>
<td>1</td>
<td>2.1</td>
<td>4</td>
<td>8.5</td>
<td>42</td>
<td>89.4</td>
<td>47</td>
</tr>
</tbody>
</table>
III. HOSPITAL ENVIRONMENT

As demonstrated in Table III, 77 per cent replied that food trays were taken away when finished, but 17 per cent replied neutrally to this question. Noise made by other patients and noise in the hall were noted as disturbing factors by over 20 per cent of the respondents. Between 55 and 60 per cent of the respondents were not disturbed by noise. Seventy-seven per cent indicated that radios, TV's, and record players did not disturb them. Seventeen per cent responded neutrally. The temperature of the room was agreeable for 82 per cent of the respondents.

In the area of hospital environment, six of the eleven patients who commented suggested that cardiac patients be grouped together in a quiet section of the hospital or if they were placed in a ward or semi-private room, care should be exercised in the selection of roommates. Three respondents suggested soothing entertainment. Two commented on the noise of visitors.

In this area noise seems to be the main factor disturbing the rest of the cardiac patient. In Abdellah and Levine's study, noise was also a disturbing factor to patients. The writer who wrote of his hospital experience also listed noise as upsetting him.

IV. VISITORS

Percentages of responses to each question in this area are listed in Table IV. Visitors came at hours convenient for 98 per cent of the respondents. However, 10 per cent fewer (88 per cent) were satisfied to let visitors come at any time. Twelve per cent indicated
TABLE III
NUMBER AND PERCENTAGE OF RESPONDENTS WHO reacted TO QUESTIONS ON HOSPITAL ENVIRONMENT

<table>
<thead>
<tr>
<th></th>
<th>Usually True</th>
<th>%</th>
<th>Neutral</th>
<th>%</th>
<th>Usually False</th>
<th>%</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food trays were left in front of me for too long before taken away</td>
<td>3</td>
<td>6.4</td>
<td>8</td>
<td>17.0</td>
<td>36</td>
<td>76.6</td>
<td>47</td>
</tr>
<tr>
<td>Other patients made disturbing noises</td>
<td>10</td>
<td>22.2</td>
<td>10</td>
<td>22.2</td>
<td>25</td>
<td>55.6</td>
<td>45</td>
</tr>
<tr>
<td>Room was too chilly to sleep</td>
<td>2</td>
<td>4.3</td>
<td>6</td>
<td>13.3</td>
<td>37</td>
<td>82.2</td>
<td>45</td>
</tr>
<tr>
<td>There was too much noise in the hall</td>
<td>11</td>
<td>23.4</td>
<td>8</td>
<td>17.0</td>
<td>28</td>
<td>59.6</td>
<td>47</td>
</tr>
<tr>
<td>Radios, TV's, or record players were played too loudly</td>
<td>3</td>
<td>6.4</td>
<td>8</td>
<td>17.0</td>
<td>36</td>
<td>76.6</td>
<td>47</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td>Total Responses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
<td>-----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did your visitors come at an hour convenient for you?</td>
<td>42</td>
<td>97.7</td>
<td>1</td>
<td>2.3</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you like to have chosen when your visitors could come? If so, state when.</td>
<td>5</td>
<td>11.6</td>
<td>38</td>
<td>88.4</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you have liked the privilege of choosing the visitors whom you would see?</td>
<td>9</td>
<td>21.0</td>
<td>34</td>
<td>79.0</td>
<td>43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you have liked to have chosen how long your visitors could stay?</td>
<td>11</td>
<td>25.6</td>
<td>32</td>
<td>74.4</td>
<td>43</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
that they would like to choose when their visitors would come. Three respondents stated when this would be, two hours after lunch, after treatments, and no visitors the first few days of hospitalization. Almost 75 per cent were satisfied with the length of time that their visitors stayed. Twenty-one per cent stated they would have liked the privilege of choosing the visitors whom they would see. Twenty-six per cent would have liked to decide how long their visitors could stay.

Seven respondents listed suggestions in the area of visitors. They generally agreed that visitors should be restricted, particularly visitors of other patients when accommodations are shared.

For the most part visitors were welcomed by the respondents. About one-fourth indicated they would have liked to have been consulted about their visitors and the rules governing them.

These findings support in part those of Devincenti, Koenig and Carmody. They too found that visitors were welcomed, but that cardiac patients desired that visitors be restricted.

V. BED REST

In response to the open-ended question on what the patient thought the doctor meant by rest, forty people responded. Some made more than one suggestion. Seventeen interpreted rest to mean quietness and relaxation. Rest in bed was rest to twelve of the respondents. Six respondents saw rest as being free from mental as well as physical demands. Two thought it meant they should do just as the doctor orders.

In broad terms the patients defined rest as did the authorities in medical and nursing literature.
The responses to the questionnaire were not analyzed in more ways because in general the percentages were highly favorable. For example, it was found that respondents under sixty years of age and respondents sixty years of age and older did not differ significantly in their answers to the check list type questions. However, there were two exceptions. These questions were in the category of hospital environment. Respondents sixty years of age and older found their room too chilly to be able to sleep. This was probably due to the fact that older patients chill more easily. Those respondents under sixty years of age did not tolerate the noise in the hall as well as those who were sixty years of age and older. In general older people are more hard of hearing, thus did not hear the noise. The responses were not analyzed according to the diagnosis of the patient since no matter what the condition, if the patient must rest, he can only do it in his own way and the same factors would be disturbing to all.

IV. SUMMARY

The questionnaire was analyzed in relation to four categories which were physical care, supportive nursing care, hospital environment, and visitors. These categories were taken as the factors which promoted and prevented the rest of the cardiac patient. In general the respondents were satisfied in all of these areas. The area in which they seemed to be the least satisfied was the environment of the hospital.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

I. SUMMARY

The purpose of this study was to find out factors that promoted and prevented rest of the cardiac patient during the hospital phase of recovery as perceived by the patient.

Literature was reviewed in the areas of patients' opinions about their hospitalization and pertinent concept in medical and nursing literature regarding cardiac rest. A study polling cardiac patients specifically about their hospitalization was not found. Several large studies were found which had polled patients regarding their opinions about their hospitalization. One of the most significant to this study was a study conducted by Abdellah and Levine in sixty general hospitals. Nine thousand patients participated in the study and reported their dissatisfaction with hospitalization. Other smaller studies in this area derived similar findings.

Most medical authorities advocated rest for the cardiac patient either in bed or in a chair. They defined rest as a state in which the cardiac patient is free from unnecessary burdens. There is disagreement as to when and how a patient is free from unnecessary burdens. Nursing literature stated the patient must rest, but failed to describe the details of this therapy.

Relatively little is noted in the literature regarding specific factors which disturb patients. One study did prove that visitors can be a preventing factor. The nurse is described as the one responsible
for making an environment in which the cardiac patient can rest.

To collect the data, a questionnaire was sent to seventy people who had been hospitalized for a cardiac condition in the nine months prior to this study. Respondents replied to check list type questions on physical care, supportive nursing care, hospital environment, and visitors. Open-ended questions requested their interpretation of rest and further suggestions for improving the rest of the cardiac patient. Questions were worded so as to be negative and positive. Fifty-four responses were received. Of this number forty-seven questionnaires were usable for analysis of data. The seven questionnaires not used in the analysis were deleted because of death, wrong address, and not complying with the criteria for a cardiac patient.

In general most of the replies to the questions were highly favorable, that is to say, the majority of the patients were satisfied with the care they received while hospitalized. The majority of patients indicated that physical care did not hinder their rest. It is assumed that the physical care provided did promote rest. In the area of supportive nursing care patients indicated that the nursing care was supportive. A weak aspect in this area was that nurses did not explain care to the patients even though patients stated that the nurse stayed long enough to answer questions. Hospital environment, particularly noise, was indicated as disturbing rest. Respondents welcomed visitors, but desired to be consulted about visitors and rules governing them. Most of the respondents interpreted rest to mean quietness and relaxation. Others saw it as meaning rest in bed or mental as well as physical rest.
II. CONCLUSIONS

It is concluded that physical care, supportive nursing care, and visitors at the selected hospital were such as to promote the rest of the cardiac patient. Environment of the hospital was the biggest factor disturbing the rest of the cardiac patient. When interpreting this data it should be remembered that a time lapse occurred between hospitalization and response to questionnaire. It is possible that time erased memories of unpleasant experiences. This may account for such a high degree of patient satisfaction. However, responses may also be realistic.

III. RECOMMENDATIONS

The following recommendations were made:

A. Recommendations for Patient Care

1. Cardiac patients be placed together in a quiet section of the hospital.
2. Care be exercised in the selection of roommate of the cardiac patient.
3. The hospital take the responsibility of orientating visitors regarding courtesy to patients.
4. When cardiac patients are cared for, nurses should explain procedures and purposes.
5. An attempt should be made to cut hospital noise to a minimum.
B. Recommendations for Future Studies

1. A questionnaire be administered to patients just prior to discharge, while experience is not distorted or erased by a time lapse.

2. A study similar to this be conducted using a larger sample.

3. The interview technic be used to collect the data in a study concerned with cardiac patients' opinions regarding their hospitalization.

4. A study be conducted to determine if there is any difference among physicians and whether they influence the ability of the patient to rest.
BIBLIOGRAPHY

A. BOOKS


B. PERIODICALS


C. UNPUBLISHED MATERIALS


The Loma Linda Sanitarium and Hospital is conducting a survey among people who have been hospitalized for a cardiac condition. Under study are the factors which promote and prevent the rest of the cardiac patient while in the hospital.

As rest is one of the most important therapies for the patient with a heart condition, we are eager to provide maximum rest according to the doctor's orders during the period of hospitalization. It is not always easy to know what is or is not conducive to good rest, particularly from the patient's point of view. As you were a recent patient, knowing what you think could be very helpful. Through your cooperation in this study it is hoped care will be improved for future patients. Your comments will be kept confidential and names of those participating will not be mentioned in the study.

Enclosed is a form on which you may check how you felt about factors which influenced your rest at Loma Linda Sanitarium and Hospital. Please return this form in the enclosed self-addressed envelope by May 19, 1963.

Thank you for your participation.

Sincerely,

Julia Bensonhaver
Researcher
# CHECK SHEET

## on

**FACTORS INFLUENCING PATIENT REST**

<table>
<thead>
<tr>
<th>Age</th>
<th>Occupation</th>
<th>Number</th>
<th>Dependents</th>
<th>M</th>
<th>S</th>
<th>W</th>
<th>D</th>
</tr>
</thead>
</table>

**Directions:** Below are listed a number of factors which may or may not have influenced your rest while you were in the hospital. If you feel strongly about an answer respond to "Usually True" or "Usually False." If you have no strong feelings either way, respond in the "Neutral" column.

<table>
<thead>
<tr>
<th>Usually True</th>
<th>Neutral</th>
<th>Usually False</th>
</tr>
</thead>
</table>

- My call for a nurse was answered very promptly.
- Food trays were left in front of me for too long before taken away.
- Couldn’t get anything from the nurse for pain.
- Thermometer was left in too long.
- Bed pan was left with me too long.
- Other patients made disturbing noises.
- Nurse stayed long enough for me to talk or ask questions.
- Those who cared for me always seemed in a hurry.
- Room was too chilly to sleep.
- My nurse explained my care to me.
- Nurse wanted me to do too much for myself.
- Was aroused too early for temperature taking, to prepare for breakfast, and so forth.
- There was too much noise in the hall.
- Nurses didn’t seem interested in me.
- Radios, TV’s, or record players were played too loudly.
- My bed was made comfortably.
- Rest periods were provided for between the bath, meals, and treatments.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Usually True</th>
<th>Neutral</th>
<th>Usually False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not propped up properly, making it difficult to enjoy my meal.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had to wait too long for a bedpan or urinal.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses were unfriendly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed was not changed when needed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didn't see a nurse often enough.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visitors stayed too long.</td>
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<td></td>
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<tr>
<td>Oxygen was not promptly serviced.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Things I needed were out of my reach.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Did your visitors come at an hour convenient for you?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Would you like to have chosen when your visitors could come? If so, state when.</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Would you have liked the privilege of choosing the visitors whom you would see?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Would you have liked to have chosen how long your visitors could stay?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Did you have a special nurse?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If so, do you feel that having a nurse with you at all times hindered your rest?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Would you have liked to have had a special nurse?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Why?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When you were a patient were you in a ward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a semi-private room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a private room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When the doctor says rest, what do you think he means?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

What suggestions do you have for improving the rest of cardiac patients while they are in the hospital?
LOMA LINDA UNIVERSITY
Graduate School

FACTORS AFFECTING THE REST OF THE
HOSPITALIZED CARDIAC PATIENT

by

Julia M. Bensonhaver

An Abstract of a Thesis
in Partial Fulfillment of the Requirements
for the Degree Master of Science
in the Field of Nursing

August, 1963
ABSTRACT

A study was conducted to determine factors which can promote and prevent the rest of the hospitalized cardiac patient. Literature was reviewed in the areas of patients' opinions about their hospitalization and pertinent concepts in medical and nursing literature regarding cardiac rest. A study was not found which polled cardiac patient specifically regarding their ability to rest. Most authorities in this area strongly advocate rest for the cardiac patient, but there is disagreement of how and how long the patient should rest.

A questionnaire was sent to seventy cardiac patients who had been hospitalized in the nine months prior to this study in one selected private general hospital. The questions were a combination of the checklist type and the open-ended type. Patients were questioned in the areas of physical care, supportive nursing care, hospital environment, visitors, and their interpretation of rest. Of the fifty-four questionnaires returned, forty-seven were usable for the analysis of data.

The majority of respondents were in a semi-private room. The mean age for the forty-one who reported their age was 63.7 years. In the area of physical care the majority of respondents indicated they were satisfied, but some of the respondents did express omissions in care. Regarding supportive nursing care the majority of patients felt the nurse stayed long enough to answer questions but less than 50 per cent felt their care was explained. In general, answers indicated respondents received supportive nursing care. Most of the patients responded that visitors were welcomed. About one-fourth indicated they
would like to have been consulted about their visitors and the rules governing them. It was in the area of hospital environment that patients expressed the most dissatisfaction. Noise seemed to be the main factor disturbing their rest. Respondents interpreted rest as meaning quietness, freedom from activity, and mental and physical relaxation. Grouping cardiac patients together in a quiet section of the hospital was a suggestion listed by some that would improve the care received.