1994

Trauma Patients: Social Support Desired and Perceived Satisfaction According to Category of Provider

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TRAUMA PATIENTS: SOCIAL SUPPORT DESIRED AND PERCEIVED SATISFACTION ACCORDING TO CATEGORY OF PROVIDER

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A THESIS

Submitted to
Grand Valley State University
in partial fulfillment of the requirements for the
degree of

MASTER OF SCIENCE IN NURSING

Kirkhof School of Nursing

1994

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ABSTRACT

TRAUMA PATIENTS: SOCIAL SUPPORT DESIRED

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This study examined differences in social support received by trauma patients and their perceived satisfaction with the social support provided by various categories of providers including: family members, friends, RNs and other health professionals. Thirty hospitalized trauma patients were asked to rate the satisfaction they felt regarding seven forms of support. Types of support that most patients indicated their families and friends provided were spending time with them and making them feel important. Respectful treatment, providing information, encouragement and listening support from RNs and other health professionals was mentioned by a large percentage of the subjects. Qualitatively it was found that some patients desired other types of support some of which included: more direct contact with family members, a more sustained relationship with the professionals who cared for them, and increase in recognition of themselves as individuals.

Dedication

This dedication is to several individuals who have been extremely supportive to me during the extended journey to completion of this work. First, my husband, Jim for all his love, encouragement and technical expertise. Second this dedication is to my children, Lora, George, Nancy, Jennifer, Angie, Mandy, James and Christopher. Each of them has given me encouragement, helped with routine tasks and taken on added responsibilities which provided me with the time needed to work on this thesis. My good friend, Carol Ann McAllaster, has also provided support to me. She has exhibited unfailing faith in my on-going pursuit of this endeavor, as well as, actual assistance with initial data collection and continued interest in the steps along the way.

Acknowledgements

The research project that follows this page could not have been completed without the assistance of my thesis committee members. For the continued mentoring, support, guidance and patience I am eternally grateful to Patricia Underwood, PhD, RN, who also served as my thesis chairperson. To Steven Merrill, MSN, RN and Rodney Mulder, PhD, the others on my committee, I want to thank them for their cooperation patience, and objectivity.

Appreciation is extended also to a friend and respected professional, Andrea Bostrom, PhD, RN. She too offered encouragement, support and professional expertise.

Table of Contents

List of Tables

Table

List of Appendices

Appendix

CHAPTER 1

INTRODUCTION

People are social beings and thrive on companionship and support from their fellow human beings. This fellowship and support combine with the environment to play a significant role in maintaining their wellbeing. In order to be healthy both physically and psychologically, there must be balance in an individual's world. If there is any disruption in the equilibrium, stress occurs. Selye (1950) states that stress is, "a phenomena in which an individual perceives encountered stimuli as taxing the physiological, psychological or social systems, whereby responses can be adaptive or maladaptive." Stress can lead to decreased coping. Ineffective coping contributes to an imbalanced life. Neutralizing the imbalance can be achieved through the presence of a strong interpersonal support system. This psychological asset contributes extensively to successful coping. Kaplan, Cassel and Gore (1977) emphasize the importance of social support in increasing coping with a critical life event such as trauma.

Trauma patients experience various injuries caused by accidents. When their physical bodies are traumatized from the assault, reserves have to be marshalled to meet the stress. Trauma patients are faced not only with physical needs but also with psychological ones. As the physical bodies of trauma patients are concussed and fractured, so is their social networking disrupted. Gone is the normal interaction with family, friends and co-workers and in its place is a reliance, often totally, on strangers and unfamiliar surroundings.

Acuity of illness in the trauma patient means frequent assessments and continuous monitoring for complications. Early in the hospitalization, the critical nature of the

patient's condition often leads to more attention being paid to physical rather than psychological needs. Increased use of high technology reinforces the attention to physical needs and may interfere with or alter the availability of social support from the individual's social network (Murawski, Penman & Schmitt, 1978). As nurses use their knowledge and skills to care for the physical bodies of trauma patients, they must also strive to facilitate the acquisition and maintenance of social support. Attention to social support may include mobilization of the patient's customary network and/or substituting for the support usually provided by significant others. In order for nursing interventions to be effective, they must be consistent with both the patient's perception of support needed and the persons from whom the support is desired. Research on the subject of social support desired/needed by trauma patients has been quite limited. Therefore, it was the purpose of this study to interview a small number of hospitalized individuals who had been injured due to a traumatic event and to describe the types of social support they received and their perceived satisfaction with the support. The intent of this study was also to describe ways trauma patients feel others could have been more helpful during hospitalization.

CHAPTER 2

LITERATURE AND THEORY FRAMEWORK

Social support perceptions of trauma patients were examined for two reasons. First, a trauma unit often involves fast-paced, highly technological, physical care, and consequently it is reasonable to wonder if trauma patients perceive less social support from the nurses and other health professionals than patients in a non-critical care unit. Secondly, the critical condition of patients in the trauma unit may significantly restrict the actual time spent with them by friends and family members. This may be perceived by the patient as a decrease in social support.

Literature Review

Studies on social support have defined and examined it as a network and as the perceived availability of help. To examine social support a brief look has to be given to social networks first. Tilden and Weinert (1987) differentiated between social support and social network. They state that social networks exist in structural inter-relationships of family, friends, neighbors, co-workers and others who provide support. These networks have many variables: size, the members knowledge of one another, frequency of contact, length of relationship, and homogeneity. The social network is an essential variable in determining how individuals respond to critical life events. Kahn and Antoncci (1980) contend that a strong supportive relationship increases an individual's coping with stresses in environment. Social support, however, is "psychosocial and tangible aid provided by the social network and received by a person."

House (1981) described four aspects of social support: emotional, appraisal,

informational and instrumental. Components of emotional support include: concern, trust, caring, liking or love. Feedback that affirms self-worth is considered appraisal support. Useful advice and information that helps problem solve is informational support. Tangible goods and services fall in the category of instrumental support.

Research literature looks at how vital social networks are in maintaining social support for individuals. Cassel (1976) proposed that adequate social support buffers an individual from physiological and psychological stress and its consequences. Other studies discuss the patients' perceptions of the social support and confirm the need for nursing interventions to provide it.

A study done by Kessiring, Lindsey, Dodd and Lovejoy (1986) had 42 cancer patients rate their own social networks and support systems on the Norbeck Social Support Questionnaire. Results of this study showed the importance of incorporating significant others into nursing care. It was found that if an individual had a small social network and low perceived support, the need for more attention and support from nurses was present. Persons who tended to view the illness experience more favorably described their social networks as containing more individuals and felt more affirmed by others.

In a study by Grossman-Schulz and Felley (1984) the meaning and use of support was examined using a questionnaire and interview. Seventeen nurses were asked to recall and describe examples of supportive nursing from their own practice. The research study results pointed out some shortcomings in the present conceptualization of supportive nursing practice. Specifically, nurses in the study reported that they used various supportive behaviors in the nurse/client relationship but they also varied in their interpretation of which behaviors they felt were supportive. Outcomes the nurses

evaluated did not always result from a concept that had been operationalized in practice, and it was also unclear whether the "nurses connected their supportive interventions with the health outcomes by which they chose to evaluate those behaviors".

In another study, Hoffman, Donckers and Hauser (1978) conducted preintervention interviews with 50 patients in a coronary care unit. Following the interviews, one 30 minute class was held for the nursing staff. The class was used to make nurses more conscious of what patients' perceive as stressors and to encourage them to view the stressors as amenable to nursing interventions. One week after the class another 50 patients were interviewed using the same questionnaire. The study indicated that if nurses are sensitive to patients' perceived stress, they are more likely to institute effective interventions to reduce stress and to effectively provide social support.

The impact of social support on uncertainty was the theme of Mishel and Braden's (1987) study. The study examined women's experiences during three phases of gynecological cancer. The phases were diagnosis, treatment and stabilization. In the diagnostic phase if women reported more emotional expression in their relationships and had ideas and opinions respected by others, then they had less uncertainty about their illness. In the treatment phase no significant relationship was found between functions and uncertainty of social support. Finally, during the stabilization phase significant associations were found between social support functions and uncertainty. The researchers in this study concluded that functions of social support change and influence the varied aspects of uncertainty in the stages of the cancer experience.

In 1987, Gardner and Wheeler conducted a preliminary study among hospitalized patients. Their goal was two-fold: first, to determine patients' perceptions of support

and secondly, to develop an instrument that would describe support in nursing. Psychiatric, medical and surgical patients participated in the study. In this study nurses viewed the following as providing support for patients; friendliness, problem solving, information giving, reassurance, nursing tasks and providing comfort measures. According to patients interviewed, surgical patients identified feeling confident and perceived the physical measures provided by nurses as supportive. Medical and psychiatric patients viewed friendliness and problem solving respectively as feeling supported by nurses. Gardner and Wheeler (1987) felt that "because a goal of nursing intervention is to have patients feel supported, patients' perceptions of what is supportive to them is critical to know."

Both of these studies showed that it is the perception of the individual that is the critical element. What is thought by nurses, family and friends as supportive may not be perceived as supportive from the patient's standpoint.

Not only is it important for nurses to be able to identify potential stressors for the trauma patient, but they also need to be aware that the trauma admission can cause disruption in the patient's social support. This can occur for various reasons. In the case of the trauma patient there is no warning. Initially, friends and family may feel numbness, shock, disbelief and fright. Guilt and anger may also be factors. Guilt may be felt if there are feelings of responsibility for the patient's accident. There can also be feelings of guilt for something they did or did not do. Anger can also be felt for the accident occurring. Feelings of powerlessness and helplessness can exist because they feel there is little they can do to influence the patient's recovery. Significant others in the social network are forced to trust strangers in an environment of foreign sights and sounds. Physical separation from the patient and uncertainties about the

prognosis can augment anxiety. All of these factors can disrupt the social support.

At the time of this study, no studies were found which examined social support as it related to trauma patients. Because of this, studies of other diverse populations were examined.

Although the conceptualization and measurement of social support varied and studies were often limited by small samples, the positive influence of social support seemed apparent. The way that social support functions is less clear. Whether the size of the network, the form of support provided, the particular category of provider or the recipient's perceived satisfaction with support is the most important element remains to be determined. It is also possible that given dimensions of social support may be more salient in one situation versus another. This study will examine the types of support received and the satisfaction with help provided, according to different categories of providers. If nurses are to be maximally effective in enhancing the self-care agency of trauma patients, it is important how satisfied the patients are with the support delivered by different care agents.

Theoretical Framework

Nursing theorist, Dorothea E. Orem, views the individual as a unity functioning biologically, symbolically, and socially. In her theory she describes nursing as an interpersonal process since it requires the social encounter of a nurse with a patient and involves transactions between them (Orem, 1992). Orem's framework states that individuals have the capacity to engage in self-care which consists of actions and practices that they freely perform which are directed toward their own life, health, or well-being (Orem, 1992). Within Orem's framework are what she defines as self-care requisites. The first of which are universally required by all persons. Universal

self-care related to excrements, balance of activity and rest, balance of solitude and social interaction, and prevention of hazards to life and well-being. There are also developmental self-care requisites which are associated with human developmental processes and with conditions and events occurring during various stages of the life cycle. Lastly, are the health-deviation, self-care requisites which are associated with structural and functional deviations and their effects, medical diagnosis and treatment (Caley, Dirksen, Engalla & Hennrich, 1980).

Patients may be classified into one of three nursing systems according to Orem's framework: wholly compensatory, partly compensatory, or supportive educative. When the patient has no active role in performance of care, the wholly compensatory system exists. In the partly compensatory system, nurse and patient both perform care measures. A patient in the supportive educative system, "can or should, learn to perform required measures of self-care, but cannot do so without assistance" (Anna, Christensen, Hohon, Ord & Wells, 1985).

According to Orem's conceptual framework, when individuals are limited in their ability to perform self-care they are viewed as socially dependent and need the assistance of others until their independence returns. Full independence is accomplished when they are able to meet their own self-care requisites (Aggleton & Chalmer, 1985).

Social interaction is a universal requirement of individuals as defined by Orem's theory and may be affected by various forms of crisis. Illness or hospitalization can disrupt an individual's social network. With the trauma patient there has been a quick upset to a normal world caused by a traumatic incident and subsequent hospitalization. Concentration of strength is needed to cope with physical injuries, pain, unfamiliar

surroundings and fulfillment of the role of patient. Often coping with these takes all the energy the trauma patient can muster and more. There is no strength, physical or mental, to maintain the social interactions that existed before the accident. The traumatic event also affects family and friends of the patient. Their world feels the disruption. Consequently, there is turmoil in the social networking of patient, family and friends.

Health care professionals who assist the trauma patient with self-care must assist with social support interactions also. As efforts are made to restore the body to wholeness so must attempts be made to harmonize the social network. While time is spent repairing and mending physical wounds, so must concern be given to the dismemberment of social support. Nursing must be able to recognize fragmented social support and work conscientiously to bolster it.

The study attempted to answer the following questions:

1. What differences are there in social support received by trauma patients by category of provider?
2. What differences are there in perceived satisfaction with social support provided to trauma patients according to category of provider?
3. In what ways do trauma patients feel significant others could have been more helpful to them during hospitalization?

Definition of Terms

A. Social support - An interpersonal transaction that may include one or more of the following: expression of positive affection: the affirmation of another person's behavior, perception, or expressed views: the giving of information or direct help: and the act of listening to another individual (Norbeck et al., 1981). The perception of the interpersonal transaction is vital also.

B. Family - A basic societal unit in which members have a commitment to nurture each other emotional and physically (Leske, 1986).

C. Friend - An individual who has attachment to another by esteem, respect and affection.

D. Health Care Professional - An individual who has advanced education and experience caring for patients in a health care setting.

E. Trauma patient - Any person who has been involved in some type of traumatic incident, sustained injuries and has been brought into the health care setting.

F. Trauma 1 - A designation to indicate a critically ill, hospitalized trauma patient. This patient requires intensive nursing care.

G. Trauma 2 - A designation to indicate a seriously ill, hospitalized trauma patient.

H. Trauma 3 - A designation to indicate a trauma patient whose condition is stable. Could be cared for on a medical/surgical unit.

I. Injury Severity Score - A numerical designation rating the severity of injuries in a trauma patient.

CHAPTER 3

METHODOLOGY

Research Design

A combination of qualitative and quantitative methods were used in this study. A quantitative approach was used to measure patients' perceived satisfaction with support, the type of support received, and the category of provider. Themes related to the type of support desired by trauma patients were generated using a qualitative approach.

Sample and Setting

This research study was conducted at a 375 bed hospital in southwestern Michigan and a convenience sample of 30 subjects was utilized. Subjects were men or women who had been admitted to the Trauma Care Unit with either a status of trauma 1 or trauma 2. The patients were only interviewed when they had advanced to trauma 3 level. Subjects had to be a least eighteen years of age, alert and oriented to person, place, and time. They also had to understand and speak English. Individuals were not included if their family or friends were directly responsible for their accident.

Instrument

The Support Received Scale (SRS) was developed for this study (Appendix A). This tool measures the subject's perceived satisfaction with the support received from family, friends and health professionals while hospitalized. The tool measured (1) support network; (2) perceived forms of support received from various categories of people and; (3) perceived satisfaction with support from a given category of provider. To gain information about the patient's support network the respondents were asked several questions on various support components. The following are questions they

were asked: (1) before the accident who in your family were the persons you could turn to if you needed help? (2) before the accident what friends were helpful to you and that you could turn to for help if you needed it? They were also asked to list by first name and relationship the support people they were discussing. A checklist of supportive characteristics was used too. These included elements of affiliation, affection, information, direct help, and listening. The respondents were then asked to indicate on a seven point scale how satisfied they were with the support received from each person named. The interview ended with the following question being asked: "In what ways could people have been more helpful to you during your hospitalization?"

In addition to the Support Received Scale utilized there was also a demographic data form employed. The information on it included; age, ethnic background, gender, marital status, date of hospitalization, number of days spent at the various trauma level designations and injury severity score (Appendix B). These various bits of information were gleaned from the patients' medical records, the Admission/Transfer/Discharge Log on the Trauma Care Unit, and the patients themselves.

Procedure

Prior to subject recruitment application proposals were submitted and approval was granted from the Research Committee of the hospital where data collection was done and Grand Valley State University Human Research Review Committee. Nursing staff identified potential subjects seven days per week on all shifts. If a patient met the criteria for the study and had reached a trauma 3 level then a member of the nursing staff read them preprinted statements from a card about the criteria for participation in the study and asking if they would like to be provided with more details for the study (Appendix C). The card was then placed in a designated envelope for the data

collectors. When the researcher came on the unit, the filled out cards were examined and admitting records of those patients whose names appeared on the cards were reviewed to see if the patients were eligible to participate in the study. Individuals that qualified for the study were then approached by a trained interviewer. After an introduction, the interviewer gave a brief statement about the study and confirmed the patient's desire to participate in the study (Appendix D). Included with this was the assurance that if participation was to take place there would be complete confidentiality. Assurance was also given that identity would remain anonymous and that the results of the study would not be shared with hospital staff until after release for the hospital had occurred. Potential subjects were told that names would never be able to be identified with the study and that they could choose to terminate their participation at anytime. When the patient agreed to take part, a Patient Acknowledgement was presented (Appendix D). The interviewer verbally read aloud the entire acknowledgement form to the subject and allowed the person to ask questions for clarification. Untoward effects resulting from this study were considered to be a rare possibility. One possible risk that was considered was that while talking the participant could experience some uneasiness in discussing their feelings about support from others. If this did occur and they wanted to talk further with someone about their feelings, then the primary investigator offered to arrange for the services of a hospital staff member who provided support for trauma patients. No one in the sample group requested this. Once the acknowledgement was signed a copy was given to the subject and one copy was retained by the researcher. The interview followed immediately and took place in the privacy of the subject's hospital room without the presence of visitors or staff. The researcher utilized separate data forms for each participant. The questions were read to

the subjects and their responses were recorded on the data forms. At the end of each interview the subject was thanked by the interviewer for participation in the study.

CHAPTER 4

DATA ANALYSIS

Characteristics of Subjects

Staff nurses on the Trauma Care Unit identified 47 individuals who agreed to participate in the study. Only 30 subjects were used. Over the period of six months that subjects were interviewed there were times when a data collector might miss a potential subject who was discharged before an interview could take place. This occurred with 17 individuals. All thirty subjects met the criteria for participation in the study and all of them also completed the entire questionnaire.

The sample used for this study contained 21(67%) males, nine of whom were single, seven were married and the remaining were separated or divorced. All nine females in the sample were married. Distribution of sample by marital status is seen in Table 1.

Table 1

Distribution of Sample by Marital Status

	Group		
Marital Status	Gender	Frequency	Percent
Single	Male	9	33
Married	Male	7	23
Married	Female	9	33
Separated	Male	2	6
Divorced	Male	3	10

Many of the subjects in the study denied knowledge of their ethnic backgrounds. The ethnicity of the sample that was known was varied and Table 2 shows this.

Table 2

Distribution of Sample by Ethnicity

	Group	
Ethnicity of Sample	Frequency	Percent
Afro-American	1	3
Dutch	4	13
English	4	13
German	3	10
Irish	3	10
Native American	1	3
Other	8	27
Unknown	6	20

Table 3 shows the breakdown of trauma level admissions by gender. Seven males and one female were admitted at T-1 status while fourteen males and eight females were T-2 admissions.

Table 3

Distribution of Trauma Level Admissions by Gender

Trauma Level Admission	Gender	Frequency	Percent
T-1	Male	7	23
	Female	1	3
T-2	Male	14	47
	Female	8	27

Ages for the sample group ranged from 19-74 years with a mean age of 34. Table 4 shows this breakdown of age and gender.

Table 4

Distribution of Sample by Age and Gender

Age Range	Gender	Frequency	Percent
19-20	Male	1	3
21-30	Male	11	37
	Female	4	13
31-40	Male	1	3
	Female	1	3
41-50	Male	1	3
	Female	2	6
51-60	Male	3	10
61-70	Female	1	3
70+	Female	1	3

Injury Severity Scores ranged from 5-75 with a mean of 16 . Table 5 shows the correlation between gender and injury severity scores.

Table 5

Severity Scores and Gender

	Group		
Injury Severity Score	Gender	Frequency	Percent
5-20	Male	16	53
	Female	6	20
21-40	Male	3	10
	Female	1	3
41+	Male	1	3

Analysis of Research Questions

Data answering the question of what differences there are in social support received by trauma patients by category of provider is summarized in Table 6. The results of this study showed that friends provided the fewest different types of support compared to family members, health professionals and RNs. Eighty-seven percent of the sample reported that their family members frequently spent time with them as opposed to 77% saying health professionals and RNs and 67% saying friends spent time with them. More than 80% of subjects felt that family, health professionals and RNs listened to them, while only 70% felt friends provided listening support. Over 80% of the sample indicated that family, health professionals and RNs provided encouragement as a form of support.

As would be expected, since subjects were relatively dependent on the health professionals and RNs to bring them things, this was frequently (80% and 83% respectively) mentioned as a form of support from these provider categories. Sixty-seven percent of the sample reported that family members brought them things they needed, but only 50% received this type of support from friends.

Not unexpectedly, it was found that information was most frequently provided by health professionals (90%) and RNs (83%). Family (73%) and friends (50%) were less frequent sources of informational support. The majority of the sample felt that all categories of providers gave them respect, but a higher percent felt health professionals (97%) and RNs (93%) provided respect. This was compared to 80% from family members and 53% from friends. In the category of making the patient feel important, family, health professionals and RNs were similar. Those percentages were 87%, 83%

and 80% respectively. Thus, family members were the most frequent providers of time and interactions which made the patient feel important. Health professionals and RNs were the most frequent providers of listening, encouragement, respect, information and instrumental help. Although a majority of the sample received all forms of support from friends, this category was the least frequent provider of support.

Table 6

Types of Support Received by Category of Provider

	Category of Provider			
Types of Support	Family	Friend	Health Professional*	RN
Time	26 (87%)	20 (67%)	23 (77%)	23 (77%)
Listening	25 (83%)	21 (70%)	26 (87%)	26 (87%)
Encouragement	24 (80%)	19 (63%)	26 (87%)	25 (83%)
Brought Something	20 (67%)	15 (50%)	24 (80%)	25 (83%)
Respect	24 (80%)	16 (53%)	29 (97%)	28 (93%)
Information	22 (73%)	15 (50%)	27 (90%)	25 (83%)
Feel important	26 (87%)	20 (67%)	25 (83%)	24 (80%)

*Health professionals included doctors, social workers, chaplains and individuals from areas such as respiratory care, physical or occupational therapy and dietary. RNs could also be identified in this category.

Analyzing the sample data using a Kendall Tau B test it was found that there was no statistical significant difference according to the categories of providers of support. Data was also examined to determine if subjects' satisfaction with support received was related across categories of providers. Significant relationships were found among provider satisfaction ratings. The strongest relationship was between satisfaction

with RN support and satisfaction with support from a health professional (tau B= .71, p=< .001). The latter category of provider was defined to include RNs so those ratings may have been identical if the most helpful health professional identified was the RN. Table 7 shows the statistical value of these comparisons.

Table 7

Relationship of Perceived Satisfaction with Support among Provider Category

	Provider Category			Satisfaction
Categories of Providers	Family	Friend	Health Professional	Mean
Family				6.45
Friend	.46*			6.23
Health Professional	.39*	.44*		6.23
RN	.43*	.31**	.71*	6.17

* = p ≤ .01 ** = p < .05

A constant comparative analysis was used to examine the qualitative data. Each response to the last question in the survey, "In what ways could people have been more supportive and helpful to you during this hospitalizations?" was transcribed onto a separate index card. Response data was compared and clustered according to similar ideas. As data continued to be clustered in this constant comparative analysis, three common themes emerged. These themes focused on functional aspects of supportive relationships, sensitivity to needs, and availability of additional support. Subjects indicated several ways that they felt significant others could have been more helpful to them during hospitalization. They indicated they wanted more direct contact with

professionals that cared for them. Sample comments in the category of functional aspects of desired supportive relationships included the following:

"If there were fewer nurses caring for you, you could get to know them."

"I wanted my friends and family to visit me more."

"Even though my wife had other things she needed to be doing I wished when I needed her she could have been here with me.

"I wish my mom would have come to visit me or, at least, called me on the phone."

Subjects also said they desired more sensitivity to individual needs regarding pain, functional ability, urgency of assistance needed, information and recognition of themselves as persons. Comments reflecting needed sensitivity included:

"Need to answer call lights faster."

"They need to give you pain meds when you need it and give you enough medication to be effective."

"Would have liked them to be more sensitive to what I told them my pain was."

"Wish they would have listened and talked to me more."

"Wanted them to know what my current physical ability was and not try to force me to go beyond it."

"I would have like more information about my condition and details about the machinery they were using for my care."

Lastly, subjects said they would have liked to have readily available other services such as psychologists and rehabilitation providers. Indications of needed services included:

"The first few days you are here you feel really bad but after you begin to feel

better. They need to have a psychologist to help you get your head together."

"When you are ready for rehabilitation it should be available to you right away, and you shouldn't have to wait."

In summary, key types of support and providers of that support included the following. Spending time and feelings of importance were highest from family members. Listening, encouragement, information and providing things needed or wanted were fairly equal from RNs and health professionals.. Frequency of providing specific types of support and general satisfaction with support received were higher for support provided from family members, RNs and health professionals than friends. However, when data was analyzed there were no statistical differences among provider categories related to the perceived satisfaction with support.

CHAPTER 5

DISCUSSION AND IMPLICATIONS

Discussion

Murawski, Penman and Schmitt (1978) referred to social support as "interpersonal ties who can be relied on to provide emotional support, help and reassurance in time of need." The current study examined the interpersonal ties of trauma patients, the types of support received during hospitalization, and the patients' perceived satisfaction with this support. One of the questions for the study was what types of support do trauma patients feel they receive while they are hospitalized? Secondly, with various categories of providers of support, do trauma patients perceive a difference in satisfaction from the different categories of providers of support? Data from the study identified that trauma patients receive numerous types of support from all categories of providers. The type of support that subjects indicated they received most from family members was spending time with them and making them feel important. The support that subjects in the study ranked most frequent from friends was listening to them. RNs and other health professionals were the most frequent providers of respect. Satifaction with support was, however, significantly related across provider categhories.

There are several suppositions that could be made regarding the data from this study. The category of friends was rated somewhat lower than other categories when a comparison of support providers was examined. This could be because the subjects were admitted in critical or serious condition, and the family, RNs, and other health professionals would have been the individuals who were with the subjects the most. When the trauma patient's condition became more stable, friends would have begun to visit. This too could explain the high scores that subjects gave to spending time with

them and making them feel important from family members. As previously mentioned, due to the critical or serious nature of the injuries family members would probably focus much of their time and attention on the hospitalized individual. The types of support that were most frequently received from RNs included respect, encouragement, information and tangible goods. Looking at the role of the nurse caring for a patient who is recovering from a serious injury this is congruous. Encouragement would be needed and used for every step of the recovery process for the trauma patients. Nurses are also in a position to impart varying pieces of information to patients; the reason for certain treatments, what tests are scheduled for the day, and when the next pain medication can be given. These are but a few examples of the routine information that nurses might provide to the patient. Since the patient is the reason for the care to be provided in the first place, it is only expected that nurses and other health professionals would treat them with respect. It is not surprising that patients rated "spending time" as the type of support least frequently provided by RNs and other health care professionals. RNs often spend the most time with patients during periods when the patient's consciousness is decreased due to the injury or pharmacologic agents. Thus, patients do not recall this type of support. As the patient becomes more stable, the need for nursing care lessens and, realistically, less time may be spent with the individual. As this occurs the patient's awareness may increase also. With the greater demands on institutions in the health care arena to increase productivity and to lower health care costs, the push is to do what is necessary and move on to the next patient. Consequently, less time will be spent with the individual patient.

This study also supports some of the earlier studies regarding support. Norbeck (1981) identified that traditionally nurses promote healing and optimal health which

includes support for the patient. More recently Gardner and Wheeler (1987) concluded that, "a goal of nursing interventions is for the patient to feel supported." Not only did the subjects in this study identify that RNs provided all types of support, but they also indicated a high degree of satisfaction with that support. Again with this supportive behavior nurses were providing for the self-care deficits of the patient which is a component of Dorothea Orem's theoretical framework (1992).

Limitations

The sample was small (N=30) and was selected by convenience. Subjects were predominantly male the aged 19-30 years. Although this predominance is typical for the trauma population it could still be a limitation for the study. The sample also included patients who were on the same in-patient unit as little as two days and as long as 21 days before they were interviewed. This wide variation in length of stay certainly could have affected the types of support received, who the providers of the support were and also the perception of that support.

Other influences might have included the fact that the subjects were still in a position to be dependent on RNs and other health care professionals. They may have felt some degree of vulnerability and, consequently, rated those categories differently even though anonymity was promised. Another influence to the study could have been the fact that the subjects had just survived a very life-threatening experience in their lives and so could have been greatly influenced by the care provided by RNs and health professionals. For this very reason also, the family and friends may have made a special effort to be with the patient. All these things may have affected the subjects' responses and altered the research findings.

Implications for Nursing Practice

"Researchers do not agree on how or why social support moderates a stressful situation for an individual, or whether the degree of support an individual receives depends on particular categories of helping people available or on one's social network as a whole" (Starker, 1986). It is evident from even this limited study of trauma patients that they have a need for supportive people, be those people family, friends or care giving professionals.

The implications for nursing were brought out in the responses the subjects in the current study gave to the question, "In what ways could people have been more supportive and helpful to you during this hospitalization?" One of the needs identified was for more sensitivity to individual needs. As the demands of nursing increase, for whatever reasons, sight must never be lost of the uniqueness of the individuals being cared for. To recognize and concentrate on the patient's need for recognition as a person, their distinct needs and abilities must be paramount. Another goal to strive for is to have mechanisms in place that maximize the nurse's timely response to patients' requests for assistance. This would give the person a sense that their urgent needs will be taken care of whether it be for information, comfort, listening, etc. Secondly, to collaborate with other professional colleagues and work to have in place the ready availability of other needed services, such as rehabilitation and psychological referrals, would address another support need identified by subjects in this study. Third, emotional support is needed through direct contact with significant others. This patient need makes it important to examine policies and procedures in units or facilities where family members have been discouraged from being very involved with patients during post-trauma recovery. Nurses need to influence institutional policy to create greater flexibility in visitation hours for increased

institutional policy to create greater flexibility in visitation hours for increased patient/family, or patient/friend interaction. Provisions so that family members can remain physically close when patents have been hospitalized in large regional centers away from their home towns will also be important. Again this would mean active involvement in letting policy makers at the regional facilities know the importance of significant others' contact with the trauma patient during the recovery period and working to help establish areas for family housing for family members. Also nursing caregivers need to realize that they play a vital role in providing direct support to the trauma patient, especially when family and friends are limited in their ability to be close to the patient. Realistically, these needs can not always be met exclusively by licensed nursing personnel. Additional support could come from non-nursing assistants/volunteers. Development of programs where volunteers are utilized to spend time with patients whose families and friends are unable to spend much time with them, as well as, staffing designs and assignments that allow for a more sustained, on-going relationship between trauma patients and their caregivers would add to the support for trauma patients.

Recommendations for Further Research

A replication of the study that used a larger sample size, included more equal numbers of both genders and broader age spans would adjust for some of the limitations previously pointed out in this study. Other recommendations would be to use subjects with similar diagnoses and interview them at lengths of stay which are closer in time frames. Another suggestion would be to contrast trauma subjects and ones on in-patient units which are not critical care ones. A final suggestion would be to look at trauma patients with cultural differences with regards to social support.

Conclusion

A study by Hoffman, Donckers, and Hauser (1978), emphasized the importance of the dynamic aspect of support needed by individuals who are hospitalized. The study further indicated that hospitalization itself may alter elements of the support network. For this reason nurses need to identify those patients at risk for great interruptions in their social support and for whom interventions need to be mobilized. "As health care providers, we need to attend to the extent to which the structure of treatment alters an individuals's social support negatively" (Murawaski, Penman & Schmitt, 1978). It is important for nurses to facilitate a design of care that will allow social support needs to be met systematically. This will facilitate coping on the part of the patient and as Gardner and Wheeler (1987) reported, "When patients feel supported, they probably show a corresponding increase in their satisfaction with health care."

APPENDICES

APPENDIX A

Support Received Scale

Each person varies with the number of people that are close to them and that are helpful. Some individuals may have one person who is supportive to them while others may have several.
To get an idea of your support group please answer the following questions:

1. Before the accident who in your family were the persons you could turn to if you needed help? List these persons by first name and their relationship to you.

First Name	Relationship

2. Before the accident what friends were helpful to you and that you could turn to for help if you needed it? List these friends by first names.

3. From the names listed in questions 1 and 2 who are the family members and friends who you feel the closest to?

4. Who is the one family member that has been the most supportive and helpful to you during this hospitalization?
(It doesn't matter if this person helped a little or a lot, just who you feel has been the most helpful).

Family member's first name Relationship

Of the following ways how was this person helpful to you?

1. Spent time with me
2. Listened to me
3. Encouraged me
4. Brought me something I wanted or needed
5. Treated me with respect
6. Gave me honest information
7. Made me feel important
8. Other

On the following scale indicate how satisfied were you with the suppport you received from that person?

Not satisfied		Slightly satisfied		Satisfied		Very satisfied	Extremely satisfied
0	1	2	3	4	5	6	7

5. What one friend has been the most supportive and helpful to you during this hospitalization?
(It doesn't matter if this person has helped a little or a lot. Just who you feel has been the most helpful).

Friends first name

Of the following ways how was this person helpful to you?

1. Spent time with me
2. Listened to me
3. Encouraged me
4. Brought me something I needed or wanted
5. Treated me with respect
6. Gave me honest information
7. Made me feel important
8. Other

On the following scale indicate how satisfied were you with the suppport you received from that person?

Not satisfied		Slightly satisfied		Satisfied		Very satisfied	Extremely satisfied
0	1	2	3	4	5	6	7

6. What one health professional was the most supportive and helpful to you during this hospitalization?

   Professional's name

   Discipline (doctor, nurse, technician, social worker, chaplain, respiratory therapist, etc.?)

   Of the following ways how was this person helpful to you?

   1. Spent time with me
   2. Listened to me
   3. Encouraged me
   4. Brought me something I needed or wanted
   5. Treated me with respect
   6. Gave me honest information
   7. Made me feel important
   8. Other

On the following scale indicate how satisfied were you with the suppport you received from that person?

Not satisfied		Slightly satisfied		Satisfied		Very satisfied	Extremely satisfied
0	1	2	3	4	5	6	7

7. What one nurse was the most supportive and helpful to you during this hospitalization?

   Nurse's name

   Of the following ways how was this person helpful to you?

   1. Spent time with me
   2. Listened to me
   3. Encouraged me
   4. Brought me something I needed or wanted
   5. Treated me with respect
   6. Gave me honest information
   7. Made me feel important
   8. Other

On the following scale indicate how satisfied were you with the suppport you received from that person?

Not satisfied		Slightiy satisfied		Satisfied		Very satisfied		Extremely satisfied
0	1	2	3	4	5	6	7	

8. In what ways could people have been more supportive and helpful to you during this hospitalization?

APPENDIX B

DEMOGRAPHIC FORM

Date

Demographic Information

Age_____

Ethnic Background (eg. Irish, German, English, Swiss, etc.)

_____

Circle one of the following:

Sex: male or female

Marital Status:

single married separated divorced widowed

Date of hospitalization_____

Number of days at trauma level 1_____

Number of days at trauma level 2_____

Number of days at trauma level 3_____

Injury Severity Score_____

APPENDIX C

PRELIMINARY APPROACH CARD INFORMATION

There is a study taking place
that is about trauma patients.
It involves answering several
short questions. Would you be
willing to take part in the study?

Yes No

(Circle the patient's response and
place this card in the
envelope marked "trauma study"
on the bulletin board behind the main
desk) Thank you.

Patient's Name:

Room Number:

APPENDIX D

INFORMED CONSENT

The purpose of this study is to gain information that will assist health professionals in planning the care for hospitalized trauma patients.

To be eligible for participation in this study you must be a trauma patient hospitalized at Bronson Methodist Hospital. The study will consist of a single interview while you are a patient at Bronson. You will be asked several questions about how family, friends and health professionals have been helpful to you during hour hospitalization.

Only you and the interviewer should be present during the interview. The interview will take 10-15 minutes. Comments will not be shared with hospital personnel and any other person that could be identified. Study results will be released after you are discharged from the hospital.

Possible benefits from being a participant in this study are that you have the opportunity to provide information to nurses that will assist them in planning care for hospitalized trauma patients. A possible risk of being a participant in the study is that you may experience some uneasiness in discussing your feelings about support from others. This could also be a benefit in that talking about your feelings may help to ease your feelings of discomfort. If you decide you want to talk further with someone about your feelings, the primary investigator will obtain the services of a hospital staff member who provides support for trauma patients.

APPENDIX E

PATIENT ACKNOWLEDGEMENT

"I acknowledge that I have been given an opportunity to ask questions regarding this research study and that these questions have been answered to my satisfaction. I understand that if I have any additional questions I can contact the study investigator" (Marsha Stevens at 616-623-8404). "In giving my consent I acknowledge that my participation in this research project is voluntary and that I may withdraw at any time without affecting my future medical care. I also understand that the investigator in charge of this study, with my welfare as a basis, may decide at any time that I should no longer participate in this study."

"I hereby authorize the investigator to release the information obtained in this research study to the medical science literature. I understand that I will not be identified by name."

"Because no medication or invasive procedures are involved in collection of this information, no physical injury is anticipated due to this study. In the event of unanticipated physical injury resulting from the research procedures, Bronson Methodist Hospital and/or the investigator will provide or arrange to provide for all necessary medical care to help me recover, but they do not commit themselves to pay for such care, or to provide any compensation. I also understand that neither Bronson Methodist Hospital, Grand Valley State University, nor the investigator agree to bear the expense of medical care for any new illness or complications which may develop during my participation in this study, but are not a result of the research procedures. If I have further questions or concerns regarding my participation in this study, I way direct them to the investigator."

"I acknowledge that I have read and understand the above information, and that I agree to participate in this study. I have received a copy of this document for my own records."

_____

Volunteer

_____

Witness

_____

Date

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