

**THE DEVELOPMENT OF A CLINICAL NURSING PRACTICE
GUIDELINE FOR SCREENING AND COMMUNICATING
WITH APHASIC PATIENTS: FROM A SYNTHESIS OF
RELEVANT RESEARCH**

The seal of Mahidol University is a large, circular emblem. It features a central blue circle containing a golden stupa-like structure. This central circle is surrounded by a wider yellow ring. The outermost ring of the seal contains Thai script in a circular arrangement. The author's name, 'DARUNEE PADUNGPEAN', is printed in black capital letters across the center of the seal, over the blue circle.

DARUNEE PADUNGPEAN

**A THEMATIC PAPER SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF NURSING SCIENCE
(ADULT NURSING)
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY**

2003

**ISBN 974-04-3500-9
COPYRIGHT OF MAHIDOL UNIVERSITY**

Thematic paper

entitled

**THE DEVELOPMENT OF A CLINICAL NURSING PRACTICE
GUIDELINE FOR SCREENING AND COMMUNICATING
WITH APHASIC PATIENTS: FROM A SYNTHESIS OF
RELEVANT RESEARCH**



Darunee Padungpean.....

Miss Darunee Padungpean
Candidate

Orapan Thosingha.....

Asst.Prof. Orapan Thosingha,
D.N.S.
Major-Advisor

Wanpen Pichitpornchai.....

Lect. Wanpen Pichitpornchai,
Ph.D. (Nursing)
Co-Advisor

Rassmidara Hoonsawat.....

Assoc.Prof. Rassmidara Hoonsawat,
Ph.D.
Dean
Faculty of Graduate Studies

Kobkul Phanchareonworakul.....

Assoc. Prof. Kobkul Phanchareonworakul,
Ph.D.
Chair
Master of Nursing Science
Faculty of Nursing

Thematic paper

entitled

**THE DEVELOPMENT OF A CLINICAL NURSING PRACTICE
GUIDELINE FOR SCREENING AND COMMUNICATING
WITH APHASIC PATIENTS: FROM A SYNTHESIS OF
RELEVANT RESEARCH**

was submitted to the Faculty of Graduate Studies, Mahidol University
for the degree of Master of Nursing Science (Adult Nursing)

on
May 29, 2003

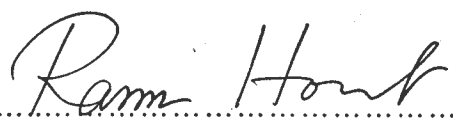

Miss Darunee Padungpean
Candidate

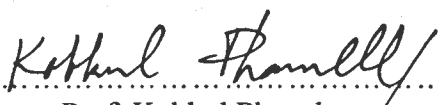

Asst.Prof. Orapan Thosingha,
D.N.S.
Chair


Lect. Wanpen Pichitpornchai,
Ph.D. (Nursing)
Member


Miss Chutima Arunotayanun,
M.N.S.
Member


Assoc.Prof. Saipin Gasemgitvatana
D.N.S.
Member


Assoc.Prof. Rassmidara Hoonsawat,
Ph.D.
Dean
Faculty of Graduate Studies
Mahidol University


Assoc. Prof. Kobkul Phanchaoenworakul,
Ph.D.
Dean
Faculty of Nursing
Mahidol University

ACKNOWLEDGEMENT

I would like to express my sincere gratitude and deep appreciation to Assistant Professor Dr. Orapan Thosingha, my major-advisor for her guidance, valuable-advice, supervision and encouragement which enable me to succeed in my thematic paper. I am very grateful to have this opportunity to be her advisee.

My appreciation and gratitude is also extended to Dr. Wanpen Pichitpornchai, my co-advisor, and Associate Professor Dr. Saipin Gasemgitvatana and Miss Chutima Arunotayanun, my committee members, for their kind advice and suggestions.

I would like to thank all the experts for their valuable advice, and comments on this study. I am deeply in-dept to the aphasic patients and staff nurses of the Bangkok Bank Building at the second floor, third floor, and the Neurosurgical Intensive Care Unit, King Chulalongkorn Memorial Hospital, that were willing to participate in my study.

Grateful acknowledgement is also extended to the Nursing Department and everyone in the Neurosurgical Intensive Care Unit, King Chulalongkorn Memorial Hospital, Thai Red Cross Society, that allowed me the time to study. My deep gratitude also goes to Mrs. Benja Kokilakanith, my supervisor, for her help to facilitate this study and kindness towards me during the entire study.

Finally, I am very grateful to my family and my nursing classmates especially Miss Chaweewan Wanthana for the friendship and kind assistance. I am very thankful for hours of research utilization and clinical seminars, which influenced my thinking leading to this study. I am also deeply in-dept to Miss Kanchana Khunsong for her inspiration, sympathy and tireless assistance throughout this study.

Darunee Padungpean

THE DEVELOPMENT OF A CLINICAL NURSING PRACTICE GUIDELINE FOR
SCREENING AND COMMUNICATING WITH APHASIC PATIENTS: FROM A
SYNTHESIS OF RELEVANT RESEARCH

DARUNEE PADUNGPEAN 4437030 NSAN/M

M.S.N. (ADULT NURSING)

THEMATIC PAPER ADVISORS: ORAPAN THOSHINGHA, D.N.S., WANPEN
PICHITPORNCHAI, Ph.D. (NURSING).

ABSTRACT

This study aimed to develop a clinical nursing practice guideline (CNPG) by synthesizing major research studies related to screening and communicating with aphasic patients and also to evaluate it to determine whether, in fact, be put into practice. After analyzing and synthesizing the findings of a total of 18 research studies, it was found that most evidence was in levels B and C. Here, the CNPG consisted of 2 parts, namely the practice guideline for aphasia screening and that for communicating with aphasic patients. Its validity was tested and confirmed by specialists in the field of aphasia. The CNPG was piloted at King Chulalongkorn Memorial Hospital, in Bangkok for 2 full months from February to March 2003. The sample consisted of 10 aphasic patients who had been admitted to neurological or neurosurgical wards or the neurosurgical intensive care unit. The CNPG was tested with 5 aphasic patients by the investigator, with each of the other 5 patients by 5 individual nurses. A statistical analysis was performed and the procedures and outcome of using the CNPG were analyzed.

The results distinctly revealed that the investigator and registered nurses could accurately screen patients with either moderate or severe aphasia. From this study, it is concluded that the CNPG for communicating with aphasic patients as presented here formulated greatly helped in communication and was readily put into nursing practice. The severity of the aphasia and the patients' language ability, however, had to also be taken into consideration.

These findings firmly suggest that the CNPG for screening and communicating with aphasic patients as presented here can realistically be used in regular practice in order to improve the quality of nursing care for aphasic patients.

KEY WORDS: CLINICAL NURSING PRACTICE GUIDELINE / SCREENING /
COMMUNICATING / APHASIC PATIENT

140 P. ISBN 974-04-3500-9

การสร้างแนวปฏิบัติการพยาบาลจากการสังเคราะห์งานวิจัยเพื่อการประเมินคัดแยกและการปฏิบัติ
เพื่อการสื่อสารกับผู้ป่วยอะเฟเซีย (THE DEVELOPMENT OF A CLINICAL NURSING
PRACTICE GUIDELINE FOR SCREENING AND COMMUNICATING WITH
APHASIC PATIENTS: FROM A SYNTHESIS OF RELEVANT RESEARCH)

ครุณี ผดุงเพียร 4437030 NSAN/M

พย.ม. (การพยาบาลผู้ใหญ่)

คณะกรรมการควบคุมสารนิพนธ์ : อรพรรณ โตสิงห์, พย.ค., วันเพ็ญ พิชิตพรชัย, Ph.D. (Nursing)

บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อสร้างแนวปฏิบัติการพยาบาลจากการสังเคราะห์งานวิจัย
เพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วยอะเฟเซียและประเมินแนวปฏิบัติการ
พยาบาลที่สร้างขึ้นว่าสามารถนำไปปฏิบัติได้จริงหรือไม่ แนวปฏิบัติการพยาบาลที่สร้างขึ้นได้จาก
การสังเคราะห์งานวิจัยจำนวน 18 เรื่อง จำแนกออกเป็นแนวปฏิบัติ 2 ส่วนหลักคือ การประเมิน
คัดแยกและการสื่อสารกับผู้ป่วยอะเฟเซีย แนวปฏิบัติการพยาบาลนี้ได้รับการตรวจสอบและ
เห็นชอบจากผู้ทรงคุณวุฒิอย่างเป็นฉันทามติ ทำการศึกษานำร่องที่โรงพยาบาลจุฬาลงกรณ์
ระหว่างเดือนกุมภาพันธ์ - มีนาคม 2546 กลุ่มตัวอย่างเป็นผู้ป่วยอะเฟเซียที่เข้ารับการรักษาใน
หอผู้ป่วยอายุรกรรมประสาท ศัลยกรรมประสาท และไอซียูศัลยกรรมประสาทจำนวน 10 ราย
ผู้ศึกษาใช้แนวปฏิบัติการพยาบาลกับผู้ป่วยอะเฟเซียจำนวน 5 ราย และพยาบาลวิชาชีพ 5 คนใช้
แนวปฏิบัติการพยาบาลกับผู้ป่วยอีกคนละ 1 ราย วิเคราะห์ข้อมูลโดยการแจกแจงความถี่
รวมทั้งวิเคราะห์กระบวนการและผลลัพธ์ของการใช้แนวปฏิบัติการพยาบาล

ผลการศึกษาพบว่า ทั้งผู้ศึกษาและพยาบาลวิชาชีพสามารถประเมินคัดแยกอะเฟเซียได้อย่าง
ชัดเจนในผู้ป่วยอะเฟเซียระดับปานกลางถึงรุนแรง และแนวปฏิบัติการพยาบาลเพื่อการสื่อสารกับ
ผู้ป่วยอะเฟเซียช่วยในการสื่อสารได้ชัดเจน สามารถนำไปใช้ปฏิบัติได้แต่ต้องพิจารณาตามความ
รุนแรงและความสามารถด้านภาษาของผู้ป่วย

จากการศึกษามีข้อเสนอแนะว่าควรนำแนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและ
การสื่อสารกับผู้ป่วยอะเฟเซียผสมผสานเข้าสู่การปฏิบัติในสถานการณ์จริงเพื่อคุณภาพการดูแล
ผู้ป่วยอะเฟเซีย

140 หน้า. ISBN 974-04-3500-9

CONTENTS

	Page
ACKNOWLEDGEMENT	iii
ABSTRACT (ENGLISH)	iv
ABSTRACT (THAI)	v
LIST OF TABLES	viii
LIST OF FIGURES	ix
CHAPTER I INTRODUCTION	
Background and significance of the study	1
Conceptual framework	3
The purposes of the study	4
Scope of the study	5
Expected outcomes and benefits	5
Definition of terms	5
CHAPTER II LITERATURE REVIEW	
Profile of the aphasic patients	7
The Impact of Aphasia	11
The management of the communication problems for patients with aphasia	16
Research utilization process	19
CHAPTER III METHODOLOGY	
Step of the development of clinical nursing practice guideline	26
Step of pilot study	28
CHAPTER IV RESULTS	33
CHAPTER V DISCUSSION	69
CHAPTER VI CONCLUSION	
Summary of the study	81
Implication for the nursing practice	82
Limitation of the study	84
Implication for further studies	84

CONTENTS (continued)

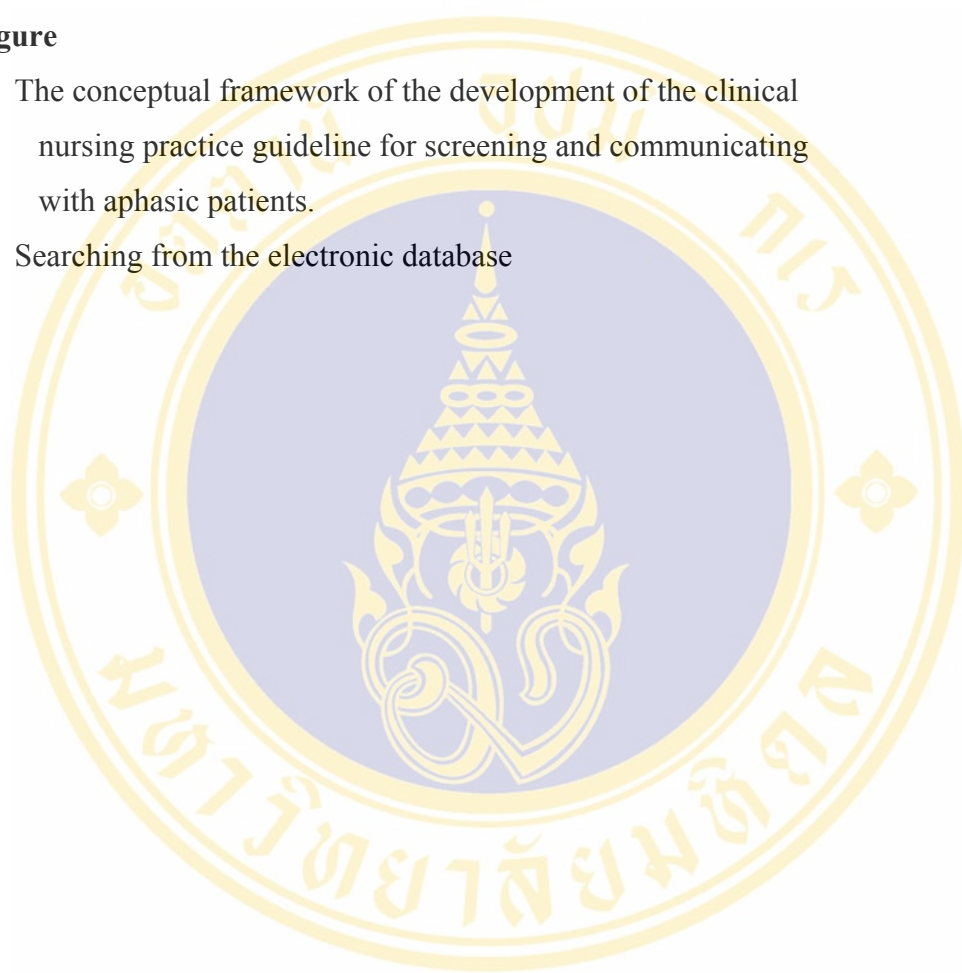
	Page
BIBLIOGRAPHY	85
APPENDIX	
List of experts	95
Information consent forms	96
Instrument for the development of clinical nursing practice guideline	98
Instrument of collecting data	103
The Clinical Nursing Practice Guideline for Screening and Communicating with Aphasic Patients	110
Permission letters for data collecting	127
Permission letter for using instrument	129
BIOGRAPHY	130

LIST OF TABLES

Table	Page
1 The number of the research studies classified according to the quality of evidence and the content data	36
2 Critique, and determination of sufficiency of research base	37
3 The clusters of research finding	51
4 The opinions of the experts toward the clinical nursing practice guideline at the first time of validation	54
5 The opinions of the experts toward the clinical nursing practice guideline for screening and communicating with the aphasic patients	59
6 Demographic characteristics of aphasic patients	60
7 Demographic characteristics of registered nurses	62
8 The number of practices followed the clinical nursing practice guideline for screening and communicating with aphasic patients	64
9 Obstacles and suggestions from using the clinical nursing practice guideline for screening and communicating with aphasic patients	67
10 The outcome of using the clinical nursing practice guideline for screening and communicating with aphasic patients	68

LIST OF FIGURES

	Page
Figure	
1 The conceptual framework of the development of the clinical nursing practice guideline for screening and communicating with aphasic patients.	4
2 Searching from the electronic database	35



CHAPTER I

INTRODUCTION

Background and Significance of the Study

Aphasia is a symptom, causing loss of language ability and function as a result of brain damage. Patients with aphasia have problems in regard to comprehension and/or expression of verbal language, as well as reading, writing, and mathematics (A-kamanont, C., 1986: 50; Sundin, et al., 2002: 93). There are many etiologies that may be associated with aphasia. Most often aphasia is the result of cerebrovascular disease leading to complete stroke, but it can also occur following traumatic brain injury, brain tumor, degenerative conditions, or exposure to neurotoxic agents (Damasio, 2001: 18). The left cerebral hemisphere is the site of language dominance. The pathology that involves the left cerebral hemisphere often results in an impaired language disorder, which is called aphasia (Phanthumchinda, K., 1987: 92). The study of Tossapornpong, K. and colleagues (1991: 10) indicated that communication disorders are very common in hemiplegic patients and 81.67% of right hemiplegic patients exhibited aphasia. Brain lesions which cause risk of aphasia are at the anterior frontal lobe, superior temporal lobe, parietal lobe, and occipital lobe (Pedersen, et al., 1995; Al-Khawaja, et al., 1995; Records, 1994; Loughrey, 1992; Beeson, et al., 1995).

Working for years in King Chulalongkorn Memorial Hospital, the investigator has learned that patients with aphasia had difficulty in speaking. For example, they took a long time and used much effort to produce each word, which were hesitant, disrupted words. Some patients had impaired comprehension, spoke fluently but indirectly to questions, or were mute. With an impaired communication process, the patients could not convey their needs. They also could not maintain normal relationships with others. Consequently, their self-reliance as well as their self actualization was destroyed. All of the problems as stated above have a direct impact on patients and their families. Nurses could not assess patients' needs so they could not provide them with the care that was relevant to the patients' problems. These

patients usually became frustrated and had irritable moods. This is similar to what has been reported in various studies of individuals who had a communication deficit and would consequently experience psychological problems, such as emotional lability, frustration, anger, confusion, aggression and depression (Brody, 1992: 13; Garden, et al., 1990: 1003; Keller, et al., 1989: 291; Prathanee B., 1994: 9; Sundin, et al., 2002: 93; Thongtaeng O., 1991: 629).

The majority of patients with aphasia had weakness of some side of their bodies (Prathanee, B., 1994: 5; Tossapornpong, K., 1991: 10-13) that affected their physical functions (Pedersen, et al., 1996: 94). Therefore, nurses who care for this group of patients usually paid more attention to taking care of patients' physical problems. On the other hand, communication problems received less attention. The explanation is that communication with aphasic patients is relatively difficult. It needs specialized knowledge and skill. Nurses who are able to screen for aphasia must have experience in working with aphasic patients for a long time (Sundin, et al., 2002: 94). They have to be very patient, very good in observation skill, and able to use an appropriate non-verbal communication technique. However, most of the nurses who cared for aphasic patients did not have appropriate techniques to communicate with the patients. They usually conducted a trial and error technique until they obtained the message that the patients conveyed (Sundin, et al., 2002: 96-99). This frustrated communication process led to the failure of the nurse-client relationship. Some nurses therefore were hesitated to provide care for aphasic patients. Problems in the communication process between nurses and patients with aphasia are significant and need to be dissolved, so that nurses can maintain their vital roles in assessing the patients need accurately through appropriate communication.

According to the national health care policy, care provision with high quality, accountability and transparency is expected. Patients with aphasia are those who need quality services. Especially, services in regard to effective and standardized communication are desperately needed. It has been widely accepted that nurses can no longer rely solely on clinical experiences, pathophysiologic rationale and opinion-based processes in providing care for clients (Craig & Smyth, 2002). Nurses also must learn to search the relevant research studies, critically appraise research findings, and synthesize empirical and contextually relevant evidence. Through the research

utilization process as previously mentioned, the best practice can be expected. Consequently, nurses can ensure clients an effectively individualized and high quality care (Craig & Smyth, 2002; Polit & Hungler, 1997; Rosswurm & Larrabee, 1999: 317).

From the reasons as stated above, the investigator was interested in using the research utilization process to develop a standardized nursing intervention, called the clinical nursing practice guideline for screening and communicating with aphasic patients. Then this clinical practice guideline would be tested with aphasic patients and the whole process evaluated for further improvements. If this guideline can be practically used it will help enhance appropriate nursing intervention for aphasic patients, and help improve the quality of patients' lives, as well as the quality of nursing services.

Conceptual Framework

Neurological patients who had left a pathological brain lesion at the frontal lobe, temporal lobe, parietal lobe or occipital lobe are at risk of aphasia, because, these areas control language function that consists of language perception, comprehension, and expression. The patients may show different clinical manifestations, which would depend on the type of pathological lesion. Generally, the clinical nursing practice guideline to enhance communication between nurses and aphasic patients should be composed of procedures for screening and procedures to conduct communication. In this study, the Iowa Model of Research in Practice (Titler, M. G, et al., 1994) was modified and employed as a conceptual framework.

According to this conceptual framework, the steps for utilization of the research findings were composed of 5 steps, beginning with the identification of the problem and ending with the pilot study. A description of the conceptual framework is as follows: Step 1 identification of the problem: in this step relevant clinical data were gathered and communication problems of patients with aphasia were highlighted. Step 2 assembling relevant research literature: in this step, a rigorous literature review was conducted. The focus was placed on communication and patients with aphasia. Step 3 critique and determination of sufficiency of the research base: this step led to

the best evidence for developing the clinical nursing practice guideline for screening and communicating with aphasic patients. Step 4 validity: the clinical nursing practice guideline was judged by experts to confirm its validity. The final step, step 5 the pilot study: in this step the clinical nursing practice guideline was tested through the pilot study.

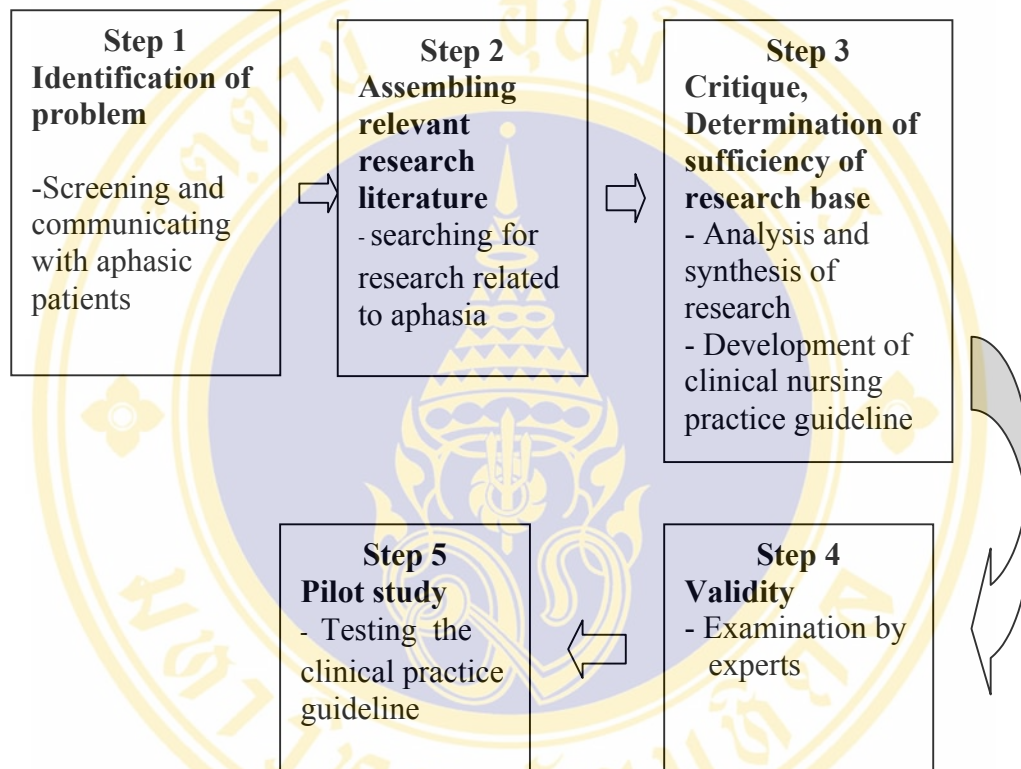


Figure I The conceptual framework of the development of the clinical nursing practice guideline for screening and communicating with aphasic patients.

The Purposes of the Study

1. To develop a clinical nursing practice guideline for screening and communicating with aphasic patients through research utilization process.
2. To test whether a clinical nursing practice guideline can be used in practice in a clinical setting.

Scope of the Study

This study aimed at the development of clinical nursing practice guideline by utilizing a research utilization process. The guideline was then tested among the aphasic patients at the neurological, and neurosurgical ward and the neurosurgical intensive care unit, at King Chulalongkorn Memorial Hospital between February to March 2003.

Expected Outcomes and Benefits

It was expected that the results of this study might yield the outcomes as follows:

1. A clinical nursing practice guideline for screening and communicating with aphasic patients.
2. A tool for screening aphasia.

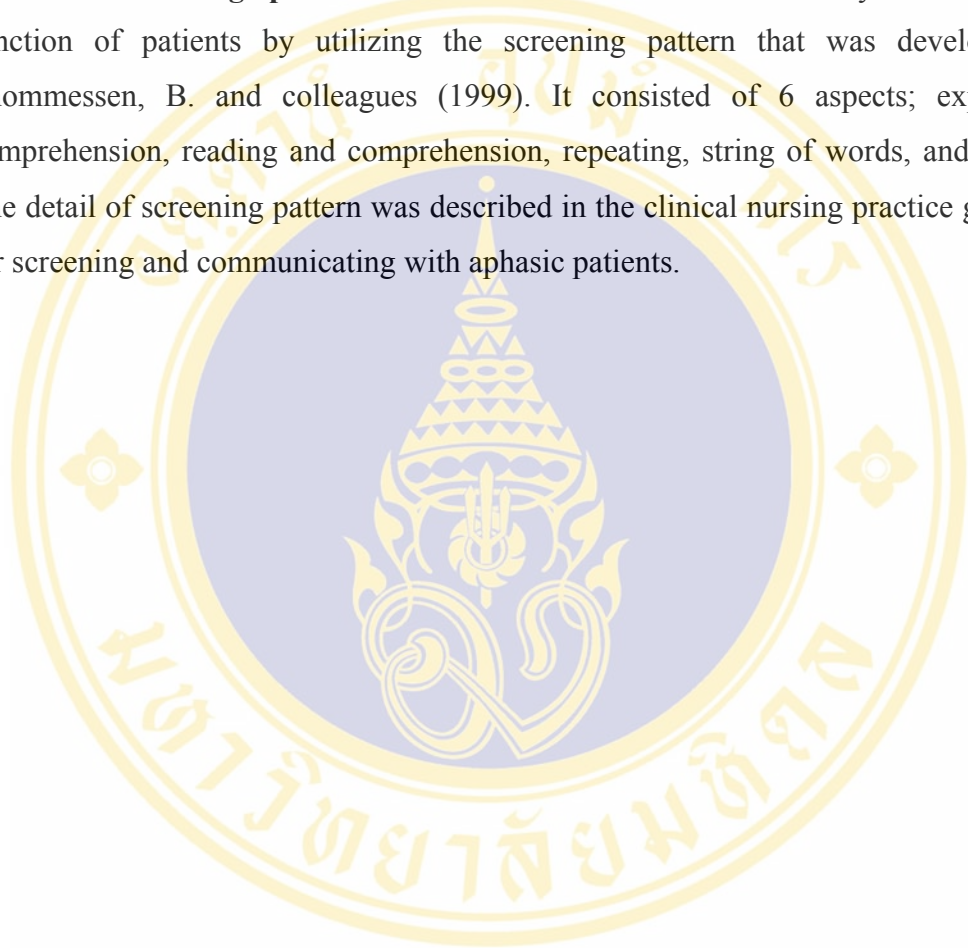
Definition of Terms

1. **Aphasic patients or patients with aphasia** referred to a patient with language impairment which resulted from a pathological brain lesion. Patients may have one or more types of language impairment as follows; impairment of expression, comprehension, reading or writing.

2. **Research utilization** referred to the process to utilize research finding as proposed by the Iowa Model of Research in Practice (Titler, M. G., et al., 1994). The process was applied only 4 steps: step 1 identification of the problem, step 2 assembling relevant research literature, step 3 critique and determination of sufficiency of the research base, and step 4 the pilot study. This process was used for the development of a clinical nursing practice guideline for screening and communicating with aphasic patients.

3. **A clinical nursing practice guideline for screening and communicating with aphasic patients** referred to the standardized procedures, which were synthesized from the relevant research findings. This guideline served as best practice for screening and communicating with aphasic patients.

4. **Screening aphasia** referred to the assessment of the ability of the language function of patients by utilizing the screening pattern that was developed by Thommessen, B. and colleagues (1999). It consisted of 6 aspects; expression, comprehension, reading and comprehension, repeating, string of words, and writing. The detail of screening pattern was described in the clinical nursing practice guideline for screening and communicating with aphasic patients.



CHAPTER II

LITERATURE REVIEW

This review of literature aimed to provide an information base of the research topic. The literature review was presented in topics as follows:

1. Profile of aphasic patients
 - 1.1 Cause and clinical characteristics of aphasia
 - 1.2 Incidence of aphasia
2. The Impact of Aphasia
 - 2.1 The impacts of aphasia on patients' life:
 - 2.1.1 The impact of aphasia on patients' physical health.
 - 2.1.2 The impact of aphasia on patients' psychological and emotional health.
 - 2.1.3 The impact of aphasia on patients' behavior.
 - 2.1.4 The impact of aphasia on patients' socioeconomic status.
 - 2.2 Impacts of aphasia on the patients' family
3. The management of communication problems for patients with aphasia
4. Research utilization process

1. Profile of the Aphasic Patients

1.1 Cause and clinical characteristics of aphasia

Aphasia is a symptom indicating language impairment, which results from pathology on the left side of the brain. It makes the patients have one, or several types of language impairment; for example an impairment in speaking, listening, reading, writing, calculating, and repeating (A-kamanont, C., 1986: 97; Holland, et al., 1996: 39; Houghlan, 1991: 75; Manochiewpinit, S., 1991: 735; Prathanee, B., 1994: 5). Ninety to ninety-eight percent of people have a brain in which control of language is located on the left side.

The causes of aphasia are various, for example, brain tumor, brain injury, cerebrovascular disease, and pathology on the left side of the brain. The brain area, which functions on language, is mostly the left side, which is the dominant hemisphere, because it is where the sensory and motor speech centers are located. Ninety to ninety-eight percent of right-handed persons have the dominant hemisphere on the left side of the brain. Sixty to seventy-five percent of left-handed persons also have the dominant hemisphere on the left side of the brain (Brookshire, 1992: 45; Guyton, 2001: 667; Houghlan, 1991: 74; Soodsoung, R., & Singhaniyom, W., 2002: 373). As a result, patients who have the pathophysiology on the left brain are at risk for aphasia (Caplan, et al., 1996: 933; Heiss, 1999: 430; Manochiewpinit, S., 1991: 733; Pedersen, et al., 1995: 660; Prathanee, B., 1994: 5). From the study of Pedersen and colleagues (1995), it was discovered that 4% of patients with a cerebrovascular disease, who have the pathology on the right brain have an incident of aphasia called crossed aphasia, and 63% of the patients, who have the pathology on the left brain have aphasia.

The brain area, which functions on language, is in Broca's area and Exner's area of the frontal lobe, supramarginal and angular gyrus of the parietal lobe, and Wernicke's area of the temporal lobe. These areas function together so people can understand language and express it through speaking, writing and reading (Srisai, M., 1987: 248). Thus patients who had pathology at a particular area in the brain which included the left frontal lobe, the left subcortico-temporal, parietal and occipital lobe (Heiss, 1999: 430; Pedersen, et al., 1995: 661) the anterior limb of the internal capsule, head of the caudate nucleus, and putamen are at risk of aphasia (Damasio, et al., 1982: 13). Pedersen and colleagues (1995) found that 36% of patients who had the pathology at the frontal lesion (frontal lobe) and 64% of patients who had the pathology at the posterior lesion (temporal, parietal and/or occipital lobe) were likely to have aphasia. The patients with aphasia experience different symptoms depending on the area of the pathology in the brain. The types of aphasia can be classified as follows:

1. Receptive aphasia is aphasia with language reception as a leading problem. The pathology of the brain is in the Wernicke's area. The patients will have impairment in understanding speech and reading. The patients can speak fluently and

their sentences are grammatically correct. However, some patients create their own neologistic jargon. The patients usually have problems in: understanding speech, reading book, spelling words, repeating sentences, or counting money (Boss, 1984: 155; Brookshire, 1992: 49; Prathanee, B., 1994: 8; Srisai, M., 1987: 249).

2. Expressive aphasia is the aphasia in language expression. The patients can understand other people's speech and can read, but they cannot express their needs or conduct a conversation. The patients usually have the following problems: non-fluent speaking, stuttering, frequent pauses in speaking, word finding difficulty, saying only important words in the sentences, or telegraphic speech. They also have problems in repeating and cannot use serial speech such as counting numbers or identifying days in a week. Another problems include literal paraphasia, verbal paraphasia, and calculating (Boss, 1984: 157-158; Phanthumchinda, K., & Srisai, M., 1987: 97; Prathanee, B., 1994: 8; Srisai, M., 1987: 250).

3. Amnesic aphasia is the aphasia in finding words. It is a condition that the difficulty in finding words is the leading problem. This type of aphasia can occur with other types of aphasia. The patients can speak fluently, clearly and the grammatically correct. However, they usually circumlocute or use other words instead of the words that they want to mention. For example, "a thing that is used for eyes" instead of "eye-glasses" or "a thing that contains water" instead of "a glass". The patients with severe amnesic aphasia speak more slowly. However, these patients have normal listening ability and can communicate in various situations (A-kmanont, C., 1986: 102; Prathanee, B., 1994: 8; Srisai, M., 1987: 250).

4. Global aphasia is aphasia in language reception and language expression. The pathology is in Broca's area and Wernicke's area. Patients will have problems of language reception and language expression at a similar level, which makes it difficult for the patients to speak and to understand other people. They also have impairment in writing and reading (Boss, 1984: 157-158; Phanthumchinda, K., & Srisai, M., 1987: 97; Prathanee, B. 1994: 8; Srisai, M., 1987: 250).

1.2 Incidence of aphasia

From the review of literature about aphasia, it was found that most of the studies were conducted in patients with cerebrovascular diseases. For example, the study of Pedersen and colleagues (1995: 659-666) about the incidence of aphasia in

patients with a sudden cerebrovascular disease revealed that 38% of these patients would have aphasia. The study of Taboonpong, N. and colleagues (1994: 1-12) demonstrated that during the first week of hospital admission, 53.8% of the patients with a cerebrovascular disease could not speak or could not speak at all clearly. After being discharged from the hospital, 42.4% of the patients still suffered from these problems. Also, the study of Perkdetch, B. (2002) showed that after being discharged from the hospital, 51% of the patients with a cerebrovascular disease still had communication problems. According to the review of literature on the patients with aphasia from The Aphasia Institute (Incorporating the Pat Arato Aphasia Center), it was discovered that in America, at least 500,000 people suffered from cerebrovascular disease each year, and 80,000 of them suffered from aphasia. It was estimated that there are one million people suffering from aphasia in America and 100,000 people in Canada.

Aphasia is not a disease but it is a symptom caused by the pathology in the dominant hemisphere of the brain, which can occur with patients suffering from all types of neurological problems (Ferro & Madureira, 1997). As stated previously, the study of aphasia was conducted mostly among patients with cerebrovascular disease; the characteristics of the patients with aphasia were therefore similar to those with the cerebrovascular disease. That was, most of them were elderly (50-78 years old) (Damasio, et al., 1982: 15-20; Heiss, et al., 1999: 431; Pedersen, et al., 1995: 661; Ween, 1996: 797). According to the study of Ferro and Madureira (1997) the patients with cerebrovascular disease who were younger than 51 years old were likely to suffer from non-fluent aphasia, but those who were older than 51 were likely to suffer from fluent aphasia. Almost all of the patients with aphasia suffered from the right hemiparesis (Brookshire, 1992: 42; Damasio, et al., 1982: 15-21).

2. The Impact of Aphasia

Patients with aphasia always have problems in the communication process, which affects the patients and their families as follows:

2.1 The impacts of aphasia on patients life

2.1.1 The impact of aphasia on patients' physical health.

From the review of literature, it was found that most of the patients with aphasia often have physical disability. Patients with severe aphasia also experience severe physical disability, which makes them unable to perform their activity daily living by themselves (Pedersen, et al., 1996: 94). Tossapornpong, K. and colleagues (1991) studied communication problems in every patient with right hemiparesis who received medical treatment at Sawangkanivat Rehabilitation Center during 1987-1988, and found that 81.67% of the patients with right hemiparesis suffered from aphasia. Since the patients had both physical disability and a communication problem, it was more difficult to provide them with an effective rehabilitation program. The reason was that, whether rehabilitation would yield a positive outcome or not depended on the communication between patients and therapists. In the case that the patients had difficulty in the communication process or had emotional instability, they would not cooperate well with the treatment or rehabilitation regimens (Hayn & Fisher, 1997: 45; Sripaya, W., 1992: 64).

Since the patients with aphasia had a communication problem, they therefore could not express their feeling, needs, as well as their physical complaints to nurses. These problems led to more severe physical symptoms. For example, in the case that patients wanted to pass a stool but they could not convey their need, this would result in a changing pattern of defecation, which might cause constipation and lead to abdominal discomfort and anorexia. Munchiando and Kendall (1993) who studied the efficiency of the defecation program in patients with a cerebrovascular disease revealed that patients with expressive aphasia needed more time to practice defecation than those who did not have aphasia. This is because they had a speaking difficulty, they therefore could not express their need to others.

This disability and limitation in communication made patients feel frustrated, anxious, and stressed. The patients also lose self-esteem and are in despair. This

emotional status results in a physical deterioration, which can easily cause infection such as an infection in the urinary tract and respiratory tract (Taboonpong, N., et al., 1994: 9).

2.1.2 The impact of aphasia on patients' psychological and emotional status

A change in the psychological aspect is an abnormality frequently found in patients with aphasia because communication is necessary for people to exchange ideas and express their feeling or needs to other people (Houglan, 1991: 74). Communication can be verbal or nonverbal. Communication is very important in daily life and in society (Manochiewpinit, S., 1991: 733). Speaking is one way of communication, which is used the most and is the most effective method (Prathanee, B., 1994: 5). From the literature review, it was found that the patients with aphasia have a difficulty in communicating with other people, which leads to psychological and emotional problems as follows:

Anxiety and isolation: since the patients have a communication problem, they therefore cannot express their needs and feelings to a family member, friends, or hospital staff. This causes them to use a nonverbal communication with people, but sometimes they cannot express themselves clearly. As a result, the patients feel lonely and isolated from society (Tanner, et al., 1989: 77). The patients may get frustrated easily because no matter how hard they try to speak, they still cannot speak correctly, and cannot make themselves understood (A-kamanont, C., 1986: 100).

Frustration: the frustration can be found frequently, especially, in patients with expressive aphasia because the patients can understand the speech but they have difficulty in speaking; as a result, they feel frustrated because they cannot think of words or say what they want to say or cannot say anything at all (Brody, 1992: c13). The patients were very careful in speaking but they were afraid to speak for fear that other people would not be able to understand them (Emerson & Enderby, 2000: 173; Tanner, et al., 1989: 77). These patients felt that they were abandoned and ignored by family and friends. Most of them could not return to work or were forced to quit the job (Chapey & Hallowell, 2001: 12). These factors made the patients feel isolated, frustrated, and lonely. They also lost their self-esteem and might commit suicide

(Brody, 1992: c13; Garden, et al., 1990: 1003; Hatcher, et al., 1985: 36; Keller, et al., 1989: 291).

Low self-esteem: since the patients have a communication problem such as word finding difficulty, they have low self-esteem and express this feeling through words such as “disembodied”, “erased”, “entombed”, or “being in a new world”. These feelings make the patients feel sad and they need help. Also, these feeling developed in the patients because they cannot have a social life due to their problem in communication (Barrett & Gonzalez-Rothi).

Anger and paranoia: the patients with receptive aphasia are different from those with expressive aphasia in that the former cannot understand speech because they have pathology at the left posterior lesion; they therefore do not realize the importance of communication and think that the people make fun of them. As a result, these patients are less likely to have depression. But they will get angry or paranoid that their family members or health staff does not understand them (Thongtaeng, O., 1991: 629).

Depression: Astrom and colleagues (1993) studied depression in 80 patients with a cerebrovascular disease and found that the patients with aphasia had a risk of depression and that aphasia could be an indicator of depression in patients with a sudden cerebrovascular disease, or patients who had a cerebrovascular disease for three months. The patients with pathology at the anterior left hemisphere are more likely to have depression than the patient with pathology on the right brain. This finding supports the research result of Robinson and colleagues (1984) who studied the position of the pathology and the emotional change in the patients with a cerebrovascular disease. Apart from this, Kauhanen and colleagues (1999) studied the relationship between depression and neurological impairment and found that right after having the cerebrovascular disease, 58% of the patients with aphasia have minor depression and 12% have major depression. However, after having the cerebrovascular disease for one year, the number of the patients with aphasia who had major depression increased to 35%.

2.1.3 The impact of aphasia on patients' behavioral status

A change in behavior can be found in patients with aphasia, resulting from the biochemical change in the brain, which is caused by damage in the brain

tissue, and inability in using the psychological mechanism to control the feelings caused by the aphasia, for example, stress, loss and anxiety (Keller, et al., 1989: 291). The behavior that was found in the patients with aphasia was emotional instability, such as frustration, anger, laughter or crying without reason (Hayn & Fisher, 1997: 45; Prathanee, B., 1994: 9). Sometimes the patients might swear during a conversation or repeat the same words without a particular intention (Brody, 1992: c13; Manochiewpinit, S., 1991: 733).

2.1.4 The impact of aphasia on patients' socioeconomic problems.

The physical, psychological, emotional and behavioral changes in patients with aphasia also affects their socialization. It is said that human beings are social animals and the important thing in socializing is communication. Therefore, aphasia, which causes a communication problem, makes it difficult for patients to socialize (Simmons-Mackie, 2001: 249). From the survey of the National Aphasia Association in America, it was stated that 72% of the patients with aphasia could not get back to work, a some of them who got back to work were forced to work in a lower position or quit their job (Chapey & Hallowell, 2001: 12). Black-Schaffer and Osberg (1990: 285-90) conducted a study and discovered that 74% of the patients with aphasia could not get back to work. Aphasia could also be an indicator of the chance for the patients to get back to work for 42%. This was because the patients had a communication problem. This causes a decrease in the income of the family, which leads to an economic problem (Hatcher, et al., 1985: 36). Seventy percent of people avoided communicating with patients with aphasia and said that it was difficult to communicate and understood them (National Aphasia Association; The Aphasia Institute, 2002). As a result, a large number of patients with aphasia feel isolated from society.

Although this is the age of advanced technology, most people still have a negative attitude toward the disabled (Chapey & Hallowell, 2001: 12). As a consequence, patients with aphasia still have to face discrimination from people in society. They think of themselves as maginal social people. They do not have stability in life. They are discriminated against and stigmatized and they lose self-esteem (Brody, 1992: c13). From this information, it is notable that the effects of aphasia change the patients' personal, family, and social life (Chapey & Hallowell, 2001: 12).

According to the survey of the National Aphasia Association, America, 90% of patients with aphasia said that “discrimination from society” is a critical problem for them. The survey of the patients with a communication problem revealed that they had negative feelings toward communicating. They avoided talking to people by giving the following reasons: they were afraid that people would not be able to understand them, they thought that they had stupid ideas, it was noisy when they were having a conversation or people did not pay attention to them (Emerson & Enderby, 2000: 173).

2.2 Effects of aphasia on the patients' family

Aphasia not only has an effect on the patients, but also on their family. The physical, emotional, behavioral and social change was both a direct and indirect effect of aphasia. The change occurred suddenly and unexpectedly. Therefore, it was a situation that caused difficulty in life, and required an adjustment from the patients' family members. The family members would therefore feel stressed and frustrated, and they needed help. From the review of literature, it was found that another important person who suffered from negative effects was the patients' spouse, mostly their wife, aged 55-74 (Kinsella & Duffy, 1979: 129; Williams & Freer, 1986: 251; Williams, 1993: 362). Their wife had to face not only the communication problem but also the patients' emotional and behavioral change (Han & Haley, 1999: 1,478).

Zraick and Boone (1991) conducted a study and found that the patients' spouse had a negative attitude toward the patients. The spouse of the patients with fluent aphasia had an attitude about freedom and socializing which was different from spouse of the patients with non-fluent aphasia ($p < .05$). The latter are more likely to feel that the patients were their burden and that they lose their freedom more than the former. This was because the patients with non-fluent aphasia had difficulty in speaking as well as a physical disability, which was hemiplegia. These factors have an effect on the couple's relationship. The patients' spouse had to face frequent demands, emotional instability, and the low maturity of the patients, which caused them to feel stressed and worried.

The study of Zraick and Boone (1991) which was referred to previously supports the study of Kinsella and Duffy (1979) who conducted a study on 79 spouses of patients with aphasia and found that these spouses had difficulty in adapting

themselves in society. In particular, they found that these spouses had difficulty in socializing and participating in activities as also as they had a bad social relationship and sexual relationship with the patients. It was also found that 83% of them did not have sexual intercourse with their spouse and they felt that they did not have a married life. The researcher also discovered a psychological problem with the spouse that was 78% of them saw a physician for tranquilizers and sleeping pills. The spouses of patients with aphasia feel bored and lonely as well as failing to perform their role as a father or mother.

Williams (1993) conducted a study on the effects of aphasia on satisfaction with married life and found that the spouses of patients with aphasia felt loss of satisfaction with their married life at a significant level, which supports the study of Williams and Freer (1986). Furthermore, it was found that the spouses who had knowledge about aphasia felt more satisfied with the married life than who did not have knowledge. In general, the spouses did not feel satisfied or happy with married life. These spouses and patients spent less time together and had less sexual relationship. The severity of the effect on the partners depended on the severity of the aphasia.

Perkdetch, B. (2002) conducted a study and found that the communication problems of patients with a cerebrovascular disease correlated positively to the role strain of stroke patients' caregivers at a significant level ($r = .310$, $p < .01$). The role strain consisted of a conflict in their role and a tension in their role. Due to the patients' communication problems, the caregivers needed to take a lot of time in understanding and doing what the patients wanted. The caregivers therefore had less time for socializing, working, and taking care of themselves. As a result, these caregivers had a conflict in their role and responsibility, which caused the role strain. The communication problem could explain the variation of role strain among stroke patients' caregivers by 18.9%.

3. The Management of Communication Problems for Patients with Aphasia

From the review of literature, it was found the communication problems for aphasic patients have not been widely investigated. From assembling relevant research literature on aphasia in Thailand, it was rare. There were only a few research studies on the aphasia compared to foreign countries. These studies, which were conducted by nurses, physicians, or speech therapists, are also dated as below.

3.1 The clinical nursing practice guideline to solve the communication problem among patients with aphasia:

From the review of literature in Thailand, the investigator did not find any study conducted by a nurse directly on patients with aphasia. There was only a study on the communication problems of stroke patients as an indicator of the role strain. Communication problems had a positive relationship with the role strain of stroke patients' caregivers indicating that if a patient had more communication problems, the caregiver would have a higher level of role strain. The researcher suggested that nurses should encourage the creation of a pattern of communication for the caregivers who take care of patients with a communication problem (Perkdetch, B., 2002). Most of the documents about taking care of aphasic patients were found in nursing care for neurological patients, which were not described in detail. Only two articles on aphasia written by nurses were found. The first is "Brain tumor: why he cannot talk", which was a case study on analyzing the causes of aphasia which was explained by the pathology, and the clinical nursing practice guideline for patients with aphasia (Hincharanan, S., 1985: 19-29). The second was a study on "A phenomenon of nursing: Communication in the patients with a cerebrovascular disease". It was a study on a phenomenon of three aphasic patients, which was caused by cerebrovascular disease. It was found that aphasia had an effect on the patients physically, psychologically, and socially as well as on the methods of communication (A-Numas, N., & Panthusaena, C., 1996: 59-66).

Considering clinical nursing practice, it was found that nurses still have not realized the importance of the communication problem. They were likely to give

physical treatment. From the investigator's work experience, it was found that not all of the patients who were at risk to have aphasia had been screened. They would be screened when it was uncertain if they had aphasia. Also, there was no pattern of screening or note-taking form. The screening was done according to the skill, ability and knowledge of each nurse, which was unequal and might yield unreliable results. The patients with aphasia were less likely to be given attention about communication from the staff in a ward. This was because it took a longer time to communicate with these patients and sometimes the nurses were not successful in communicating, which make them feel frustrated. In fact, communication between the nurses and the patients was very important because it can help the nurses to provide care more effectively and appropriately for patients.

3.2 Persons responsible for solving the communication problem in patients with aphasia.

The major person responsible for solving communication problems in patients with aphasia in Thailand is a speech therapist who evaluates the patients' language ability and gives them speech therapy. The pattern of working was counseling and rehabilitating. The patients must be referred to the therapist by a physician only. Prathanee, B., (1999) conducted a study and identified an essential problem in the work of speech therapists, which was the delay in referring the patients for rehabilitation because the person in charge screened the problem very slowly. From the investigator's work experience, it was also found that some patients have not been referred for speech therapy. From the survey of Thai Speech-Language & Hearing Association (1997), it was found that there are only 37 speech therapists in Thailand. And 78.39% (29 people) of them worked in the central region of Thailand and 62.16% (23 people) of these people work in Bangkok. In general, a speech therapy clinic can only be found in the tertiary hospital, and there was only one speech therapist on average per hospital. At the beginning stage, the therapy was performed one by one and then in a group. An average time for the therapy was one hour per session.

From the information provided earlier, the investigator could identify the problems of the health staff in giving treatment to patients with aphasia, which was screening. Aphasia in the at-risk patients was the first step of the solution. To resolve

this problem, a health staff other than a physician or a speech therapist is needed because there was insufficient numbers of them. According to the study by Thommessen, and colleagues (1999) it was found that the screening tool used by nurses could really screen for aphasia. Nurses, therefore, are in vital positions to help improve the screening method and communication with aphasic patients. From the information provided, it was clear that the communication problem in patients with aphasia still needs improvement regarding academic knowledge and a clinical nursing practice guideline both for the screening and the methods of communication with the patients.

4. Research Utilization Process

4.1 The significance of the research utilization process in the clinical nursing practice guideline.

Currently, it is the age of a health care revolution in many countries. Thailand has changed in terms of structure, society, and economy. The country has advanced in modern technology and information systems. Built it has more complicated health problems. As a consequence, the nursing professional needs to improve the standard of service. This can be done through doing a research study because the knowledge obtained from the research can be clearly proved valid (Gasemgitvatana, S., 1994: 2). It is also important to apply such knowledge in clinical nursing practice, to assure that the patients will receive good service, which can be investigated. That is, to use the research utilization process to improve the pattern of the clinical nursing practice to be congruent with the change in the social structure and to be economically worthwhile as well as to provide the best service and improve the standard of the nursing professional.

4.2 The evolution of the research utilization process

It is noticeable that there is still a gap in using nursing research in clinical practice. During the past two decades, it was found that nurses have developed their ability in conducting research. However, most of the researchers were not in the clinical practice level. Only a few of the research results were put into practice

because of several reasons: the research study is not in the same field as the nursing practice, the nurses do not know how to do the research, and they do not have time to do the research (Sindhu, S., & Pookboonmee, R., 2001: 8). Conducting a research study alone cannot help improve the standard of nursing unless the research result is applied in clinical nursing practice. As a result, there has been more support for conducting research studies that can be applied in nursing practice (Sindhu, S., & Pookboonmee, R., 2001: 9). Also, several organizations have been established in order to support the research utilization in the nursing practice. America was the first in taking the initiative. That was, in 1970 the project on Conduct and Utilization of Research in Nursing (CURN) was carried out. Later on, Western Interstate Commission for Higher Education (WICHE) was established with funding from the United States government in order to be a project that encouraged research utilization in nursing practice for the first time in America. Duties of WICHE are: 1. Identifying problems from nursing practice, 2. Assembling relevant research literature to be used in solving the problems, 3. Analyzing and criticizing research studies, 4. Development of a clinical nursing practice guideline, which uses the research result as evidence, and 5. Piloting the clinical nursing practice guideline and examining the result.

Later, in 1978, Dracup and Breu published the first article from the WICHE project in *Nursing Research Journal*, entitled "How to take care of the spouse during the grieving process". At the same time, The Conduct Utilization of Research in Nursing (CURN) Project led to by Dr. Joanne Horseley and Joyce Crane has tremendously encouraged research utilization in nursing practice. The well-known and widely used clinical nursing practice guidelines during 1981-1982 were Prevention of urinary tract infection, and Education of patients before the operation.

In 1978, Horseley, Crane and Bingle wrote an article analyzing the research utilization process in nursing practice and suggested that whether the research utilization could be successfully applied in nursing practice depends on the support from the organization.

In Thailand, a study by Sindhu, S. and Pookboonmee, R. (2001) on the obstacles and supporting factors for the application of research utilization in nursing practice, discovered that only 17.6% of experienced nurses applied the research result in their practice. The collaboration between the researchers and the research users

therefore was encouraged. As a result, research utilization has been implemented in the curriculum of nursing at the Master's Degree level in non-thesis programs since 1997.

The research utilization process is a process that applies the knowledge obtained from a research study in nursing practice (Fain, 1999: 262). The research utilization process encourages improvement in the clinical nursing practice, and promotes the knowledge obtained from the research study. But the ultimate objective is improving the quality of nursing service. From the literature review, it was notable that the patterns of research utilization are abundant. Each pattern has both similarities and differences. The similarities are the first three steps, which are the identification of the clinical problem that needs to be solved; the assembling of relevant research literature; and the analyzing and synthesizing of the research studies. However, the details of these steps are different. The focus of the research result in each pattern is both similar and different. For example, the Iowa of Research in Practice and Dracup-Breu Model focus on the change in the nursing practice, while the UNC Model focuses on promoting the research study in public, and the Stetler Model focuses on the application of the research result in nursing practice (Nicoll, L.H., & Beyea, S. C., 1999).

Since the investigator is a clinical nurse in neurosurgical intensive care unit, she therefore has direct experience in taking care of aphasic patients found problems in nursing practice that nurses do not have sufficient knowledge about the patients with aphasia (Sundin, et al., 2002: 99). So they cannot screen or use trial and error in their communication method, and they do not realize the importance of the aphasia symptoms. The last problem was that there was no clinical nursing practice guideline for aphasic patients. The investigator therefore wanted to develop a clinical nursing guideline, which was developed from the research utilization that would lead to a change in practice in an organization and a continuous follow-up in order to have a constant and stable process of change and improvement.

From the study, it was found that the Iowa Model of Research in Practice is the pattern that emphasizes change in clinical nursing practice in order to improve the quality of nursing. The identification of problem may result from a practice trigger or knowledge trigger, which creates the transferability between the study and the nursing

practice. Inquiry and the thinking process are also used in the study. The investigator believed that these processes suited the objectives of the study and could be put into practice. The steps of this model and details were as follows:

Iowa Model of Research in Practice

The model consists of the following steps (Titler, et al., 1994)

1. The identification of a problem: This is the step of identifying the problem that may come from a practice trigger or a knowledge trigger. It might also be a problem about risk management or service improvement. In this step, experiences and concepts of the problem, in terms of the causes and other related factors, are needed in order to have a clear vision of the problem.

2. Assembling relevant research literature: Knowledge of the pathophysiology is needed to help form a hypothesis, and identify the problem as well as to form key words to be used in searching for information from the nursing database, both in printed references and electronic systems. Several key words are needed because only one key word is insufficient to successfully find the information. The research which is studied, and which can be analyzed, should be studies validated by peer review (Sindhu, S., 2001: 12).

3. Critique, determination of sufficiency of the research base: In this step, the investigator analyzed and summarized the knowledge obtained from each research study as well as evaluated the evidence for utilization by using the Model for EBP developed by Rosswurm and Larrabee, 1999; Polit and Hungler, 1997. The investigator also evaluated the following items:

- 3.1 The feasibility of using the research results in practice.
- 3.2 The authority of nurses to carry out the innovation.
- 3.3 The cooperation of staff in an organization in using the research result.
- 3.4 The level of difficulty of the practice which appears in the research evidence.
- 3.5 The readiness of the organization in terms of facilities and resources necessary for the practice.

3.6 The transferability between the research evidence and the practice in the organization.

3.7 The suitability for the organization.

3.8 The similarities between the population in the organization and the population in the research study.

3.9 The similarities between the philosophy of nursing in the organization and the research team.

3.10 The number of patients who benefit from the practice.

3.11 The Cost-Benefits Ratio

- a. The risks in using the research evidence.
- b. The benefits in using the research evidence.
- c. The risks and benefits of the old practice.
- d. The expenses in using the research evidence.
- e. The expenses in using the old practice.

The quality of the evidence (Thammalikit W., et al., 2001: 41).

The Royal College of Medicine of Thailand (2001) classifies evidence-based research into 4 levels

Level A evidence from a systemic review of randomized control trials with appropriate research methodology.

Level B evidence from a systemic review of non- randomized control trials, cohort studies, case control studies or other trial patterns with significant positive or negative results.

Level C evidence from a systemic review of descriptive studies.

Level D evidence from expert consensus

The evidence from analyzing and synthesizing was organized. And from the evidence, the clinical nursing practice guideline was developed by putting the practice into steps and using simple language so that the health team in all levels can understand and use it without difficulty (Sindhu, S., 2001: 12).

4. Pilot study: The clinical nursing practice guideline developed from the research result was piloted as follows:

4.1 Collecting data before using the nursing practice.

4.2 Estimating the result from using the nursing practice.

4.3 Planning and determining a complete practice to allow for future change.

4.4 Evaluating the practice in terms of the process and the outcome.

4.5 Adapting the nursing practice as necessary.

5. Decision Making: After obtaining the result of the pilot study, the investigator evaluated, and analyzed the readiness of personnel resources, environment, organization policy, worthiness, and all supporting resources.

6. Planning: After evaluating and analyzing the situation in the organization where the investigator wanted to introduce a new nursing practice, the investigator used the information to plan a project for improving the quality of nursing by using the clinical nursing practice guideline.

7. Monitoring of outcome: The pattern of evaluation, was indicators and evaluation forms are needed. The evaluation was done on the patients, their family, health staff, and expenses spent on the procedure.

The objective of this study was to develop the clinical nursing practice guideline from the research utilization. However, due to the limited time, the investigator applied only the first four steps of the Iowa Model of Research in Practice. They were the identification of the problem, assembling relevant research literature, critique determination of sufficiency of research base, and piloting. From the literature review, it was revealed that the clinical nursing practice guideline should be validated by experts (Thomas & Hotchkiss, 2002: 196-197), for correct content, procedure, and feasibility. The investigator therefore added the step of validity testing by experts of the guideline prior to the pilot study.

Conclusion

Patients with neurological problems who suffered from aphasia would have a communication problem, which could be a problem about comprehension or expression or both. It depends on the location of the lesion of the pathology. Aphasia was found both while the patients were still in the hospital and after they were discharged. It has an effect on the patients' physically, psychologically and

emotionally. It also led to a behavioral change. The changes also affect the patients socially: less socializing and less opportunity in getting back to work. Aphasia has an effect not only on the patients but also on their family members, friends, and health care providers. Apart from this, there is no clear guideline to manage with communication problem of patients with aphasia. From this information, it was clear that the communication problem of the patients with aphasia needed an improvement in the quality of the clinical nursing practice guideline that is scientifically correct and can be validated. What can bring the clinical nursing practice guideline to reach a standard and confirm its correctness to the patients is the research utilization process which applied the Iowa Model of Research in Practice as a framework to create the nursing practice guideline for screening and communicating with aphasic patients. In addition, it was aimed to improve nursing practice in order to help the aphasic patients to receive the appropriate care and more effective intervention in relating to communication problem in the future.

CHAPTER III

METHODOLOGY

Study Design

The purpose of this study was to develop a clinical nursing practice guideline for screening and communicating with aphasic patients by using the research utilization process. After that, a pilot study of the clinical nursing practice guideline was undertaken. The study consisted of 2 steps:

1. The synthesis of the research data to develop a clinical nursing practice guideline.
2. The pilot study of using the clinical nursing practice guideline.

The Step of Synthesizing the Research Data to Developed the Clinical Nursing Practice Guideline

1. Assembling relevant research literature: the investigator search from electronic databases that contain details of a wide range of journal articles in relation aphasia. Various indexes, computer-assisted searches, and on-line searches can then be used to access the research related to aphasic patients. Two indexes commonly used by nurses, are MEDLINE and CINAHL (Cumulative Index Nursing and Allied Health Literature). The investigator searched in the Cochrane Library for a systematic review, including electronic journals that are linked to the library. Nevertheless, reference lists and bibliographies from books and retrieved research can help identify other potential resources. In addition, specific journals that are related aphasia were searched by hand.

2. Critique, and determination of sufficiency of the research base: the investigator analyzed each research study according to the criteria in evaluating the quality of the research, and quality of the evidence base in order to be able to use it in the practice guideline. The research, which can be used in the development of clinical

nursing practice guideline, should demonstrate of transferability, feasibility, as well as risk and benefit ratio. To evaluate the research study, the investigator used the pattern, which was applied from the worksheet for critique by Rosswurm and Larrabee (1999), guidelines for critique of a research report by Fain (1997), and criteria for utilization by Polit and Hungler (1997) (Appendix).

3. Development of the clinical nursing practice guideline for screening and communicating with aphasic patients: by using the evidence bases that were analyzed from the research. The investigator used the clinical nursing practice guideline pattern of Titler (1999) which consisted of the objective, definition, patients at risk for aphasia, assessment criteria, practice nursing guideline, and evaluation.

4. Validation of the clinical nursing practice guideline by experts. The evaluating process was conducted by using the experts' opinions and suggestions in the evaluation form of the clinical nursing practice guideline (Appendix) as follows :

4.1 If they agree with the statement in the clinical nursing practice guideline, the check ✓ in the “agree” box.

4.2 If they do not agree with the statement in the clinical nursing practice guideline, the check ✓ in the “disagree” box.

4.3 If they have suggestions, they write in the “suggestion” box.

The experts list for evaluation of the clinical nursing practice guideline consisted of 5 persons (Appendix).

A physician specialized in neurology	1	person
A nurse educator, specialized in neurological nursing care	1	person
A speech therapist	1	person
Registered nurses, specialized in neurological nursing	2	persons

After the clinical nursing practice guideline had been evaluated by the experts, the investigator revised and made some changes in content, sequence of the process, and language according to the opinions and suggestions of the experts. After that the investigator asked the experts to check the guideline again. Each statement in the guideline needed to be approved by all experts before being used in the pilot study.

The Steps of the Pilot Study

The purpose of the pilot study was to test whether the clinical nursing practice guideline for screening and communicating with aphasic patients could be used in practice. The clinical nursing practice guideline was used with neurological patients at the Neurological and Psychological Department, King Chulalongkorn Memorial Hospital. The step of the pilot study are as follows:

1. The sampling: the samples in this study consisted of:

1.1 Aphasic patients

The neurological patients with all types of aphasia are admitted in neurological, or neurosurgical wards or a neurosurgical intensive care unit. The number of samples was 10 patients. Inclusive criteria for choosing the samples were

- a. They are over 15 years old.
- b. They have a good conscious level with a Glasgow coma score E₄M₆.
- c. They are not intubated with an artificial respiratory tube.
- d. They are no history of psychological problem.
- e. They are no history of hearing impairment.
- f. They can communicate by using the Thai language, and can read and write the Thai language.
- g. They have no visual impairment. If the patients have this problem, it must be solved by using glasses.

1.2 The registered nurses

The sample were registered nurses who had been caring for neurological patients at the 2nd floor, 3rd floor of the Bangkok Bank Building, and the neurosurgical intensive care unit in King Chulalongkorn Memorial Hospital. The sampling technique used inclusive criteria as follows:

- a. Being a registered nurse caring for neurological patients, and graduated with a bachelor degree
- b. Having neurological caring experience for at least 5 years
- c. Agreeing to participate in this study

2. Settings

The settings were the wards at King Chulalongkorn Memorial Hospital, which is a tertiary hospital with 1,500 beds. This hospital had both inpatient and outpatient services; providing various services including services for neurological disorders such as brain tumors, cerebrovascular disease, and brain injuries. There are four units that care for neurological patients. They are neurosurgical intensive care unit, neurosurgical intermediate care unit, neurosurgical ward, and neurological ward. From the statistics of neurological patients admitted between January 2001 to October 2001. It was found that patients who were at risk to have aphasia were 248 patients with cerebrovascular disease and 50 patients with post left hemisphere operation.

3. Instruments

The instruments used in this study consisted of instruments for conducting the study and instruments for collecting data for the study with the following details.

3.1 Instruments for conducting the study (Appendix).

The clinical nursing practice guideline for screening and communicating with aphasic patients, which was developed from the research synthesis.

3.2 Instruments for data collection (Appendix).

3.2.1 Demographic data record form which consisted of

a. Demographic data of the aphasic patients which consisted of gender, age, level of education, marital status, medical diagnosis, side of brain lesion, handiness, side and level of weakness (Appendix).

b. Demographic data of the registered nurses consisted of gender, age, position, level of education, working section, working experience, experience of training about aphasia and using an aphasia screening pattern and/or clinical nursing practice guideline for communication with aphasic patients in their wards (Appendix).

3.2.2 The evaluation process form consisted of

a. A performance check list, which requires “practice” or “do not practice” answers about practice following the clinical nursing practice guideline. In the case of the “do not practice” answer, a reason must be provided (Appendix).

b. An evaluation form of problems and obstacles and suggestions from using the clinical nursing practice guideline, which are open-ended questions (Appendix).

3.2.3 An evaluation outcome form

a. An evaluation outcome form on the topic of screening and the communication methods, which are multiple choice questions (Appendix).

4. Data Collection Procedure

This pilot study was conducted by the investigator, from February 2003 to March 2003. The data collection was conducted as follows:

4.1 The letter for recommendation from the faculty of Graduate Studies, Mahidol University, requesting permission to collect data and in accordance with ethics in research were sent to the Directors of the King Chulalongkorn Memorial Hospital.

4.2 After the permission was obtained, the investigator explained the details of the data collection procedures to the head nurses of the selected units at the King Chulalongkorn Memorial Hospital.

4.3 The data collecting procedure in the pilot study consisted of two parts as follows; the clinical nursing practice guideline was used by the investigator and a sample of nurses. The total number of 10 aphasic patients.

Steps of Data Collection (Investigator)

1. The investigator studied the medical charts and records of aphasia risky patients everyday. By using patients at risk for aphasia, the assessment criteria in the clinical practice guideline for screening and communicating with aphasic patients was developed.

2. When a patient who met the inclusion criteria was found, the investigator introduced herself and explained the objectives of the study including the process and benefits of the study to the patients' relatives. Human rights protection was also presented; in accordance with the information consent form (Appendix B); and the patients' relatives were asked for permission and cooperation to conduct the study. The patients would become a sample of the study only when his/her relative willingly agreed to enter the study. They could leave the study immediately if desired with no

need to wait the study was completed and with no effect on the treatment they were receiving. After obtaining informed consent, the study commenced.

3. When a sample was recruited, the clinical nursing practice guideline for screening and communicating was conducted, following this process.

3.1 Aphasic patients were screened by using a tool of aphasia screening by a nurse.

3.2 If the patient had aphasia, the clinical practice guideline was used to communicate with aphasic patients. Each patient received the communication method as follows in a practice guideline for two days.

4. After using the clinical nursing practice guideline for two days, the investigator evaluated the process of the clinical practice guideline by using the performance checklist, and the evaluation form of the problems and obstacles and suggestions from using the clinical nursing practice guideline. Outcome evaluation was done by using an evaluation form of the result of the topic of screening and the communication methods.

Step of data collection (Nurses)

1. The investigator introduced herself and approached each registered nurse to explain the purpose of the study as well as to ask for their cooperation. The investigator explained to the nurses their rights and about informed consent.

2. After the nurses agreed to join the study, the investigator explained one by one about details and how to use the clinical nursing guideline from the first step to the end. The investigator would facilitate and advised the nurses while they were using the guideline. The nurses used the clinical nursing practice guideline with aphasic patients one by one for two days.

3. After using the clinical nursing practice guideline for two days, the nurses evaluated the process and outcomes by using an evaluating process form and an evaluation of outcome form.

Protection of Human Rights

The human rights of the samples were protected by explaining the details, the aim of this study and asking for cooperation from the sample and relatives. The sample had the right to make their own decision whether to participate in the study, or not they could also cancel or withdraw from the study at anytime. The data taken from the sample was kept confidentially. After insuring that the sample was informed of their rights, the consent from was signed (Appendix). Then, the investigator could start testing the clinical nursing practice guideline. In the case of aphasic patients, the investigator must inform and ask for permission from the patients' relatives before performing the study.

Data Analysis

The data were analyzed by using the frequency and then analyzing the process and outcome of use of the clinical nursing practice guideline.

CHAPTER IV

RESULTS

This study aimed to develop a clinical nursing practice guideline from synthesizing the research for screening and communicating in patients with aphasia. The sample of the study were 10 aphasic patients who had been admitted in the neurosurgical ward, neurological ward, and neurosurgical intensive care unit at King Chulalongkorn Memorial Hospital. Five registered nurses who had had more than five years experience in taking care of neurological patients at King Chulalongkorn Memorial Hospital were selected to participate in the study. The findings were presented in 2 parts as follows:

Part I Development of the clinical nursing practice guideline for screening and communicating with aphasic patients.

Part II The pilot study

Part I Development of the Clinical Nursing Practice Guideline for Screening and Communicating with Aphasic Patients

1.1 Assembling the relevant research literature (Figure 2, Table 1)

Initially, a computer-assisted literature search was undertaken to identify a list of relevant research-based articles. Electronic databases were searched in cocharne library (CDSR), MEDLINE, CINAHL, PubMed and EBCO-host. The keywords were aphasia, screening, communication, nursing, stroke, and speech. The first, searching for a systematic review, it was from cochrane library (CDSR), 2 systematic reviews were identified but they were not relevant to topic. The second place to look was MEDLINE, searched for “aphasia and communication”, there were 105 research studies. Next search for “aphasia and nursing”, 16 research studies were identified. There were 4 research studies that were selected base on the relevance to the topic. The third resource, CINAHL searched for “aphasia and screening”, “aphasia and communication” there were 6 articles but were rejected because they

were not research studies. The fourth, a search on PubMed, there were many journal papers (7909 papers). So that, the investigator used a combination of keywords “aphasia and communication and nursing” the result were 80 papers. There were selected 4 research studies that relevant to the topic. The last electronic databases was EBCO-host, there were 461 research studies from using keyword “aphasia”. Then linked keyword “screening”, it was 1 out of 4 research study that was relevant to the topic. After that, used “stroke” replaced “screening”, it was 1 out of 4 research study that was selected. As well as used “speech” instead of “stroke”, there were 4 research studies and only one was selected. A total of 11 research studies, which were searched from the electronic database but 4 out of 11 research studies were sameness. So that there were 7 research studies selected for analysis. According to the criteria to evaluate research finding as proposed by Polit and Hungler (1999), these 7 research studies were analyzed and critiqued for their quality, importance and applicability of research evidence.

For further searching, it searched from the bibliographic database was employed. A journal in the field of aphasia such as American Journal of Speech-Language Pathology, Journal of Speech and Hearing Research, and Journal of Speech and Hearing Disorders were searched by hand. There were 8 research studies, which were selected base on the topic. Nevertheless, 3 research studies were obtained from reference list of the retrieved research.

After assembling the relevant research literature from electronic and bibliographic database, a total of 18 research studies that were directly related to the study question. When they were classified according to the quality of the evidence, most of the studies were at level C (11 research studies) and the rest were at level B (7 research studies). The research studies could be classified according to the content into two categories, which were screening (3 research studies) and communicating with the patients (15 research studies).

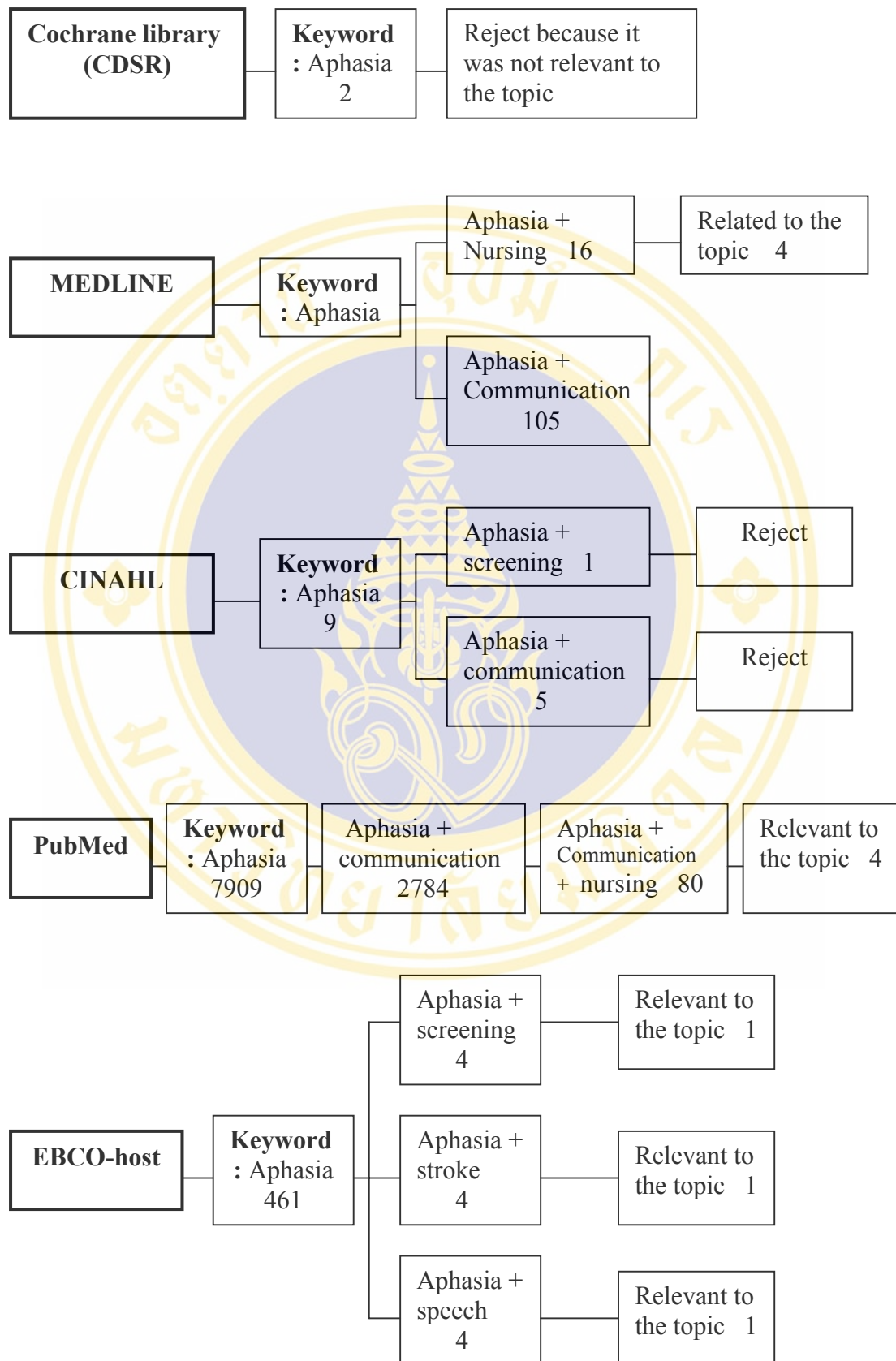


Figure 2 Searching from the electronic databases

Table 1. The number of research studies classified according to the quality of evidence and the content data (n=18)

Characteristics	Number
Electronic database	7
Evidence Rating	
Level A	-
Level B	2
Level C	5
Bibliographic Database	11
Specific Journals related to language impairment	8
American Journal of Speech-Language Pathology	
Journal of Speech and Hearing Research	
Journal of Speech and Hearing Disorders	
Reference list from the retrieved research	3
Evidence Rating	
Level A	-
Level B	5
Level C	6
Topic of the research	
Aphasia screening	3
Communication with aphasic patients	15

1.2 Critique, and determination of sufficiency of the research base

(Table 2)

1.2.1 Critique and analysis of research studies

From the critique and determination of sufficiency of the research base, it was found that the most of the research studies were conducted between 1992-2002 (14 research studies) and before 1992 only four research studies. The knowledge gained from the research was classified into categories: screening for aphasia (3 research studies), in which all of the evidence in this category is in level C, and communicating with aphasic patients (15 research studies), in which the evidence was in level C (10 research studies) and level B (5 research studies).

Table 2 Critique, and determination of sufficiency of research base (18 studies)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
<u>Author:</u> Daniloff, J.K., et al. (1982) <u>Study:</u> Quasi-experimental study <u>Sample</u> 15 male aphasic patients who had left pathologic lesion. The mean age was 56.6 years. <u>Major examined</u> 1.To define the ability of subjects to interpret symbolic gestures, an Amer-Ind Recognition Test 2.To study the relationships between impairment of Amer-Ind Signal recognition and a) severity of aphasia b) listening and talking abilities c) the type of response picture	1. All subjects (mild, moderate, and severe aphasia) performed equally well, regardless of their aphasia severity classification 2. Action picture recognition had a positive correlation with auditory comprehension 3. Action pictures were easier to identify than object pictures	<u>Analysis</u> -The picture that were used in communicating with the patients should show action. <u>Implication</u> Communicating -picture board for communication with aphasic patients should have action pictures. -encourage the patients' comprehension by using a combination of speaking and gesture.
<u>Author:</u> Holland, A. L. (1982) <u>Study:</u> Content analysis study <u>Sample</u> 40 aphasic patients excluding global aphasia The mean age was 57.47 years Etiology: stroke=36, trauma=2, tumor=2 <u>Major examined</u> To explore the functional communication of aphasic patients who lived at home by observation.	-Most nonverbal behavior was successful. Thirty of 40 subjects had no failures in their nonverbal communicative attempts. -The strategies, which the aphasic patients used for expression: were gesture, writing, or using picture/real things.	<u>Analysis</u> -In the case that the patients have verbal expression impairment, the speaker should encourage the patients to use gesture, writing, or use picture/real things instead of speaking. -The materials used in communication such as pens, pictures, and whiteboards should be prepared.

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
		<u>Implication</u> Communicating methods for patients who have impaired verbal expression: - use gestures, picture boards, writing. Preparation of material for communicating.
<u>Author:</u> Enderby, P. M., et al. (1987) <u>Study:</u> Descriptive study <u>Sample</u> 14 aphasic patients: a mean age of 67.6 years, post stroke 3-32 days 12 aphasic patients: a mean age of 67.8 years, post stroke 1-3.5 years <u>Major examined</u> The test has been designed to cover the four major aspects of language ; comprehension expression, reading and writing	-The correlation coefficient between the FCP and The Frenchay Aphasia Screening (FAST) score in post acute stroke was 0.87 (p < .001), -post chronic stroke r was 0.96 (p < .001) The correlation coefficient (r) for the 26 patients analyzed together was 0.90 (p < .001) -Inter-observer reliability : Kendall's coefficient of concordance was 0.97	<u>Analysis</u> -Any health staff can do the screening of aphasia if they have qualified instrument and are trained to use the instrument. -The instrument for primary screening is useful for the nurses to take care of and communicate with aphasic patients. This primary screening also brings a faster referral of the patients for rehabilitation. <u>Implication</u> -screening
<u>Author:</u> Kimelman, MD. Z. (1991) <u>Study:</u> Quasi-experimental <u>Sample</u> 10 Aphasic patients: a mean age of 56.4 years and all of them had left pathologic brain lesion	-Prosodic information carried only by stressed target words, within paragraph-length stimuli, did not provide significant comprehension to aphasic listeners.	<u>Analysis</u> A conversation with the aphasic patients should be done as follows: -The speaker should stress the important words that they want the patients to understand. -The speaker should say one sentence or one phrase at a time and it should be short and simple for example eat, take a bath, brush your teeth.

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
<u>Major examined</u> To determine the influence of stressed word prosody on auditory comprehension by listeners with aphasia. In one condition, both the target words and the surrounding context were prosodically neutral. In the second condition, target words were stressed and the surrounding contexts were prosodically neutral.	-There were 6 aphasic patients were demonstrated increased comprehension in the Stressed Target Condition, 4 aphasic patients showed either no difference between conditions or impaired comprehension in the Normally Stressed Target Condition.	<u>Implication</u> Communicating How to speak with aphasic patients -your voice -characteristics of a sentence: one sentence/phrase at a time, short, simple.
<u>Author:</u> Loughrey, L. (1992) <u>Study:</u> Quasi-experimental study <u>Sample</u> 4 Aphasic patients <u>Major examined</u> To examine two different methods of recognition and use of function words by aphasic stroke patients. The first method was a multisensory technique that used visual, verbal, kinesthetic, and tactile input stimuli. The second method used only a visual-verbal input procedure	-There was no difference between the two teaching methods in improving the subjects' immediate ability to recognize and use the words. (MST 16 words, VVT 15 word). -At the 2-months probe, the multisensory learners recognized words to a greater extent than did the visual-verbal learners.	<u>Analysis</u> The conversation with the aphasic patients should be done as follows: -The speaker should avoid abstract words for example "for", "between". -The speaker should use the verbal-visual technique, which means listening and visualizing. - The speaker should use the contentive or specific words such as a glass, a toothbrush because it is easy for the patients to understand. <u>Implication</u> Communicating -choosing words: use contentive words.

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
Author: Records, N. L. (1994) Study: Experimental study Sample Control group: 12 healthy persons Experimental group: 12 aphasic patients, all of them had left pathologic lesion from stroke Major examined -To determine the contribution of a visual source of contextual information to speech perception. The three experimental conditions were: visual-only, auditory-only, and auditory-visual.	-A significantly large contribution of gesture information to the response of the lower-comprehension subgroup. -The contribution of gesture was significantly correlated with the amount of ambiguity experienced with auditory-only information. -As the auditory information become more ambiguous, patients with impaired language comprehension make greater use of the visual information.	Analysis For the patients with a comprehensive information problem, the suitable methods of communication are as follows: -Gesture: the speaker should use gesture and make eye contact when speaking. For example, when the speaker says "a glass", the speaker should point to the glass as well as look at its. -How to say words: the speaker should say the words clearly and say only the word that wants the patients to understand. And speak slowly and clearly. Implication Communicating for patients with comprehension problems -use gestures -characteristics of word: clearly, keyword -speaking: slowly
Author: Beeson, P. M., et al.(1995) Study: Experimental study Sample Control group: 11 healthy persons Experimental group: 33 aphasic patients (11 Broca's , 11 Conduction , -11 Anomic aphasia) had left brain lesion	-Giving the superordinate category was the most difficult task for individuals with aphasia, regardless of type. -On basic level, the conduction group performed more poorly than the anomic and control group. -Broca's and conduction group performed naming more poorly than the anomic group.	Analysis -To select the words to communicate with the aphasic patients, the speaker should use a word that illustrates what the speaker wants to say and should avoid using the category of general nouns. For example, the speaker should say "orange" instead of "fruit" "carrot" instead of "vegetable"

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
<u>Major examined</u> To examine spoken . responses in the context of a confrontation naming taste. Each naming trial was followed by requests for the superordinate, other semantic information, and in-class coordinate	-On semantic information and coordinates, the Broca's and conduction group performed more poorly than the control and anomic groups.	"chair" instead of "furniture" "shirt" instead of "clothes" <u>Implication</u> Communicating -Characteristics of word: use the specific and contentive words.
<u>Author:</u> Pedersen, P. M., et al. (1995) <u>Study:</u> Descriptive study <u>Sample</u> 881 patients with acute stroke who were admitted to hospital <u>Major examined</u> To study the incidence of aphasia its determinants, time course of recovery, and predictors of aphasia outcome. Assessment for aphasia was done at admission, weekly during the hospital stay, and 6-months follow-up using the aphasic score of the Scandinavian Stroke Score.	-38% had aphasia at admission; at discharge 18% had aphasia. -Initial severity of aphasia was the only clinical relevant predictor of aphasia outcome. -Sex was not a determinant of aphasia in stroke, and there was no sex difference in the anterior-posterior distribution of lesion. -Time course of recovery of aphasia in relation to the initial degree of severity, mild aphasia (95%) was reached within 2 weeks, and moderate 6 weeks. -Side of stroke lesion, neurological severity, prior stroke, and age explained 37% of the total variance in the aphasic score on admission. -Side, size of lesion and cortical were explained 35% of the total variance in the aphasic score at discharge.	<u>Analysis</u> -The patients with the following pathology are patients who have a chance of having aphasia: stroke, traumatic brain injury, and pathology at the left hemisphere. As a consequence, every patient in this category should be screened. -The screening should be done when the patients have been admitted and it should be done continuously. <u>Implications</u> Screening -Risk patients. -Time for screening.

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
Author: Simmons-Mackie, N. N., & Damico, J. S. (1996) Study: Qualitative study Sample 2 non fluent aphasia , 50 years old Major examined To explore the role of discourse makers employed by aphasic speaker. An ethnographic investigation of compensatory strategies employed in natural communication by two aphasic subjects.	The discourse markers used by the two subjects were presented as follows: -alerting or limitation markers -termination or reorientation markers -Participant role markers -Politeness or affiliation markers -Truth level markers The aphasic patients employed discourse markers, both verbal and nonverbal as compensatory strategies to promote conversation interaction	Analysis -The speaker should observe the patients' behavior or ask their relative about the meaning of their behavior in order to make it easier to understand the patients. For example, when the patients repeat the same word or raise their hands, it might mean that they are thinking of the word. The speaker therefore should give them time to think. -While having the conversation with the aphasic patients, the speaker should always observe the patients' gesture and words and be able to interpret the meaning of the patients' behavior because their behavior might have a meaning. The speaker can observe and interpret the meaning correctly he/she will be able to continue the conversation. -The speaker should be attentive to the patients' feelings and expressions that occur all the time. Implication Communicating Characteristics of the speaker -pay attention, observation

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
Author: Murray, L. L., et al. (1997) Study: Experimental study Sample Control group: 8 healthy persons Experimental group: 16 Aphasic patients (8 frontal stroke, a mean age of 59.13 years old; 8 posterior stroke, a mean age of 69.75 years old) Major examined -To examine the effects of lesion location (frontal vs. posterior) and nature of distraction on the auditory processing performances of mildly aphasic individuals under isolation, focused attention, and divided attention. Verbal task included two listening tasks, one that required semantic judgement, and one that required lexical decisions. The nonverbal task was a tone discrimination task.	Nonverbal task 1. The aphasic groups performed the nonverbal task significantly more accurately during isolation and focused attention conditions than during either divided attention condition. 2. Both aphasic groups responded significantly more slowly during focused and divided attention conditions than during the isolation condition. Semantic judgement task 1. The accuracy pattern for both aphasics groups showed a significant decrease in accuracy as they move from isolation to focused attention conditions. 2. The aphasic groups were more sensitive to the present of secondary stimuli. 3. RTs. for isolation and focused attention conditions did not differ, but were significantly shorter than either divided attention condition. Lexical decision task 1. Lexical decisions were significantly more accurate during the isolation conditions. -The correlation between lesion size and accuracy difference score and RT difference score were significant ($r = .522$, $r = .508$; $p < .05$)	Analysis The conversation with the aphasic patients should be done as follows: -The speaker should use short and simple sentences and say one sentence at a time as well as wait for the patients' answer. - The speaker should give the patients sufficient time during the conversation and should not hurry. - The speaker should set the environment to be suitable for the conversation to take place by keeping the distraction as little as possible such as noise and the number of speakers. This is because the aphasic patients have an attention deficit and are sensitive to stimuli. - The speaker should select questions that can be answered by using gestures such as yes-no question. Implication Communicating Characteristics of sentences -short -simple -one sentence at a time -yes/no question The speaker -give sufficient time Environment setting -less distraction

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
Author: Murray, L. L., et al. (1998) Study: Experimental study Sample Control group: 8 healthy persons Experimental group: 14 mild fluent aphasia patients, the mean age was 66.07 years old and they had pathology at left brain lesion. Major examined To investigate the effects of varying attention demands on the spoken language of individuals with aphasia. Picture descriptions of aphasic and normal control subjects were compared under isolation, focused-attention, and divided conditions.	1.The decrements of attentional capacity or its allocation may negatively affect the quantity and quality of the spoken language of mild aphasic patients. 2.Aphasic patients showed dual-task interference; as they shifted from isolation to divided-attention conditions, they produced fewer syntactically complete and complex utterances, fewer words, and poorer word-finding accuracy. 3.Their communication was considered less successful and less efficient.	Analysis - The speaker should give the patients sufficient time during the conversation and should not hurry. -The speaker should set the environment to be suitable for the conversation to take place by keeping the distraction as little as possible such as noise and the number of speakers. This is because the aphasic patients have an attention deficit and are sensitive to the stimuli. -The speaker should say one sentence or one phrase at a time and it should be short and simple, and wait for the patients' answer. Implication Communicating Characteristics of sentence -short -simple -one sentence at a time -yes/no question The speaker -gives sufficient time Environment setting -less distraction

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
Author: Oelschlaeger, M. L. (1999) Study: Qualitative study Sample Aphasic patient and their spouse Major examined 1. To investigate the conversational interaction characterized by partner participation in repair of breakdown associated with the word finding difficulty of a person with aphasia. 2. To determine how such participation occurred.	-Participation was determined by interactional techniques, which were direct and indirect invitations to participate, performed via nonverbal and verbal signals. -The interactional resources were information states from both life experience and online analysis.	Analysis The conversation with the aphasic patients should be done as follows: -During the conversation, the speaker should observe and be aware of the patients' verbal and physical expression in order to make it easier to carry on the conversation. The patients might express their need for help directly by making eye contact with the speaker or by asking "what", which means that they have a trouble in finding a word and need help. The patients might express their need for help by turn away from the speaker, shaking their head or saying, I cannot think of it. -To have a conversation with aphasic patients, the speaker should have some information about the patients and some general knowledge to help continue the conversation. For example, in the case that the patients use an explanation or the definition of a word because they cannot think of such a word, the speaker should help them to think and let them know if that word is the word they want to say.

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
		<u>Implication</u> Communicating Characteristics of the speaker -pay attention, observe patients' verbal and nonverbal expressions. -have information about patients and general knowledge.
Author: Simmons-Mackin, N., Damico, J. S., & Damico, H. L. (1999) Study: Qualitative study Sample 11 Aphasic patients, a mean age of 61.7 years old Major examined -To explores characteristics and functions of feedback in traditional aphasia treatment sessions. -To identifies and describes multiple functions of clinician feedback based on analysis of 15 aphasia treatment sessions.	Feedback plays an important role as follows: -correction sequences -continued latching -closing sequences The benefit of feedback -encourage and boost confidence -modify and maintain target communication behavior -solicit cooperation and affiliation establish discourse tempo -communicate rules and attitudes -consolidate social roles	Analysis -During the conversation, the speaker should give feedback to the patients from time to time by saying "Good", or "that is correct", or by using gesture such as nodding, touch arms/hands, and making eye contact. <u>Implication</u> Communicating Characteristics of the speaker -Give feedback to the patients by using verbal and nonverbal prompted.
Author: Thommessen, B., et al. (1999) Study: Descriptive study Sample 37 stroke patients admitted to an acute stroke unit, a mean age of 75.5 years old 6 nurses had some experience (from 3 weeks to 2 years) of working with stroke patients	-The predictive value of a positive test was 0.67 and that of a negative test 0.93; systematic bias ($p = 0.27$) -The weighted kappa coefficient of agreement was 0.83, indicating a strong agreement between the nurses' and speech therapist' scoring. -The screening took 5-15 minutes to complete.	Analysis -To screen aphasic patients, nurses can use screening from which consist of Expression Comprehension Repeating Reading String of words Writing -The nurses need to have training before they can do the screening.

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
<u>Major examined</u> To develop and evaluate a simple method to be used by nurses to detect aphasia in the acute stage of stroke; The Ullevaal Aphasia Screening (UAS) Test.		<u>Implication</u> Screening -Aphasia screening pattern by nurses.
<u>Author:</u> Sundin, K., Jansson, L., & Norberg, A. (2000) <u>Study:</u> Qualitative study <u>Sample</u> 10 care providers particularly successful at communication with stroke and aphasic patients who were working at a stroke rehabilitation ward, narrated their experiences of communication with patients. <u>Major examined</u> -To illuminates the meaning of communicating with people with stroke and aphasia as it has emerged from the narratives of care providers particularly successful at communicating with them.	<u>Finding</u> The meaning of care providers' life experiences of communicating with aphasic patients. -Creative closeness but set boundaries in the care relationship. -Nurses are to be sensitive to the patients' desires. -Care providers related to patients as unique people and treat them as human being that is equal and worthy. -To have enough time for them and pave the way to peace and quiet and relaxation. -Communication is easier if care providers feel confident about their task and their team, and there is a good work and care environment. -Using the wordless communications such as touch, eyes' expression, body language.	<u>Analysis</u> -The speaker should build a close relationship between herself and the patients to make the patients feel comfortable and confident - The speaker should consider the patients as an individual and always pay attention to the patients during the conversation. - The speaker should touch and make eye contact to express the feeling between her and the patients. <u>Implication</u> Communicating -To makes a relationship before the conversation. -Characteristics of the speaker - Accept the patients as unique people, equal and worthy. - Use touch, eye expression, and body language. - Have enough time.

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
Author: Sundin, K., Norberg, A., & Jansson, L. (2001) Study: Qualitative study Sample 5 female care providers were particularly successful at communicating with stroke and aphasia patients, working experience for 4-12 years at a medical rehabilitation ward. Major examined -To illuminates the meaning of the care providers' lived experiences of the care relationships with aphasic patients	-Patients need to feel security, trust, and confidence in their care providers. -They need a lot of time and space, peace and quiet, and caring. -The care providers helped alleviate this suffering by being attentive, supporting the self-confidence of the patients and the patients' human dignity and giving reasons. -Nonverbal communication is essential to caring for aphasic people. -The care providers had to be sensitive to the patients' desires.	Analysis -The atmosphere during the conversation should be comfortable and stress-free. -The speaker should observe the patients all the time. -The speaker should talk with the patients politely and should not use childish language with the patients. The speaker should regard the patients as individuals. Implication Communication Environment setting: comfortable, stress-free Characteristics of the speaker: pay attention, speak politely.
Author: Hemley, B., et al. (2001) Study: Qualitative study Sample 20 nurses (17 women, and 3 men) who had cared for at least two patients with a severe communicative impairment within the last 12 months. Major examined To provide descriptive information from interviews with 20 nurses whom had cared for patients with severe communication impairment.	-Nurses feel difficulty and are frustrated to communicating with patients who had receptive/expressive impairment. -The strategies that might facilitate communication: attend to the patient during communication, non-verbal cues (facial expression, eye gaze, and body language), asking yes/no question. -Main factors that to limit communication were not having enough time for the nurse or for patients feeling frustrated or stressed, lack of training for nurses in method of communication.	Analysis 1. When assigning nurses to take care of the patients, these instructions should be followed: -Use the patient allocation assignment. -The nurses who are assigned to take care of aphasic patients should have experience and skills in taking care of these patients. -In cases where the nurses have little experience, there should be a supervisor to assist them. -Taking care of them should be continuous care. -There should be a system of transferring the information about

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
		communication methods. 2.Training on the communication methods with aphasic patients is important for nurses. The main points in the training are: knowledge and skills in screening and communication methods with the aphasic patients. 3.To have efficient communication methods between the nurses and the patients, there should be a guideline for “communication with aphasic patients”. 4.To promote effective communication, the instruments should be provided in the ward for convenient use such as white boards, pens, and picture cards. <u>Implication</u> Communicating Preparation of material for communication: magic board, pens, and picture board. Develop the CNPG for communicating with aphasic patients.

Table 2 Critique, and determination of sufficiency of research base (18 studies)
(continued)

Author/Study/Sample/ Major examined	Finding	Analysis/Implication
Author: Sundin, K., Jansson, L., & Norberg, A. (2002) Study: Qualitative study Sample -5 female care providers, they range in age from 27 to 64 years, and had from 4 to 12 years' experience in caring for patients with stroke and aphasia. They were particularly successful at communicating with aphasic patients. 3 aphasic patients who were admitted to the rehabilitation ward. Major examined -To illuminate the understanding in communication between care providers and aphasic patients	1. Some care providers have neither knowledge nor understanding; they are forced to use trial and error in their communication. 2. The strategies for communication with aphasic patients were: -Using the practice guideline that was created by the occupational therapist - Pay attention and observe the patients all the time of conversation. -using body language -being relaxed: using humor, mediating time	Analysis -The nurses need to have training about the pathology of aphasia, how to screen for aphasia, and communicating methods with aphasic patients. -Develop a clinical practice guideline for communicating with aphasic patients. - Have enough time for them and pave the way to peace and quiet and relaxation. -Pay attention and observe the patients all the time of conversation. Implication Communicating Environment setting: quiet, relaxed. Characteristic of the speaker: pay attention all the time.

1.2.2 Synthesis of research findings

From the research findings, the implication that could be used for establishing the clinical nursing practice guideline for screening and communicating with aphasic patients were clustered into 2 themes (Table 3). The first theme, aphasia screening, was composed of 6 sub-themes. Three research studies were used to synthesis the first theme. The second theme, communication with aphasic patients, was composed of 5 sub-themes. Fifteen research studies were used to synthesis the second theme.

Table 3 The clusters of research findings

Theme/Sub-theme	Author/Year
Theme # 1 Aphasia Screening	
Sub-theme # 1.1 Aspect of screening: There are 6 aspects related to screening aphasic patients: expression, comprehension, repeating, reading and comprehension, string of words and writing	Ebderby, P. M., et al., 1987 Thommessen, B., et al., 1999
Sub-theme # 1.2 Sequence of screening: Procedure in screening should start from data collection then summarized the type of aphasia and lastly identify the severity of aphasia.	Thommessen, B., et al., 1999
Sub-theme # 1.3 The significance of conducting training program of aphasia screening for nurses.	Thommessen, B., et al., 1999
Sub-theme # 1.4 Specific and sensitive instrument is needed for screening aphasia	Thommessen, B., et al., 1999 Ebderby, P. M., et al., 1987
Sub-theme #1.5 Early detection is needed for screening aphasia	Thommessen, B., et al., 1999 Perdesen, P. M., 1995
Sub-theme # 1.6 High risk group who required screening	Perdesen, P. M., 1995
Theme # 2 Communication	
Sub-theme # 2.1 Communication technique	
2.1.1 Combination of speaking and gesture	Daniloff, J. K., et al., 1982 Holland, A. L. 1982 Recodrs, N. L. 1994
2.1.2 Emphasized one sentence/ phrase at a time, short, simple	Kilmelman, MD. Z. 1991
2.1.3 Utilized contentive words	Beeson, P. M. 1995 Loughrey, L. 1992
2.1.4 Utilized keyword, speak slowly	Recodrs, N. L. 1994
2.1.5 Utilized specific word	Beeson, P. M. 1995
2.1.6 Utilized yes/ no question	Murray, L. L., et al., 1997, 1998
2.1.7 Encourage the use of touch, body language, eye expression	Sundin, K., et al., 2000

Table 3 The clusters of research findings (continue)

Theme/Sub-theme	Author/Year
Sub-theme # 2.1 Utilized assisting devices	
2.1.1 Utilized picture board: action picture	Daniloff, J. K., et al., 1982
2.1.2 Utilized magic board, pen	Holland, A. L. 1982 Hemley, B., et al., 2001
Sub-theme # 2.3 Characteristics of nurses or other health care providers	
2.3.1 Closed observation and pay attention	Simmons-Mackie, N. N., & Damico, J. S. 1996 Oelschlaeger, M. L. 1999 Sundin, K., et al., 2002
2.3.2 Speak with polite and gentle words	Damico, J. S. 1996 Sundin, K., et al., 2001
2.3.3 Providing with sufficient time during communication	Murray, L. L., et al., 1998 Sundin, K., et al., 2000
2.3.4 Obtain patients information and basic needs prior to the communication	Oelschlaeger, M. L. 1999
2.3.5 Providing periodic feedback during communication process	Simmons-Mackin, N., et al., 1999
Sub-theme # 2.4 Providing with appropriate environment during communication	
2.4.1 Emphasized less distraction	Murray, L. L., et al., 1997, 1998
2.4.2 Emphasized stress- free environment	Sundin, K., et al., 2001
2.4.3 Emphasized quiet and relax environment	Sundin, K., et al., 2002
Sub-theme # 2.5 Establishing Nurse-Client relationship	
2.5.1 Emphasized unique, equal and worthy nurse-client relationship	Sundin, K., et al., 2000

1.3 The validity testing of the clinical nursing practice guideline by experts (n=5)

Table 4 showed the opinions of the experts toward the clinical nursing practice guideline at the first time of validation. It was found that most of the experts agreed with the content of the clinical practice guideline. However, two points needed to be changed. The first point was the screening for aphasia, for which the experts in speech impairment suggested that the investigator should use the original pattern and the other two experts (one physician and one nurse) suggested that the investigator should add the details of the criteria in screening for aphasia. The second point, which needed to be changed was the definition of “contentive word”, which means a concrete word. Apart from this, there was some changes and additions in eight items as follows: 1.the first objective, 2.the criteria of using the clinical nursing practice guideline, item 1,2, and 5, 3.the communication methods with the aphasic patients, item 4 and 11. The investigator changed all the items according to the experts’ suggestions and had them approved again. All the experts approved the guideline.

Table 5 showed that all the experts agreed that the clinical nursing practice guideline for screening and communicating with the aphasic patients was qualified and created from good evidence. The application of the guideline should encourage the best practice. Also, it was essential to use this guideline in order to bring the best practice into being and to have the quality assurance (4 experts).

Table 4 The opinions of the experts toward the clinical nursing practice guideline at the first time of validation. (n=5)

Contents	Agree	Disagree	Suggestion
	Number	Number	
Objective			
1. To be a guideline for screening aphasic patients	5		Add “by nurse”
2. To be a guideline for communicating with aphasic patients	5		
Definition			
1. Aphasia refer to a symptom; loss of language abilities and function as a result of brain damage. It may affect comprehension, and expression, as well as reading, and writing.	5		
2. Screening refers to the assessment of the ability of language in aspects by using “Aphasia screening pattern” and it classified the type of aphasia as follows: 2.1 Receptive aphasia: the patients have comprehension and reading impairment. The patients can speak fluently and clearly but cannot provide the proper answer. 2.2 Expressive aphasia: The patients can understand other people’ speech but they have an impairment of speech and writing 2.3 Global aphasia: The patients have an impairment of comprehension and expression. They do not understand both speech and letters, and are non-fluent speaking or mute.	4	1	Should use the original instrument of screening (1)

Table 4 The opinions of the experts toward the clinical nursing practice guideline at the first time of validation. (n=5) (continued)

Contents	Agree	Disagree	Suggestion
	Number	Number	
3. Communication refers to the conveying of information between patients and health care providers in order to understand what is being conveyed. The conveyance of information will be in the form of speaking, gesture, writing, or picture board etc.	5		
Patients at risk of aphasia			
1. Stroke patients	5		
2. Patients who had a pathology lesion at the left brain	5		
Assessment criteria			
1. Good consciousness (E ₄ M ₆)	5		Add definition of M ₆
2. Do not need intubated artificial respiratory tube	5		
3. No history of hearing impairment	5		
4. No history of psychological problem	5		
5. Ability to use the Thai language	5		Add “the ability of reading and writing” Add the item about visualization
The Clinical Nursing Practice Guideline for Screening Aphasia			
1. To assess the ability of language in 6 aspects by using “The aphasia screening pattern” which consist of expression, comprehension, repeating, reading and comprehension, string of words, and writing.	4	1	-Should use the original instrument of screening (1) -To add the details of the classification of aphasia
2. To identify type of aphasia			
3. To confirm the result of screening with the physician of comprehension, string of words, and writing.			

Table 4 The opinions of the experts toward the clinical nursing practice guideline at the first time of validation. (n=5) (continued)

Contents	Agree	Disagree	Suggestion
	Number	Number	
The Clinical Nursing Practice Guideline for Communication			
1. To perform nurse-patients relationship, to have knowledge, of patients’ data, and consider the patients as an individual.	5		
2. To provide a suitable environment: relaxed, friendly, privacy, and minimize distractions such as noise, and the number of speaker	5		
3. Give the patients sufficient time during the conversation and not hurry.	5		
4. Use simplified and short sentences, speak only one sentence at a time. Use the key words that nurses want the patients to understand. For example, take a bath, brush your teeth, eat, turn your position.	4	1	To separate the content as follows: -Use sentence -Use keywords
5. Speak clearly, reduce your own rate of speech and stress the important words that you want the patients to understand.	5		
6. Ask “yes/no question” in order to simplify it and reduce frustration. For example “Do you want to drink some water?” instead of “What do you want?”	5		
7. Use contentive or concrete words such as a toothbrush, shirt, short. Avoid using functional words such as “for”, “between”.	5		Change the meaning of “contentive words” which refer to concrete word

Table 4 The opinions of the experts toward the clinical nursing practice guideline at the first time of validation. (n=5) (continued)

Contents	Agree	Disagree	Suggestion
	Number	Number	
8. Use specific words and avoid using the category of the things. For example, the speaker should say “orange” instead of “fruit” “boiled rice” instead of “food” “shorts” instead of “clothes”	5		
9. Use materials to contribute to communication such as picture boards or real objects. - The pictures that are used in communicating with the patients should show action.	5		
10. Pay attention to the patients all the time during conversation and during nurses conversation must observe patients’ actions, or their speech that may change such as patients’ gaze, knotted eyebrows, stop speaking, or repeating the same word again and again. These might mean, need help, or change the topic of conversation, or stop talking.	5		
11. During the conversation: the speaker should give feedback to the patients from time to time by saying “Good”, “That is correct”, “Umm...” or by using gestures such as nodding, touching arms/hands into make the patients’ feel confidence and continuity with the conversation.	5		Should not use the word “Umm...” because it is not suitable for the Thai context.
12. Repeat the explanation if the patients’ do not understand.	5		

Table 4 The opinions of the experts toward the clinical nursing practice guideline at the first time of validation. (n=5) (continued)

Contents	Agree	Disagree	Suggestion
	Number	Number	
13. Check your understanding by repeating the message that you understand to the patients.	5		
14. In case the patients have an expression impairment - Advise the patients to use gesture/facial expression instead of speaking. For example nod/shake their head, or thumb up/down instead of saying "yes/no". - Advise the patients to express by writing (if they can write).	5		
15. In the case of impaired comprehension, the speaker must combine speech with gestures, facial expression, and other nonverbal communication to clarify the meaning of your message, for example point to the objects as you talk about them. When you say "glass" you should pick up a glass or point to it and look at the glass too.	5		

Table 5 The opinions of the experts toward the clinical nursing practice guideline for screening and communicating with the aphasic patients (n=5)

The opinions of the experts	Number
1. It is essential to use this clinical nursing practice guideline to enable qualified and best practice, which can lead to the quality assurance.	4
2. This clinical nursing practice guideline is qualified and developed from good evidence. The application of the guideline will bring the best practice.	5
3. This clinical nursing practice guideline can be applied only in some units.	2
4. This clinical nursing practice guideline is unnecessary.	-

Part II The Pilot Study

2.1 The characteristics of the samples

2.1.1 Regarding the aphasic patients (Table 6) it was found that the samples were aged between 48-75 years old. The male patients outnumbered the females (6:4). Five of them had a primary level education, three had secondary level education and two had a vocational level education. Eight of them were married and two were single. Nine of the patients were right-handed and only one was left-handed. Seven patients had right hemiplegia; Five aphasic patients had motor power gr. 1, one patient had motor power gr.2, while equally to gr. 4. Seven of the samples had a cerebrovascular disease and three of them had a brain tumor. All of them had the pathology on the left brain. None of them had language impairment before being admitted. From screening the level of aphasia, it was discovered that five patients had severe aphasia, four had moderate aphasia, and one had mild aphasia.

Table 6 Demographic characteristics of aphasic patients (n = 10)

Characteristics	Number
Gender	
Male	4
Female	6
Age	
Less than 60 years	7
More than 60 years	3
Marital status	
Single	2
Married	8
Level of Education	
Primary education	5
Secondary education	3
Vocational education	2
Handiness	
Left-handed	1
Right-handed	9
Weakness	
No weakness	3
Weakness	7
Left	-
Right	7

Table 6 Demographic characteristics of aphasic patients (n = 10) (continued)

Characteristics	Number
Level of Motor Power (side of weakness)	
Grade I	5
Grade II	1
Grade IV	1
Medical Diagnosis	
Cerebrovascular disease	7
Brain tumor	3
Side of brain lesion	
Right	-
Left	10
Ability of language before admission (expression, comprehension, reading, and writing)	
Normal	10
Impairment	-
Severity of Aphasia	
Mild aphasia	1
Moderate aphasia	4
Severe aphasia	5

2.1.2 Registered Nurses (Table 7) All of the samples were females. Two of them graduated with a Master's Degree and three with a Bachelor's Degree. Three of them had more than 10 years experience in taking care of neurological patients and two of them had less than 10 years experience. Their work places were a neurological ward, neurosurgical ward, and neurosurgical intensive care unit. All three units had no screening tool for aphasic patients to be used by the nurses. There was no guideline for communicating with aphasic patients. And all the samples had never been trained about aphasia.

Table 7 Demographic characteristics of the registered nurses (n = 5)

Characteristics		Number
Gender		
	Female	5
	Male	-
Working experience (years)		
	5 - 10	2
	10 - 15	2
	> 15	1
Education level		
	Bachelor's degree	3
	Master's degree	2
Position (level)		
	Professional nurse level 5	2
	Professional nurse level 6	3

Table 7 Demographic characteristics of registered nurses (n = 5) (continued)

Characteristics	Number
Working section	
Neurological ward	1
Neurosurgical ward	2
Neurosurgical intensive care unit	2
Aphasic screening tool	
Have	0
Have not	5
Clinical nursing practice guideline for communication	
Have	0
Have not	5
Experience of training about aphasic	
Yes	0
No	5

2.2 The evaluation result of using the clinical nursing practice guideline (Table 8-10)

2.2.1 Process

Table 8 demonstrated that most of the activities in the clinical nursing practice guideline for screening and communicating with aphasic patients could be put into practice. Considering the screening, all six steps were completely done (10 patients). The confirmation with the physician has also been done. Considering communication with the aphasic patients, it was observed that all nurses performed nine activities out of fifteen. The activities, which were not been done, were: saying a short, simple sentence (1 patient); saying only an important word (1patient); using a tool for communication (1patient); introducing an expression of language (1patient)

and using gesture with speech to promote understanding (1patient). These activities had not been done because one patient had mild aphasia and another one could understand speech so there was no need to use gesture. Other activities that could not be done were setting an environment (1patient) because the sound environment could not be controlled since the patient was in ICU. and his neighbor had aggressive behavior; using a picture board to express (5patients) because they had severe aphasia; using writing to express (10patients) because all of them had an impairment of writing and also seven of them had right side weakness. All of the registered nurses stated that it took time for screening.

2.2.2 The outcome of using the clinical nursing practice guideline

Table 10 showed that all the nurses agreed that this clinical nursing practice guideline was a good device for screening the aphasic patients. Considering the communication with the patients, four nurses agreed that the guideline helped them to communicate with the patients, but one nurse said that she was not sure. Four out of five nurses agreed that this clinical nursing practice guideline was qualified and created from good evidence. The application of the guideline could bring about best practice.

Table 8 The number of practices followed the clinical nursing practice guideline for screening and communicating with aphasic patients (n=10)

Nursing practice guideline	Practiced Number	Not practiced Number
The Clinical Nursing Practice Guideline for Screening Aphasia		
1. To assess the ability of language in 6 aspects by using the “Aphasia screening pattern” which consisted of expression, comprehension, repeating, reading and comprehension, string of words, and writing	10	-
2. To identify types of aphasia	10	-
3. To confirm the results of screening with the physician	10	-

Table 8 The number of practice followed the clinical nursing practice guideline for screening and communicating with aphasic patients (n=10) (continued)

Nursing practice guideline	Practiced Number	Not practiced Number
The Clinical Nursing Practice Guideline for Communication		
1. To perform nurse-patients relationship, to have knowledge, patients' data, and consider the patients as individuals.	10	-
2. To provide a suitable environment: relaxed, friendly, private, and minimize distractions such as noise, and the number of speakers	9	1 Patient stayed in ICU.
3. Give the patients sufficient time during the conversation and not hurry.	10	-
4. Use simplified and short sentences, and speak only one sentence at a time. Do not speak loudly or at shout the patient. Keep voices at a normal volume level.	9	1 Patient had mild aphasia
5. Speak clearly, reduce your own rate of speech and stress the important words that want the patients to understand.	10	-
6. Asking "yes/no question" in order to aid convenience and reduce frustration. For example, "Do you want to drink some water?" instead of "What do you want?"	10	-
7. Use the key words that you want the patients to understand. Use contentive words such as "a toothbrush", "shirt", "shorts", "take a bath", "brush your teeth", "eat", "turn your position". Avoid using functional words	9	1 Patient had mild aphasia
8. Use specific words and avoid using the category of the things. For example, the speaker should say "orange" instead of "fruit" "boiled rice" instead of "food" "shorts" instead of "clothes" "chair" instead of "furniture"	10	-

Table 8 The number of practice followed the clinical nursing practice guideline for screening and communicating with aphasic patients (n=10) (continued)

Nursing practice guideline	Practiced	Not practiced
	Number	Number
9. Use materials to contribute to communication such as picture boards or real objects. - The pictures that are used in communicating with the patients should show action.	4	- 1 patient had mild aphasia - Could not be practiced because 5 patients had severe aphasia.
10. Pay attention to the patients all the time in conversation and during the conversation nurses must observe patients' actions, or their speech that may be changed such as patients' gaze, knotted eyebrows, stopping speaking, or repeating the same word again and again. These might mean, "need help", "change the topic of conversation", or "stop talking".	10	-
11. During the conversations: the speaker should give feedback to the patients from time to time by saying "Good", "That is correct", or by using gestures such as nodding, touching arms/hands in order to make the patients' confident and continue the conversation.	10	-
12. Repeat the explanation if the patients do not understand.	10	-
13. Check your understanding by repeating the message that you understood to the patients.	10	-
14. In case the patients have an expression impairment - Advise the patients to use gesture/facial expression instead of speaking. For example nod/shake their head, or thumb up/down instead of saying "yes/no".	10	

Table 8 The number of practice followed the clinical nursing practice guideline for screening and communicating with aphasic patients (n=10) (continued)

Nursing practice guideline	Practiced	Not practiced
	Number	Number
- Advise the patients to express by writing (if they can write).	-	Could not be practiced because all of them had a writing impairment, and seven had right side weakness (10)
15. In case of impaired comprehension, the speaker must combine speech with gestures, facial expression, and other nonverbal communication to clarify the meaning of her message. For example point to the objects as you talk about them. When you say “glass” you should pick up a glass or point to its and look at the glass too.	9	1 Patient had mild aphasia

Table 9 Obstacles and suggestions from using the clinical nursing practice guideline for screening and communicating with the aphasic patients (n=5)

Obstacles and suggestions	Number
The aphasia screening pattern	
- Some part of the picture for screening was not suitable for the Thai context.	2
- It takes time for screening.	5

Table 10 The outcome of using the clinical nursing practice guideline for screening and communicating with the aphasic patients (n=5)

Opinions of using the clinical nursing practice guideline	Number
Screening for aphasia	
- Able to accurately screen the aphasic patients	5
- Unable to screen the aphasic patients	-
- Unsure	-
Communicating with aphasic patients	
- Successfully helped to communicate	4
- Unsuccessfully helped to communicate	-
- Unsure	1
The significance of the clinical nursing practice guideline	
1. It is essential to use this clinical nursing practice guideline to enable qualified and best practice, which can lead to quality assurance.	4
2. This clinical nursing practice guideline is qualified and created from good evidence. The application of the guideline will bring about the best practice.	5
3. This clinical nursing practice guideline can be applied only in some units.	2
4. This clinical nursing practice guideline is unnecessary.	-

CHAPTER V

DISCUSSION

The objective of this study was to develop the clinical nursing practice guideline from synthesizing research studies for screening and communicating with aphasic patients. The study also aimed to evaluate if the clinical nursing practice guideline can be put into practice by doing a pilot study at King Chulalongkorn Memorial Hospital. The sample were 10 aphasic patients and five registered nurses who had had at least five years experience in taking care of neurological patients. The study revealed essential findings as follows.

Developing the Clinical Nursing Practice Guideline

1. Assembling relevant research practice

After assembling research literature concerning the screening of aphasia and communicating with aphasic patients, a total of 18 relevant research studies were selected (Figure 2, Table 1). Seven research studies were obtained from the electronic database. Eight were obtained from journals about aphasia. For example, Journal of Speech and Hearing Research, and American Journal of Speech-Language Pathology. And three studies were obtained from the reference list of the retrieved papers. All three sources are widely used to search for information necessary to develop a clinical nursing practice guideline, which are used internationally. The use of these three sources was congruent with the way to construct a practice guideline as stated by The Royal College of Medicine of Thailand (Thammalikit, W., et al., 2001: 38). They were similar to the development of a clinical nursing practice guideline in other countries (Nicoll & Byenr, 1999: 272). Three essential sources of information were always searched. The sources of information included, a document database, which are reference and bibliographic lists from research studies or literature; the electronic database; and the human database. The research literature should be gathered from sources in this country and from abroad.

The electronic database, which was very useful and required no additional expense was the database which was linked to the university (Beaven, 2002: 81; Dutchak) such as MEDLINE, Pubmed, CINAHL, E-journal etc. Another database, which has high quality information, is a systematic review, known as the Cochrane Library. Information searching on this database can be done very quickly, and the information is comprehensive (Beaven, 2002: 70). The investigator also searched for information from this database and found the systematic review, which was speech and language therapy for aphasia following a stroke. After reading the abstract, it was discovered that the content focused on the treatment for aphasia, which was not related to the research questions. The investigator therefore did not continue the search.

Only five out of 18 research studies were studies conducted by nurses. And four out of these five studies were qualitative studies, which was considered as level C evidence. The other one was a quasi-experimental research, which was considered as level B evidence. Another 13 studies were research from other fields such as speech therapists (8 research studies) and other fields (5 research studies). From these 13 research studies, 7 research studies were level C evidence and 6 research studies were level B evidence. All of these research studies were conducted abroad. From the information, it was noticed that most of the research studies used to develop a clinical nursing practice guideline were research from other fields. It reflected that the clinical research studies conducted by nurses were very limited (Thosingha, O., 2002: 13), especially quasi-experimental research studies, which can be used as evidence to develop a clinical nursing practice guideline. The research studies from other fields were therefore used. There are three kinds of essential and necessary data to develop the practice guideline: the primary clinical research result, the secondary clinical research result, which is a systematic review or meta-analysis, and the current practice guideline (Thammalikit, W., et al., 2001: 38). From this study it was found that the majority of the research studies were primary clinical research results and were level C evidence (11 research studies). Another 7 research studies were level B evidence. The content of the research studies can be classified into two main topics. The first one was screening for aphasia (3 research studies), which were about screening for aphasia and the incidence of aphasia in stroke patients. The second topic was communication with aphasic patients (15 research studies), which were concerned with strategies in

communicating with aphasic patients such as wording, sentences, and the environment setting.

According to the information presented previously, only a few nursing research studies concerning aphasic patients were conducted even though it was an essential and frequently found problem. As a consequence, the importance of conducting research studies concerning this topic should be realized and conducting research to help solve the clinical problem should be encouraged. This can be accomplished by the cooperation between the research users and the researchers to conduct research studies in order to improve the standard of nursing (Sindhu, S., 2001: 8). The problems and obstacles in searching for the information were the appropriate journals were not available in Thailand, the electronic database did not have the full text of the needed research studies, and the research studies were not published in English.

2. Critique, and determination of sufficiency of the research base

From analyzing and synthesizing all the 18 research studies (Table2, 3), it was noticed that most of the studies were level C evidence (11 research studies) and the rest were level B evidence (7 research studies). The research studies can be classified according to the content into screening with level C evidence, and communicating with aphasic patients with level B and C evidence.

It has been widely accepted that the process in developing a clinical nursing practice guideline requires validation from a group of experts. Within the group, there should be 1-2 persons who are expert in the research methodology, the clinical decision making analysis, and the clinical economics in order to have the validity and reliability of the practice confirmed (Thammalikit, W., et al., 2001: 38). In other countries, the recommended number is 8-20 persons (Thomas & Hotchkiss, 2002: 191-192). However, this clinical nursing practice guideline was solely developed by the investigator because it was a process of the independent study. There was also a time constraint in developing the clinical nursing practice guideline, and thus this guideline was developed by the investigator only. From reviewing the definition of the evidence-based practice' by Sackett and colleagues (1996), Sackett and Rosenberg (1995), and Agency for Health Care Policy Research (AHCPR) (Thosingha, O., 2002), it can be concluded that the nursing practice must based on the evidence and the best evidence was research findings. The practice also requires expertise, the agreement of

the specialists, and the patients' needs. The investigator therefore had the clinical nursing practice guideline validated by the specialists who are knowledgeable and skillful in clinical practice, the research methodology, and the clinical decision making analysis to have validity for the guideline. This was to reach a consensus among specialists, which is one method to develop a qualified guideline (Thomas & Hotchkiss, 2002: 196-197).

3. Experts Validity

According to the result obtained from the first time from evaluating the clinical nursing practice guideline for screening and communicating with the aphasic patients (Table 4), the main points that the specialists in speech impairment, who was a speech therapist recommended to change were pictures and the criteria in classifying aphasia. It was recommended that the investigator should use an original because a modified picture and criteria in classifying aphasia needed to be tested for validity and reliability again. Another two experts (one physician and one nurse) suggested that the investigator should add the details of the criteria in classification and the clarity of the pictures and use them screening for convenient and easy use. One important point was the interpretation of the words in linguistics, which was very important in this thematic study. Therefore a specialist in linguistics was required. All the specialists recommended the investigator to change and correct the sentences in order to construct a more accurate and correct clinical nursing practice guideline.

The investigator made all the changes recommended by the specialists and had them approved again. All the specialists approved the guideline. It was clear that one important step in the development of the clinical nursing practice guideline is validity testing by experts who are knowledgeable in various fields in order to have various recommendation and ideas. This was congruent with much literature about the development of a guideline. For example Scottish Intercollegiate Guidelines Network (SIGN) (2001 cited in Thomas & Hotchkiss, 2002: 191-192) claims that the important factors in the development of a guideline are the clinical expertise, other specialist expertise, and a practical understanding of the problems faced in the delivery of care and critical appraisal skills. The Royal College of Medicine of Thailand stated that a clinical practice guideline should be presented publicly (2001). Also, all the stakeholders; the specialists, the health staff, the administrative staff, and the patients

should have an opportunity to criticize and give comments on the guideline for the change and correction of it before it is presented to the public (Thammalikit, W., et al., 2001: 44). This statement was supported by Grossman and colleagues (2002) who conducted a study on research utilization to develop a clinical nursing practice guideline in rewarming the patients after surgery in ICU., and it said that the patients, their family, the nurses, and the health staff from inside and outside the institute should participate in criticizing the guideline (Grossman, et al., 2002:212).

This guideline which was developed by the investigator and was tested for validity by experts specialized in aphasic patients. These experts were from various fields and worked both inside and outside the institute. However, the patients and their family did not take part in criticizing the guideline. This was because, considering the Thai context, it was very difficult to have these people's involvement in the guideline development. In foreign countries, the patients' involvement in the guideline development was also rare. The North of England Evidence Based Guidelines had invited asthma and angina patients to participate in developing the guideline, but it was found that the patients were more likely to be non-participating observers. This might be because of the difference in status between the patients and the health staff, which made the patients, feels uncomfortable to express their opinions or make comments (Thomas & Hotchkiss, 2002: 192). Even though the patients' level of participation was limited, there were still two methods that allow the patients to indirectly participate in the guideline development. The first one was "member of patient group" which was the group discussion. The second was "using a patient advocate". In this study, the investigator used the "using a patient advocate" method by gathering the information about the patients' symptoms, needs, feelings, and problems and after that analyzed this information to obtain the best evidence to develop the best clinical nursing practice guideline for the patients.

Pilot Study

1. The Characteristics of the samples

1.1 Ten aphasic patients (Table 6) whose ages ranged between 48-75 years were recruited into the pilot study. Six patients were female and four were male. Five patients finished primary school, three finished secondary school and two received a diploma degree. Eight patients were married and the other two were single. Most of the patients were right-handed, only one patient was left-handed. Seven patients had right hemiplegia. Five of them had right motor power grade 1, one had grade 2, and one had grade 4. From the literature review, it was found that 90-98% of the right-handed persons had the dominant hemisphere on the left side of the brain and 60-75% of the left-handed also had the dominant hemisphere on the left side of the brain (Brookshire, 1992: 45; Guyton, 2001: 667; Houglan, 1991: 74; Soodsong, R. & Singhaniyom, W. 2002: 737). Almost all of the aphasic patients have right hemiplegia (Brookshire, 1992: 49; Damasio, et al., 1982: 15-20). According to the study of Tossapornpong, K and colleagues (1991), 81.67% of the hemiplegia patients had a chance to have aphasia. Seven of the samples in this study had cerebrovascular disease and three of them had a brain tumor. The position of the pathology was on the left brain at the frontal lobe, parietal, temporal, occipital, and basal ganglia. That was in agreement with the literature review, that a risk of having the aphasia, was the pathology on the left brain lesion such as subcortical, temporal, parietal and occipital lobe (Heiss, 1999: 430; Pedersen, et al., 1995: 661), anterior limb of the internal capsule, head of the caudate nucleus, and putamen (Damasio, et al., 1982: 18). Therefore, the patients who had pathology on the left brain run a risk of having aphasia (Caplan, et al., 1996: 933; Heiss, 1999: 430; Prathanee, B., 1994: 5; Manochiewpinit, S., 1991: 733; Pedersen, et al., 1995: 660).

1.2 The nurses. (Table 7) Three nurses had more than 10 years experience in taking care of the neurological patients. Two nurses had less than 10 years experience. Three out of five had a Bachelor's Degree and two had a Master's Degree. Their work places were the neurological ward, neurosurgical ward, and neurosurgical intensive care unit. There was no screening pattern for aphasia and no guideline for communicating with the aphasic patients. At the neurological ward, although there is a

screening pattern, which is a part of the screening pattern for patients with stroke, the screening is performed by a physician. All the nurses have never been particularly trained to take care of patients with aphasia, even though they have aphasic patients to care for all the time.

According to the information provided, the problem of aphasia has not been taken seriously. Also, there is no clear guideline to take care of these patients. Especially, the nurses have not had any role in screening. This fact is interesting and raises the question whether or not the nurses should play a role in screening. From the literature review, it was discovered that the rehabilitation of communication with the aphasic patients was delayed because the person who was responsible could only screen for aphasia very slowly (Prathanee, B., 1998: 42). The rehabilitation of the communication that starts within six months after the patients have aphasia was more effective than if it started later (Tastranont, R., 1996: 515). The expert in this field is the speech therapist. However, according to the survey of Thai Speech-Language & Hearing Association there are only 23 speech therapists in Bangkok (1997). And at King Chulalongkorn Memorial Hospital, which is a university hospital, there are only two speech therapists. Consequently, the nurses who are a large group of health staff and close to the patients the most, should play a role in the primary screening. They should also understand the process of communication with the aphasic patients. Thommesen and colleagues (1999) and Enderby and colleagues (1987) conducted a research which studied the development of the screening pattern for aphasia and stated that the screening could be done by a non-expert but ones who provided care for the patients should be trained to have knowledge and skill in screening. Since screening and communicating with the aphasic patients are complicated and require knowledge and expertise, the clinical nursing practice guideline for screening and communicating with the aphasic patients therefore is needed.

2. The Evaluation of the Results of the Clinical Nursing Practice Guideline

2.1 The process. The process was evaluated by using the performance checklist and the evaluation form of problems and obstacles in using the clinical nursing practice guideline (Table8-9).

2.1.1 The screening of aphasic patients. It was found that the nurses had completely evaluated all six parts, and all of them had the same screening result as the investigator. The problems and obstacles that the investigator and nurses found from using the screening pattern for the aphasia were as follows:

2.1.1.1 Instrument

a. There was one unclear word in the screening pattern, “painting”, which made the patients misunderstand that it meant all the picture that were showed to them.

b. Only using the screening pattern cannot classify the patients with mild aphasia. The process of screening should include a free conversation with the patients, and talking with their relatives about their communication problem.

c. The component in the picture used in the screening, which was “instruments for drawing”, is not frequently found in daily life. Also, it can be called by several names. So it was difficult to use for the screening. Even normal people have this problem.

The screening pattern for the aphasia by the nurses was a pattern used in foreign countries. The investigator used the original pattern in this study and had it validated by a bilingual Thai. Prior to the pilot study, the investigator had tried the screening pattern with five normal people aged 60-84, and another five normal people aged 25-48. The pattern was found to be accurate. However, the investigator found a problem about the picture because it illustrated the western context and as a consequence could cause miscommunication which lead to an inaccurate screening. This problem was cause by the different sociocultural background (Arnold, et al., 1998: 216). The investigator had consulted an expert in language communication and had changed this by adding words with a similar meaning. From the pilot study, the same problem was still found, which might cause an incorrect interpretation. According to the literature review, the screening patterns used in foreign countries were adapted into the Thai language by speech therapists. For example, the Minnesota test for Differential Diagnosis of Aphasia (MIDA), Porch Index of Communicative Ability (PICA), and the Boston Diagnostic Aphasia (A-kmanont, C., & Kittham, P., 1994: 331). The investigator therefore belief that the picture and words used in

screening the aphasia should be adapted to suit Thai society and culture. Therefore, a direct one to one translation of a Western aphasia test will capture neither the specific language properties nor the sociocultural peculiarities of the Thai language and the Thai culture (Pracharitpukdee, N., et al., 1998). Consequently, the screening pattern should be tested for validity and reliability again afterwards in order to have the screening pattern which best suits the Thai people.

2.1.1.2 The nurses

It took time to use the screening pattern the first time. One reason was some patients had an attention deficit and were very sensitive to distractions. According to the finding, all the nurses had no experience or skill in using the screening pattern for aphasia. None of them have been trained about aphasia even though three of them had more than 10 years experience and two had less than 10 years experience in taking care of the patients. As a result, these nurses lacked skill in screening and spent much time in doing it. To be skillful in screening, the nurses need to practice regularly until they master the expertise which is called “practice knowledge” and “knowing how” (Sindhu, S., 2001: 5).

2.1.1.3 The patients

Four aphasic patients had moderate aphasia and had expression impairment as the leading problem because they could understand. The patients often felt frustrated and did not even want to talk to their relatives. Thus the nurses have to have knowledge and understand the aphasic patients’ mental problem, such as to accept the changes and the limitation of the patients. That was, the patients suffered not only the language impairment but also other problems. The patients were likely to have mental problems in the early stage because they could not communicate with other people. Apart from this, the pathology on the brain made them unable to keep their temper under control, and caused them to get frustrated and angry easily. It also made the patients isolate themselves from society (Brody, 1992: c13; Tastranont, R., 1996). All these problems affected the screening, which took a long time.

2.1.2 The Guideline for Communicating with the Aphasic Patients

Most of the nursing practices in the guidelines were found to be practiced. Some nursing practices in guidelines do not have practice or cannot be practiced because of the following limitations:

a. It was difficult to have privacy and decrease the distractions such as noise, because the patients did not have a private room. In the patients' room, there was always noise from nursing intervention or from the conversation of their neighbors. In the ICU, there were noises from the monitor or the mechanical ventilator from time to time. These factors affected the communication of the patients. This statement supports the study of Murray and colleagues (1998) who found that the aphasic patients who were in an environment with more than one distraction would have a worse communication ability. Although, the noise could not be control but the investigator used strategies to avoid the resource of noise. In case of a patient who could ambulate, investigator invited her/him to go to the private area during the conversation. This finding leads to the suggestion that a private area or a private room is needed for aphasic patients so that the communication between patients and the other will be effective.

b. One procedure in the nursing practice guideline, which was "saying simple sentence, saying one sentence at a time, and saying only the important word", was not performed with one patient because she had mild aphasia and just had a little difficulty in thinking and putting words into a sentence. It was therefore unnecessary to use this procedure in order to maintain the most normal conversation with the patient. This was to prevent them from having a negative feeling.

c. The used of picture boards, which were pictures about the basic needs; for example, activities daily living, feelings, or discomfort, could not be performed in the following cases. The patients who had severe aphasia and had the pathology on the several areas. For example, they had the pathology on the left brain at the frontal, parietal, temporal, and occipital lobe. All these areas control language function. The Broca's area at the inferior frontal gyrus controls pronunciation. The Wernicke's area at the superior temporal gyrus functions on language comprehension. The angular gyrus and supramarginal gyrus at the inferior parietal lobe function on reading and writing (Srisai, M., 1987: 248-250). In this study, four patients had pathology on several parts of the brain, which caused them to be unable to comprehend, read, speak, and write. One patient had the pathology on the temporal lobe only, which caused him to be unable to comprehend or read. He could not understand a question and provide the proper answer, but he could speak fluently.

Therefore, the investigator could not teach or train the patients to use pictures for language expression but could use them for language comprehension (Prathanee, B., 1994: 13). The picture board was not used with the patient who had mild aphasia. The investigator had tried to encourage the patient to talk instead of using a picture board in order to have a natural conversation.

d. The language expression by writing was not performed because of the patient's limitation in writing and/or the weakness on the right side.

2.2 The Outcome of Using the Clinical Nursing Practice Guideline. It was evaluated by using the evaluation form for screening and communicating with aphasic patients (Table 10).

2.2.1 The screening. Most of the nurses (4 nurses) agreed that the screening pattern by nurses could accurately screen the aphasic patients. However, the investigator thought that the result was not accurate in a case who had mild aphasia. In this case, the knowledge about the pathophysiology and the conversation on general topics should also be included in the screening for an accurate result. This was congruent with the review of literature which reveals that in a case where the patients had very mild aphasia so that people could not recognize their language expression and speaking problem, only the patients themselves or the specialists could tell that they had a communication problem (A-kamanont, C., & Kittham, P., 1994: 330).

2.2.2 The Guideline for Communicating with the Aphasic Patients. The four nurses agreed that the guideline successfully helped them to communicate but the other one was not certain about the outcome but she did not give reason. The investigator thought that apart from using only the guideline, the clinical decision making should be included because each patient had a severity of aphasia at a different level, and the patients' language ability was also different. The nurses therefore should carefully consider and select the communication methods described in the guideline. It was stated that the application of the standardized guideline without considered judgement is not recommended (Craig & Smith, 2002: 25). The nurses therefore should use their own judgement in using this guideline with the patients and also consider other factors before making a decision. All five nurses agreed that the nursing practice guideline was qualified and developed from good evidence and it could bring

about the best practice. It was also essential to use the guideline in order to bring about the best practice, which was acceptable and would lead to the quality assurance.

Considering the study results on developing the clinical nursing practice guideline and the pilot study, it was clear that the clinical nursing practice guideline was developed from the research utilization process and it was also tested for validity from the experts. The guideline therefore can be validated scientifically. From the evaluation of the pilot study on the process and the outcome, it was found that the process was practical and the guideline was effective. Accordingly, another three steps of the Iowa Model of Research in Practice should be performed. The first step is decision-making on using the clinical nursing practice guideline, when prior to making a decision, the readiness in terms of staff and instruments should be considered. The second step is planning for the change in the clinical nursing practice guideline, which can be done by establishing a project for the nursing development. The third step is the continuous follow-up so that the guideline is improved constantly, and is always up-to-date. The clinical nursing practice guideline from the research utilization is congruent with the announcement of the Nursing Council on Nursing and Midwifery Practice Standard of the year 2001. There is a standard 3 which states that nursing and midwifery should be practiced on the basis of up-to-date nursing science, and other related sciences, which considers the patients to be the center of practice. The nursing process should be revised and evaluated systematically. Also, the knowledge from research studies should be applied in the nursing process in order to continuously improve the standard of nursing practice (Royal Gazette, 2001).

CHAPTER VI

CONCLUSION

Summary of the Study

This study aimed to develop a clinical nursing practice guideline from synthesizing research studies for screening and communicating with aphasic patients and to evaluate the clinical nursing practice guideline to see if it could put into practice. The investigator developed the clinical nursing practice guideline from assembling relevant research literature concerning aphasia and found a total of 18 relevant research studies. After analyzing and synthesizing the studies, it was found that 7 research studies were level B evidence and 11 studies were level C evidence. After that, the clinical nursing practice guideline was developed based on the evidence. The guideline was also tested for validity and approved by the experts. Next, the guideline was piloted with 10 aphasic patients who were admitted in the neurosurgical intensive care unit, neurosurgical ward, and the neurological ward and five staff nurses who had at least five years experience in taking care of neurological patients, at King Chulalongkorn Memorial Hospital. Both aphasic patients and staff nurses participated in this pilot study. The data collecting procedure was performed between February 2003 to March 2003. The data was presented by frequency. The finding was as follows.

1. The development of the clinical nursing practice guideline

The Clinical Nursing Practice Guideline developed by synthesizing the research studies for screening and communicating with the aphasic patients consisted of two main parts as follows.

1.1 The screening of aphasia by nurses consisted of the screening of language ability in six components, which are expression, comprehension, repeating, reading and comprehension, string of words, and writing. The level of aphasia was put into three levels, which are mild, moderate, and severe.

1.2 The communication method with the aphasic patients consisted of 15 items, which was developed from the evidence obtained from the research study.

2. The pilot study

Aphasic patients aged between 48-75 years old were recruited into the pilot study. There were more female than male patients. Most of the patients were married. They had primary or secondary education. Almost all of the patients were right-handed, only one of them was left-handed. Seven out of ten had right hemiparesis. The pathology was on the left brain at the frontal, parietal, temporal, occipital lobe and basal ganglia, which resulted from cerebrovascular disease (7 patients) and a brain tumor (3 patients). The levels of severity were mild, moderate, and severe, which were found with one, four, and five patients, respectively. All patients did not have a communication problem prior to this illness.

It was found that the screening pattern for aphasia could accurately screen for aphasia in the patients with moderate and severe aphasia. Before using the screening pattern, the nurses should have training in order for them to spend less time in screening. The nurses and the investigator agreed that the picture and wording in the screening pattern should be adapted to suit Thai society and culture. From the screening, it was discovered that the clinical nursing practice guideline for communicating with the aphasic patients could greatly help in communication and could be put into practice. However, the severity of the aphasia and the patients' language ability should also be taken into consideration.

Implication for Nursing Practices

1. Using the clinical nursing practice guideline into everyday nursing practice. This aimed to be good role-modeled for the other nurses in ward.

2. The clinical nursing practice guideline should be promoted to ward staffs as follows:

2.1 A training course for nurses who care for patients with aphasia should be established. Within the training course, skills in using the screening instrument for aphasia and the communication method with the aphasic patients according to the guideline should be emphasized.

2.2 A counselor or a specialist in aphasia should be invited to serve as an advisor to the nurses when they have problems in screening or communicating with the patients.

2.3 A group discussion with other nurses should be undertaken after meeting with the aphasic patients in order to learn from each other and exchange experience for new ideas and development.

2.4 A mentor system should be used within the unit in order to give advice and suggestions and to facilitate the use of the clinical nursing practice guideline.

3. The clinical nursing practice guideline should be published in media, such as nursing journal, or on the Intranet or Internet in order to distribute it to the other units. Avenues to disseminate findings include local and national conferences, and interest group meeting.

4. Organizational approaches: Incorporated the clinical nursing practice guideline into work instruction (WI), which was a part of hospital policy.

5. Integrate the clinical nursing practice guideline into regular practice and maintain it on sustainability. Members of the health care team can be encouraged to responsibility for the clinical nursing practice guideline activities within their ward. It was necessary to continue monitor outcomes and facilitates feedback to the staff. The Iowa Model divides outcomes into 3 categories: patients and family, staff and fiscal. This assists in maintaining the practice change.

6. The clinical nursing practice guideline for communicating with aphasic patients should be introduced to the patients' relatives by teaching, suggesting, and training in the skills for communication. The nurses should be the facilitators and the resource persons for the patients and their relatives. The clinical nursing practice guideline for communicating with the aphasic patients should be published and distributed to the patients' family and other people.

7. The fiscal outcome that was cost benefit analysis should be monitored in order to evaluate the cost benefit ratio from using the clinical nursing practice guideline.

Limitation of The Study

1. The screening pattern for aphasia is a pattern, which developed and validated to be used in Norwegian and the translation into English has not been validated at all. Thus, the picture illustrated the Norwegian context and as a consequence could cause miscommunication, which led to an inaccurate screening.

2. According to the small sample size of registered nurses and aphasic patients, the finding of this study could not be generalized to the population.

Implication for Further Study

Suggestions for further study are as follow:

1. The picture in the screening pattern should be adapted to suit Thai society and culture. The screening pattern should be tested for validity and reliability by the research process.

2. The clinical nursing practice guideline should be improved and developed by health staff from various fields and it should be used for regular practice in the unit. The samples should be all the nurses in the unit. The aphasic patients' family should be given an opportunity to use the guideline to communicate with the patients.

3. The clinical nursing practice guideline for screening and communicating with aphasic patients should be adds into a clinical pathway of stroke patients which developed by multidisciplinary.

BIBLIOGRAPHY

- Al-Khawaja, I., Wade, D.T., & Collin, C.F. (1995). Bedside screening for aphasia: A comparison of two methods. Journal of Neurology, 243, 201-204.
- Arnold, E., Virvan, D., & Kizilay, P.E. (1998). Concepts of basic communication. In J. M. Leahy & P. E. Kizilay (Eds.), Foundations of nursing practice (pp.213-238). Philadelphia: W.B.Saunders.
- Astrom, M., Adolfsson, R., & Asplund, K. (1993). Major depression in stroke patients: A 3- year longitudinal study. Stroke, 24(7), 976-982.
- Barrett, A. M., & Gonzalez-Rothi, L. J. (No date). Depression in patients with aphasia [Online]. Available: [http://www.mmhc.com/hhcc/articles/ HHCC9805/ Barrett.html](http://www.mmhc.com/hhcc/articles/HHCC9805/Barrett.html) [2002, Oct 15]
- Beaven, O. (2002). Searching the literature. In J. V. Craig & R. L. Smyth (Eds.), The evidence-based practice manual for nurses (pp. 45-85). Edinburgh: Churchill Livingstone.
- Beeson, P. M., Holland, A. I., & Murray, L.L. (1995). Confrontation naming and the provision of superordinate, and other semantic information by individuals with aphasia. American Journal of Speech-Language Pathology, 4, 135-138.
- Black-Schaffer, R. M., & Scott-Osberg, J. (1990). Return to work after stroke development of a predictive model. Archives of Physical Medicine & Rehabilitation, 71, 285-290.
- Brookshire, R. H. (1992). Neurophysiology of aphasia and related disorders In, R.H. Brookshire (Ed.), An introduction to neurologic communication disorder. (4th ed, pp. 45-55). St.Louis: Mosby.
- Boss, B. J. (1984). Dysphasia, dyspraxia, and dysarthria : Distinguishing features, part I. Journal of Neurosurgical Nursing, 16(3),151-160.
- _____. (1984). Dysphasia, dyspraxia, and dysarthria : Distinguishing features, part II. Journal of Neurosurgical Nursing, 16(3), 211-216.
- Brody, J. E. (1992, June 10). When brain damage disrupts speech. The New York Times, p. c13.

- Caplan, D., Hildebrandt, N. & Makris, N. (1996). Location of lesions in stroke patients with deficits in syntactic processing in sentence comprehension. Brain, 119, 933-949.
- Chapey, R., & Hallowell, B. (2001). Introduction to language intervention strategies in adult aphasia. In R. Chapey (Ed.), Language intervention strategies in aphasia and related neurogenic communication disorders (4th ed, pp. 3-17). Philadelphia: Lippincott Williams & Wilkins.
- Craig, J.V., & Smyth, R.L. (2002). The evidence-based practice manual for nurses. Edinburgh: Churchill Livingstone.
- Damasio, H. (2001). Neural basic of language disorders. In R. Chapey (Ed.), Language intervention strategies in aphasia and related neurogenic communication disorders (4th ed, pp. 18-54). Philadelphia: Lippincott Williams & Wilkins.
- Damasio, A. R., Damasio, H., Rizzo, M., Varney, N., & Gersh, F. (1982). Aphasia with nonhemorrhagic lesion in the basal ganglia and internal capsule. Archives Neurology, 39, 15-20.
- Daniloff, J. K., (1982). Gesture recognition in patients with aphasia. Journal of Speech and Hearing Disorder, 47, 43-49.
- Dutchak, J. (no date). Development of clinical practice guidelines [on line]. Aviable: <http://www.ucl.ac.uk/uro-neph/ppt/cp061202.ppt> [2003, April 7].
- Emerson, J., & Enderby, P. (2000). Concern of speech-impaired people and those communicating with them. Health and Social Care in the Community, 8(3), 172-179.
- Enderby, P., Wood, V. A., Wade, D. T., & Hewer, R. L. (1987). Aphasia after stroke: A detailed study of recovery in the first 3 months. Internal Rehabilitation Medicine, 8, 162-165.
- Enderby, P.M., et al. (1987). The Frenchay Aphasia Test : A short simple test for aphasia appropriate for non-specialist. Internal Journal of Rehabilitation Medicine, 8(4), 166-170.
- Fain, J. A. (1999). Critiquing research reports. In J.A. Fain (Ed.), Reading, understanding, and applying nursing research a text and workbook. (pp. 245-279). Philadelphia: Davis.

- Ferro, J. M., & Madureira, S. (1997). Aphasia type, age and cerebral infarction localisation. Journal of Neurology, 244, 505-509.
- Garden, F.H., Garison, S.J., & Jain, A. (1990). Assessing suicide risk in patients: Review of two cases. Archives of Physical Medicine & Rehabilitation, 71, 1,003-1,005.
- Grossman, S., Bautista, C., & Sullivan, L. (2002). Using evidence-based practice to develop a protocol for postoperative surgical intensive care unit patients. Applied Research, 21(5), 206-213.
- Guyton, A. C., & Hall, J. E. (2001). The cerebral cortex, intellectual functions of the brain; and language and memory. In A. C. Guyton & J. E. Hall (Eds.), Textbook of medical physiology (10th ed, pp. 663-671). Philadelphia: W.B. saunders.
- Hemley, B., et al. (2001). Nursing the patients with severe communication impairment. Journal of Advanced Nursing, 35(6), 827-835.
- Han, B., & Haley, W. E. (1999). Family caregiving for patients with stroke review and analysis. Stroke, 30, 1,478-1,485.
- Hatcher ,B. J., Durhan, J. D., & Richey, M. (1985). Overcoming stroke-related depression. Journal of Gerontological Nursing, 11(11), 35-39.
- Hayn, M. A., & Fisher, T. R. (1997). Stroke rehabilitation. Nursing, (1997, March), 40-46.
- Heiss, W. D., Kessler, J., Thiel, A., Ghaemi, M., & Karbe, H. (1999). Differential capacity of left and right hemispheric areas for compensation of poststroke aphasia. Annals of A Neurology, 45(4), 430-438.
- Holland, A. L. (1982). Observing functional communication of aphasia adult. Journal of Speech and Hearing Disorders, 47, 50-56.
- Holland, A. L., From, D. S., DeRuyter, F., & Stein, M. (1996). Treatment efficacy: Aphasia. Journal of Speech and Hearing Research, 39, s27-s36.
- Houglan, E. R. 1991). Nursing care of clients with impaired communication. Rehabilitation Nursing, 16(2), 74-76.
- Kauhanen, M. L., et al. (1999). Poststroke depression correlates with cognitive impairment and neurological deficits. Stroke, 30, 1,875-1,880.

- Keller, C., Tanner, D., Urbina, C. M., & Gerstenberger, D. (1989). Psychological responses in aphasia: Theoretical considerations and nursing implications. Journal of Neuroscience Nursing, 21(5), 290-294.
- Kimelman, M.D.Z. (1991). The role of word stress in auditory comprehension by aphasia listeners. Journal of Speech and Hearing Research, 34, 334-339.
- Kinsella, G. J., & Duffy, F. D. (1979). Psychological readjustment in the spouses of aphasic patients. Scandinavian Journal of Rehabilitation Medicine, 11, 129-132.
- Loughrey, L. (1992). The effects of two teaching techniques on recognition and used of function words by aphasic stroke patients. Rehabilitation Nursing, 17(3), 134-137.
- Mitchell, C. A. (1994). The evolution of research: From science to practice. In G. LoBiondo-Wood & J. Haber (Eds.), Nursing research: Method, critical, appraisal, and utilization. (3rd pp. 55-87). St.Lois: Mosby.
- Munchiando, J. F., & Kendall, K. (1993). Comparison of the effectiveness of two bowel program for CVA patients. Rehabilitation Nursing, 18(3), 168-172.
- Murray, L.L., et al., (1997). Auditory processing in individuals with mild aphasia: A study of resource allocation. Journal of Speech and Hearing Research, 40, 792-808.
- _____. (1997). Spoken language of individuals with mild fluent aphasia under focused and divided-attention conditions. Journal of Speech and Hearing Research, 41, 213-227.
- National Aphasia Association. (No date). Impact of aphasia on patients and family [Online]. Available: <http://www.aphasia.org/NAAimpact.html> [2002 Oct 15].
- Nicoll, L. H., & Beyea, S.C. (1999). Research utilization. In J.A. Fain (Ed.), Reading, understanding, and applying nursing research (pp.261-280). Philadelphia: Davis.
- Oelschlaeger, M. L. (1999). Participation of conversation partner in the word searches of person with aphasia. American Journal of Speech-Language Pathology, 8, 62-71.

- Pedersen, P. M., Jorgensen, H.S., Nakayama, H., Raaschou, H. O., & Olsen, T. S. (1996). The impact of aphasia on ADL and social activities after stroke: The Copenhagen Stroke Study. Journal of Neurological Rehabilitation, 10 (2), 91-99.
- _____. (1995). Aphasia in acute stroke: Incidence, determinants, and recovery. Annals of Neurology, 38(4), 659-666.
- Perkdetch, B. (2002). The influences of amount of care, communication problem, and caregiver's factors on role strain of stroke patients' caregivers. Master's thesis in Nursing Science, Faculty of Graduate Studies, Mahidol University.
- Polit, D. F., & Hungler, B. P. (1997). Utilization of nursing research. In Essentials of nursing research: Method, appraisals, and utilization. (4th ed. pp. 423-448). Philadelphia: Lippincott.
- Pracharitpukdee N., Phantumchinda K., Huber, W., & Willmes, K. (1998). The Thai version of the German aachen aphasia test (AAT): Description of the test and performance in normal subjects. Journal Medicine Association Thai, 81 (6), 402-412.
- Records, N. L. (1994). A measure of the contribution of gesture to the perception of speech in listener with aphasia. Journal of Speech and Hearing research, 37, 1,086-1,099.
- Robinson, R. G., Kubos, K. L., Starr, L. B., Roa, K., & Price, T. R. (1984). Mood disorders in stroke patients: Importance of location of lesion. Brain, 107, 81-93.
- Rosswurm, M. A., & Larrabee, J. H. (1999). Model for change to evidence-based practice. IMAGE: Journal of Nursing Scholarship, 34(4), 317-322.
- Sarno, T. (1992). Preliminary finding in a study of age, linguistic evolution and quality of life in recovery from aphasia. Scandinavian Journal of Rehabilitation of Medicine Supplement, 26, 43-59.
- Simmons-Mackie, N. N., & Damico, J. S. (1996). The contribution of discourse markers to communication competence in aphasia. American Journal of Speech-Language Pathology, 5(1), 37-43.

- Simmons-Mackie, N. N., Damico, J. S., & Damico, H. L. (1999). A qualitative study of feedback in aphasia treatment. American Journal of Speech-Language Pathology, 8, 218-230.
- Simmons-Mackie, N. (2001). Social approaches to aphasia intervention. In R. Chapey (Ed.), Language intervention strategies in aphasia and related neurogenic communication disorders (4th ed, pp. 246-267). Philadelphia: Lippincott Williams & Wilkins.
- Stratmann, D., Vinson, M. H., & Hardin, S. B. (1997). The effects of research on clinical practice: The use of restraints. Applied Nursing Research, 10(1), 39-43.
- Sundin, K., Jansson, L., & Norberg, A. (2002). Understanding between care provider and patients with stroke and aphasia: A phenomenological hermeneutic inquiry. Nursing Inquiry, 9(2), 93-103.
- Sundin, K., et al. (2001). The meaning of skilled care providers' relationships with stroke and aphasia patients. Qualitative Health Research, 11(3), 308-321.
- Sundin, K., Jansson, L., & Norberg, A. (2000). Communicating with people with stroke and aphasia: Understanding through sensation without words. Journal of Clinical Nursing, 9, 481-488.
- Thomas, L., & Hotchkiss, R. (2002). Evidence-based guidelines. In J. V. Craig & R. L. Smyth (Eds.), The evidence-based practice manual for nurses (pp.187-209). Edinburgh: Churchill Livingstone.
- Thommessen, B., et al. (1999). Screening by nurses for aphasia in stroke – the Ullevaal Aphasia Screening (UAS) test. Disability and Rehabilitation, 21(3), 110-115.
- Tanner, D. C., Gerstenberger, D. L., & Keller, C. S. (1989). Guideline for treatment of chronic depression in the aphasia patient. Rehabilitation Nursing, 14(2), 77-81.
- Titler, M. G., & Mentis, J. C. (1999). Research utilization in gerontological nursing practice. Journal of Gerontological Nursing, (1999, June), 6-9.
- Titler, M. G., et al. (1994). Infusion research into practice to promote quality care. Nursing Research, 43(5), 307-313.

- Tossapornpong, K., Sukvanachaikul, C., & Bunnag, Y. (1991). Communication disorders in the hemiplegic patients at Sawangkanivat (Thai Red Cross Rehabilitation Center). Journal Thai Rehabilitation, 1(2), 10-13.
- Ween, J. W., Verfaellie, M., & Alexander, M. P. (1996). Verbal memory function in mild aphasia. Neurology, 47, 795-801.
- White, M. J., Leske, S. J., & Percy, M. J. (1995). Models and process of research utilization. Nursing Clinics of North America, 30(3), 409-420.
- Williams, S. E. (1993). The impact of aphasia on marital satisfaction. Archives of Physical Medicine & Rehabilitation, 74, 361-367.
- Williams, S. E., & Freer, C. A. (1986). Aphasia: Its effect on marital relationships. Archives of Physical Medicine & Rehabilitation, 67, 250-252.
- Zraick, R. I., & Boone, D. R. (1991). Spouse attitudes toward the person with aphasia. Journal of Speech and Hearing Research, 34, 123-128.
- กัมมันต์ พันธุมจินดา และมิชชัย ศรีไส. (2530). Cerebral cortex and higher cortical functions. ใน กัมมันต์ พันธุมจินดา, มิชชัย ศรีไส, สุพัฒน์ โอเจริญ และช่อเพ็ญ เตโชพาร (บรรณาธิการ), ประสาทศาสตร์พื้นฐาน (พิมพ์ครั้งที่ 3, หน้า 87-100). กรุงเทพมหานคร: สันประสิทธิ์การพิมพ์.
- ชนัดต์ อากมานนท์ และพวงแก้ว กิจธรรม. (2537). การฟื้นฟูสภาพผู้มีปัญหาด้านการสื่อความหมาย กับบทบาทพยาบาล. ในเอกสารการสอนชุดวิชากรณีเลือกสรร การพยาบาลเพื่อการฟื้นฟู ฟื้นฟูสภาพ หน่วยที่ 5 (พิมพ์ครั้งที่ 9, หน้า 291-333). นนทบุรี: โรงพิมพ์มหาวิทยาลัย สุโขทัยธรรมาธิราช.
- ชนัดต์ อากมานนท์. (2529). อะเฟเซีย. ใน รจนา ทรพรานนท์, ชนัดต์ อากมานนท์ และสุมาลี ดิจงกิจ (บรรณาธิการ), ความผิดปกติทางการพูด (หน้า 97-111). กรุงเทพมหานคร: เรือนแก้วการพิมพ์.
- นฤมล อนุมาศ และ ช่อลดา พันธุเสนา. (2539). การศึกษาปรากฏการณ์ทางการพยาบาล: การสื่อสารในผู้ป่วยโรคหลอดเลือดสมอง. วารสารพยาบาลสงขลานครินทร์, 16(4), 59-66.
- นฤกุล ตะบวนพงศ์, ช่อลดา พันธุเสนา และ นิตยา ตากวิริยะนันท์. (2537). ภูมิหลังและปัญหาของ ผู้ป่วยโรคหลอดเลือดสมอง. วารสารพยาบาลสงขลานครินทร์, 14(4), 1-12.

- เบญจมาศ พระธานี. (2541). บทบาทของนักแก้ไขการพูดและปัญหาในการทำงานด้านความผิดปกติทางการพูดและภาษา. สงขลานครินทร์เวชสาร, 17(1), 53-61.
- เบญจมาศ พระธานี. (2537). บทบาทพยาบาลต่อการฟื้นฟูผู้ป่วยที่มีปัญหาทางการสื่อความหมาย. วารสารคณะพยาบาลศาสตร์, 16(2), 5-15.
- มีชัย ศรีไธ. (2530). Cerebral ใน ประสาทกายวิภาคศาสตร์ (พิมพ์ครั้งที่ 3, หน้า 225-254). กรุงเทพมหานคร: สำนักพิมพ์แห่งจุฬาลงกรณ์มหาวิทยาลัย.
- รจนา ทรชรานนท์. (2539). ความผิดปกติในการสื่อความหมาย. ใน เสก อักษรานุเคราะห์ (บรรณาธิการ), ตำราเวชศาสตร์ฟื้นฟู (พิมพ์ครั้งที่ 3, หน้า 501-519). กรุงเทพมหานคร: โรงพิมพ์เทคนิค 19.
- ราตรี สุดทรง และวีระชัย สิงหนิยม. (2545). ซีรีบรัลคอร์เท็กซ์ ใน ประสาทสรีรวิทยา (พิมพ์ครั้งที่ 4, หน้า 363-382). กรุงเทพมหานคร: สันประสิทธิการพิมพ์.
- ราชกิจจานุเบกษา ฉบับประกาศทั่วไป เล่ม 118 ตอนที่ 45 ง. ลงวันที่ 5 มิถุนายน 2544.
- รุ่งระวี นาวิเจริญ. (2544). การนำผลการวิจัยมาใช้ในการปฏิบัติการพยาบาล. วิทยาลัยพยาบาลสภากาชาดไทย, 26(2), 121-129.
- วิไล ศรีพยา. (2535). การพยาบาลผู้ป่วยโรคหลอดเลือดสมอง. วารสารพยาบาลสงขลานครินทร์, 12(4), 59-67.
- วิญญู ธรรมลิขิต และคณะ. (2544). คำแนะนำการสร้าง “แนวเวชปฏิบัติ” (Clinical Practice Guideline). สารราชวิทยาลัยอายุรแพทย์, 18(6), 36-47.
- ศิริอร สิ้นธุ และ เรณู พุกบุญมี. (2001). การรับรู้อุปสรรคต่อการนำผลงานวิจัยไปใช้ในการปฏิบัติการพยาบาลของพยาบาลวิชาชีพ. Thai Journal of Nursing Research, 5(1), 71-84.
- ศิริอร สิ้นธุ. (2544). การพัฒนาการพยาบาลโดยใช้ผลการวิจัย. เอกสารประกอบการประชุมวิชาการเรื่อง “การสร้างการบำบัดทางการพยาบาล: วิสัยทัศน์ศตวรรษที่ 21” วันที่ 14-16 พฤษภาคม 2544. นครศรีธรรมราช: สำนักวิชาพยาบาลศาสตร์ มหาวิทยาลัยวลัยลักษณ์.
- ศรีวิมล มโนเชียวพินิจ. (2534). คุณช่วยได้...เมื่อคนในครอบครัวพูดไม่ได้จากอัมพาต. สารศิริราช, 43(9), 732-737.
- สมพันธ์ หิณชิระนันท์. (2528). กรณีตัวอย่าง: เนื้องอกในสมอง....ทำไมเขาพูดไม่ได้. วารสารพยาบาลสงขลานครินทร์, 5(3), 19-29.
- สายพิน เกษมกิจวัฒนา. (2537). การใช้ผลงานวิจัย: สิ่งท้าทายบทบาทของพยาบาล. วารสารพยาบาลศาสตร์, 12(4), 2-4.

- อรพรรณ โตสิงห์. (2545). การสร้างงานวิจัยจากการปฏิบัติพยาบาล. ใน การประชุมวิชาการประจำปี 2545: ก้าวต่อไปหลัง HA สู่ความเป็นเลิศ (หน้า 11-21). กรุงเทพมหานคร: พี.เอ.ลิฟวิ่ง.
- อรพรรณ โตสิงห์. (2545). การพัฒนาการปฏิบัติการพยาบาลเพื่อบริหารความเสี่ยงในโรงพยาบาลโดยใช้ evidence based practice model. ในเอกสารประกอบการประชุมวิชาการเรื่อง “การบริหารความเสี่ยงในผู้ป่วยศัลยกรรม” วันที่ 2-4 ตุลาคม 2545. กรุงเทพมหานคร: เอส.ดี.อเนนิว.
- อรพรรณ ทองแดง. (2534). Depression in stroke. ใน นิพนธ์ พวงวรินทร์ (บรรณาธิการ), โรคหลอดเลือดสมอง (หน้า 619-634). กรุงเทพมหานคร: เรือนแก้วการพิมพ์.



LIST OF EXPERTS

There are five experts who have validated the content of the clinical nursing practice guideline. They are:

1. Mr. Krishnapundha Bunyaratavej, MD.
Division of Neurosurgery,
King Chulalongkorn Memorial Hospital.
2. Miss Nantana Pracharitpukdee, M.A.
Head of Speech and Language Pathology Unit,
Department of Rehabilitation Medicine,
King Chulalongkorn Memorial Hospital.
3. Mrs. Prayoon Churnratanakul
Head-Nurse of Siriraj Acute Stroke Unit,
Department of Nursing, Siriraj Hospital.
4. Asst. Prof. Dr. Suporn Danaidusadeekul
Department of Surgical Nursing,
Faculty of Nursing, Mahidol University.
5. Mrs. Uraiwan Taerungruang, M.N.S.
Supervisor of Surgical & Orthopaedic of Nursing Division,
Department of Nursing, Siriraj Hospital.

An expert in backtranslation of the Ullevaal Aphasia Screening (UAS) Test and bilanguage specialist.

Asst. Prof. Dr. Punchalee Wasanasomsithi
Language Institute, Chulalongkorn University.

INFORMATION CONSENT FORM

คำชี้แจงสำหรับผู้เข้าร่วมการศึกษาและการพิทักษ์สิทธิของผู้เข้าร่วมการศึกษา (ผู้ป่วย)

ดิฉัน นางสาว ดรุณี ผดุงเพียร นักศึกษาหลักสูตรพยาบาลศาสตรมหาบัณฑิต สาขาการพยาบาลผู้ใหญ่ คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล กำลังทำสารนิพนธ์เรื่อง การใช้ผลการวิจัยเพื่อสร้างแนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia แนวปฏิบัติการพยาบาลนี้สร้างมาจากกระบวนการใช้ผลการวิจัยและผ่านการตรวจสอบจากผู้ทรงคุณวุฒิ และขณะนี้อยู่ในขั้นตอนของการทดลองใช้แนวปฏิบัติการพยาบาล ท่านเป็นบุคคลที่สำคัญยิ่งในการศึกษาครั้งนี้ จึงใคร่ขอความร่วมมือในการปฏิบัติดังต่อไปนี้

1. ตอบแบบสอบถามข้อมูลส่วนบุคคล
2. การปฏิบัติตามขั้นตอนของแนวปฏิบัติการพยาบาลซึ่งประกอบด้วย การประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสาร เป็นระยะเวลา 2 วัน

ข้อมูลที่ได้รับจากท่านจะเป็นประโยชน์แก่ผู้ป่วยรายอื่นๆ และผู้ประกอบวิชาชีพการพยาบาลที่ดูแลผู้ป่วย Aphasia การเข้าร่วมการศึกษานี้จะเป็นไปตามความสมัครใจของท่าน ไม่ว่าจะเป็นท่านจะเข้าร่วมการศึกษาหรือไม่ก็ตามจะไม่มีผลกระทบใดๆ ต่อตัวท่าน หากท่านตกลงใจเข้าร่วมการศึกษาและเกิดเปลี่ยนแปลงใจภายหลัง ท่านมีสิทธิที่จะถอนตัวได้โดยไม่มีข้อแม้ใดๆ และข้อมูลที่ได้จากท่านทั้งหมดจะถูกเก็บไว้เป็นความลับ

ขอขอบคุณทุกท่านที่ให้ความร่วมมือ

นางสาว ดรุณี ผดุงเพียร

สำหรับผู้แทนโดยชอบธรรมของผู้ป่วย

ข้าพเจ้าได้รับทราบรายละเอียดของการศึกษาดังที่อธิบายข้างต้น มีความเข้าใจและยินดีให้ความร่วมมือเข้าร่วมการศึกษานี้

ลงชื่อ.....

วันที่.....เดือน.....พ.ศ.....

คำชี้แจงสำหรับผู้เข้าร่วมการศึกษาและการพิทักษ์สิทธิของผู้เข้าร่วมการศึกษา (พยาบาล)

ดิฉัน นางสาว ดรุณี ผดุงเพียร นักศึกษาหลักสูตรพยาบาลศาสตรมหาบัณฑิต สาขาการพยาบาลผู้ใหญ่ คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล กำลังทำสารนิพนธ์เรื่อง การใช้ผลการวิจัยเพื่อสร้างแนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia แนวปฏิบัติการพยาบาลนี้สร้างมาจากกระบวนการใช้ผลการวิจัยและผ่านการตรวจสอบจากผู้ทรงคุณวุฒิ และขณะนี้อยู่ในขั้นตอนของการทดลองใช้แนวปฏิบัติการพยาบาล ท่านเป็นบุคคลที่สำคัญยิ่งในการศึกษาครั้งนี้ จึงขอความร่วมมือในการปฏิบัติดังต่อไปนี้

1. ตอบแบบสอบถามข้อมูลส่วนบุคคล
2. การปฏิบัติตามขั้นตอนของแนวปฏิบัติการพยาบาลเป็นระยะเวลา 2 วัน
3. ตอบแบบสอบถามการประเมินผลภายหลังการใช้แนวปฏิบัติการพยาบาล

ข้อมูลที่ได้รับจากท่านจะเป็นประโยชน์อย่างยิ่งในการปรับปรุงแก้ไขแนวปฏิบัติการพยาบาล เพื่อให้เกิดประโยชน์สูงสุดแก่ผู้ป่วยและผู้ประกอบวิชาชีพการพยาบาลที่ดูแลผู้ป่วย Aphasia การเข้าร่วมการศึกษานี้จะเป็นไปตามความสมัครใจของท่าน ไม่ว่าท่านจะเข้าร่วมการศึกษาหรือไม่ก็ตามจะไม่มีผลกระทบใดๆ ต่อตัวท่าน หากท่านตกลงใจเข้าร่วมการศึกษาและเกิดเปลี่ยนใจภายหลัง ท่านมีสิทธิที่จะถอนตัวได้โดยไม่มีข้อแม้ใดๆ และข้อมูลที่ได้จากท่านทั้งหมดจะถูกเก็บไว้เป็นความลับ

ขอขอบคุณทุกท่านที่ให้ความร่วมมือ

นางสาว ดรุณี ผดุงเพียร

สำหรับผู้เข้าร่วมการศึกษา

ข้าพเจ้าได้รับทราบรายละเอียดของการศึกษาดังที่อธิบายข้างต้น มีความเข้าใจและยินดีให้ความร่วมมือเข้าร่วมการศึกษานี้

ลงชื่อ.....

วันที่.....เดือน.....พ.ศ.....

INSTRUMENTS FOR THE DEVELOPMENT OF CNPG.

เครื่องมือที่ใช้ในการสร้างแนวปฏิบัติการพยาบาลประกอบด้วย 3 ส่วน ดังนี้

ส่วนที่ 1 แบบวิเคราะห์ สังเคราะห์งานวิจัย

ส่วนที่ 2 รูปแบบแนวปฏิบัติการพยาบาล

ส่วนที่ 3 แบบแสดงความคิดเห็นของผู้ทรงคุณวุฒิในการตรวจสอบแนวปฏิบัติการพยาบาล



ส่วนที่ 1 แบบวิเคราะห์ สังเคราะห์งานวิจัย

ชื่อเรื่องงานวิจัย

Authors

แหล่งตีพิมพ์ / ปี

หัวข้อ	รายละเอียดของการวิเคราะห์
วัตถุประสงค์ในการวิจัย	
คำถามการวิจัย	
ตัวแปรที่ใช้ในการวิจัย	
เครื่องมือที่ใช้ -เครื่องมือที่ 1 -เครื่องมือที่ 2	
การออกแบบการวิจัย	
กลุ่มตัวอย่างที่ใช้	
แหล่งที่เก็บข้อมูล	
ข้อค้นพบจากงานวิจัย	
ข้อจำกัดของการวิจัย	
คุณภาพของ evidence ที่ประเมิน	

ส่วนที่ 2 แนวปฏิบัติการพยาบาล

วัตถุประสงค์ 1.....
2.....
3.....

คำจำกัดความ
.....
.....

ผู้ป่วยกลุ่มเสี่ยง
.....
.....

เกณฑ์การประเมิน
.....
.....

แนวปฏิบัติการพยาบาล
1.....
2.....
3.....
4.....
5.....

การประเมินผล
.....
.....

ส่วนที่ 3

แบบแสดงความคิดเห็นของผู้ทรงคุณวุฒิในการตรวจสอบแนวปฏิบัติการพยาบาลเพื่อ
การประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia

คำชี้แจง กรุณาทำเครื่องหมายลงในช่องท้ายข้อความ

ในกรณีที่ท่านเห็นด้วยกับข้อความกรุณาทำเครื่องหมาย ✓ ในช่อง “เห็นด้วย”

ในกรณีที่ท่านไม่เห็นด้วยทำเครื่องหมาย ✗ ในช่อง “ไม่เห็นด้วย”

และหากท่านมีความคิดเห็นเพิ่มเติมในแต่ละข้อความกรุณาแสดงความคิดเห็นในช่อง
“ข้อเสนอแนะ”

ข้อความ	แหล่งของ หลักฐาน	ระดับของ หลักฐาน	ความคิดเห็นผู้ทรงคุณวุฒิ		ข้อเสนอแนะ
			เห็นด้วย	ไม่เห็นด้วย	
1.วัตถุประสงค์					
2.คำจำกัดความ					
-Aphasia					
-การประเมินคัดแยก					
Aphasia					
-การสื่อสาร					
3.ผู้ป่วยกลุ่มเสี่ยง					
4.เกณฑ์การใช้แนวปฏิบัติ การพยาบาล					
5.แนวปฏิบัติการพยาบาล					
- การประเมินคัดแยก					
- การสื่อสารกับผู้ป่วย					
Aphasia					

ความคิดเห็นของท่านต่อแนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia (ตอบได้มากกว่า 1 ข้อ)

- ☐ แนวปฏิบัติการพยาบาลดังกล่าวมีความสำคัญ (essential) ในการนำไปใช้เพื่อให้เกิดการพยาบาลที่มีคุณภาพเป็นที่ยอมรับและเป็นการปฏิบัติที่นำไปสู่การรับรองคุณภาพ
- ☐ แนวปฏิบัติการพยาบาลดังกล่าวเป็นแนวปฏิบัติที่มีคุณภาพ สร้างจากหลักฐานที่ดี การนำไปใช้จะทำให้เกิดการปฏิบัติการพยาบาลที่มีคุณภาพ (The best practice)
- ☐ แนวปฏิบัติการพยาบาลดังกล่าวเป็นแนวปฏิบัติที่ใช้ได้เฉพาะกับบางหน่วยงานเท่านั้น
- ☐ แนวปฏิบัติการพยาบาลดังกล่าวเป็นแนวปฏิบัติที่ไม่มีความจำเป็น

INSTRUMENTS FOR COLLECTING DATA

ผู้ป่วยรายที่.....

วันที่.....เดือน.....พ.ศ.....

คำแนะนำในการตอบแบบบันทึกข้อมูลในการศึกษา

แบบบันทึกข้อมูลในการศึกษานี้ประกอบด้วย 5 ส่วนคือ

ส่วนที่ 1 แบบบันทึกข้อมูลส่วนบุคคล (ผู้ป่วย)

ส่วนที่ 2 แบบบันทึกข้อมูลส่วนบุคคล (พยาบาล)

ส่วนที่ 3 แบบประเมินการปฏิบัติตามแนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia

ส่วนที่ 4 แบบแสดงความคิดเห็นเกี่ยวกับปัญหา อุปสรรคและข้อเสนอแนะที่พบจากการใช้แนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia

ส่วนที่ 5 แบบประเมินผลลัพธ์การใช้แนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia

ส่วนที่ 1 แบบบันทึกข้อมูลส่วนบุคคล (ผู้ป่วย)

คำชี้แจง : กรุณาทำเครื่องหมาย ✓ ลงในช่อง ☐ และเติมข้อความลงในช่องว่างตามความเป็นจริง

1. เพศ ☐ หญิง ☐ ชาย
2. อายุ.....ปี
3. สถานภาพสมรส ☐ โสด ☐ คู่ ☐ หม้าย/หย่า/แยก
4. ระดับการศึกษา

☐ ไม่ได้เรียนหนังสือ
☐ ประกาศนียบัตร

☐ ประถมศึกษา
☐ ปริญญาตรี

☐ มัธยมศึกษา
☐ มากกว่าปริญญาตรี
5. ความถนัดของมือ ☐ ขวา ☐ ซ้าย
6. อาการอ่อนแรง

☐ ชักขวา
☐ เกรด 1

☐ ชักซ้าย
☐ เกรด 2

☐ ไม่มี
☐ เกรด 3

☐ เกรด 4
7. การวินิจฉัยโรค.....
8. ตำแหน่งพยาธิสภาพ.....
.....
.....
9. การผ่าตัด.....
10. วันที่ทำผ่าตัด.....

ประวัติความสามารถด้านการสื่อสารก่อนการเจ็บป่วย

1. ด้านการพูด

☐ ปกติ

☐ ผิดปกติ ระบุ.....
2. ด้านความเข้าใจภาษา

☐ ปกติ

☐ ผิดปกติ ระบุ.....
3. ด้านการอ่าน

☐ ปกติ

☐ ผิดปกติ ระบุ.....
4. ด้านการเขียน

☐ ปกติ

☐ ผิดปกติ ระบุ.....

ส่วนที่ 2 ข้อมูลส่วนบุคคล (พยาบาล)

คำชี้แจง: ผู้ตอบแบบสอบถามเติมข้อมูลในช่องว่าง และทำเครื่องหมาย ✓ ลงในช่อง ☐ ตามความเป็นจริง

1. เพศ ☐ หญิง ☐ ชาย
2. อายุ.....ปี
3. ระดับการศึกษา
☐ ปริญญาตรี
☐ ปริญญาโท
☐ อื่นๆ ระบุ.....
3. ตำแหน่งพยาบาลวิชาชีพระดับ.....
4. หอผู้ป่วยที่ปฏิบัติงาน.....
5. ประสบการณ์ในการปฏิบัติงานดูแลผู้ป่วยระบบประสาท.....ปี.....เดือน
6. หอผู้ป่วยที่ท่านทำงานอยู่มีเครื่องมือประเมินคัดแยกผู้ป่วย Aphasia หรือไม่
☐ มี ระบุ.....
☐ ไม่มี
7. หอผู้ป่วยที่ท่านทำงานอยู่มีแนวปฏิบัติการพยาบาลเพื่อการสื่อสารกับผู้ป่วย Aphasia หรือไม่
☐ มี ระบุ.....
☐ ไม่มี
8. ท่านได้รับการอบรมเกี่ยวกับการดูแลผู้ป่วย Aphasia หรือไม่
☐ ได้รับการอบรม ระบุเรื่อง.....
☐ ไม่ได้รับการอบรม

ส่วนที่ 3 แบบประเมินการปฏิบัติตามแนวปฏิบัติการพยาบาลเพื่อประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia

คำชี้แจง ทำเครื่องหมาย ✓ ลงในช่องที่ตรงกับการปฏิบัติจริงของผู้ตอบแบบสอบถาม และระบุเหตุผลลงในช่องหมายเหตุในกรณีที่ทำเครื่องหมาย ✓ ในช่องไม่ปฏิบัติ

Performance Check List

แนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia

กิจกรรมการพยาบาล	ปฏิบัติ	ไม่ปฏิบัติ	หมายเหตุ
การปฏิบัติเพื่อการประเมินคัดแยก Aphasia 1. การประเมินความสามารถด้านภาษา 6 ด้าน คือ Expression Comprehension Repeating Reading String of words และ Writing 2. ระบุระดับความผิดปกติทางภาษาที่ได้จากการประเมิน 3. ตรวจสอบความถูกต้องของการประเมินคัดแยก Aphasia โดยการพูดคุยปรึกษากับแพทย์เจ้าของผู้ป่วย			
การปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia 1. สร้างสัมพันธภาพ มีความรู้และข้อมูลเกี่ยวกับผู้ป่วย รวมทั้งการยอมรับความเป็นบุคคลและศักดิ์ศรีความเป็นมนุษย์ของผู้ป่วย 2. จัดสิ่งแวดล้อม บรรยากาศผ่อนคลายเป็นกันเอง มีความเป็นส่วนตัว ลดสิ่งรบกวน 3. ใช้เวลาสำหรับการสื่อสาร ไม่รีบร้อน 4. พูดประโยคง่ายๆ สั้นๆ และควรพูดทีละประโยค เช่น คุณลุงกินข้าว ไม่ควรพูดเสียงดังหรือตะโกนกับผู้ป่วย			

กิจกรรมการพยาบาล	ปฏิบัติ	ไม่ปฏิบัติ	หมายเหตุ
5. ลักษณะคำพูด: ชัดเจน ไม่คลุมเครือ ไม่พูดเร็วเกินไป และมีการเน้นเสียงคำที่ต้องการสื่อให้ผู้ป่วยเข้าใจ 6. ใช้คำถามปลายปิดที่มีคำตอบเป็นการตอบรับ/ปฏิเสธ แทนคำถามปลายเปิด 7. พูดเฉพาะคำสำคัญที่ต้องการสื่อให้ผู้ป่วยเข้าใจ เช่น กินข้าว แปร่งฟัน อาบน้ำ พลิกตัว เป็นต้น ใช้คำพูดที่เป็นรูปธรรม หลีกเลี่ยงคำพูดที่เป็นนามธรรม 8. ใช้คำเรียกชื่อเฉพาะแทนประเภทของของสิ่งนั้น 9. ใช้อุปกรณ์ช่วยการสื่อสาร เช่น รูปภาพ (picture board) สิ่งของจริงที่ต้องการจะสื่อให้ผู้ป่วยทราบ 10. ให้ความสนใจผู้ป่วยตลอดการสนทนาและระหว่างการสนทนาต้องสังเกตกิริยา ท่าทาง คำพูดของผู้ป่วยที่เปลี่ยนแปลง 11. ขณะสนทนาผู้ฟังต้องมีการตอบสนองต่อคำพูดของผู้ป่วย 12. อธิบายซ้ำในกรณีที่ผู้ป่วยไม่เข้าใจ 13. ตรวจสอบความเข้าใจระหว่างผู้สนทนา 14. ในกรณีที่ผู้ป่วยมีปัญหาการแสดงออกของการสื่อสาร - แนะนำให้ผู้ป่วยใช้ท่าทาง/แสดงสีหน้าแทนการแสดงออกด้วยการพูด เช่น ใช้วิธีการพยักหน้า/ส่ายหน้า หรือยกนิ้วหัวแม่มือขึ้นหรือลงแทนการตอบรับ/ปฏิเสธ - แนะนำให้ผู้ป่วยแสดงออกด้วยการเขียน(ในกรณีที่มีความสามารถด้านการเขียน) 15. ในกรณีที่ผู้ป่วยมีความบกพร่องด้านความเข้าใจ ภาษา ใช้ท่าทาง (gesture) /การแสดงออกทางสายตา ร่วมกับการพูดเพื่อส่งเสริมด้านความเข้าใจภาษา			

ส่วนที่ 4 ปัญหา อุปสรรค และข้อเสนอแนะจากการใช้แนวปฏิบัติการพยาบาลเพื่อการประเมิน
คัดแยกและการปฏิบัติเพื่อสื่อสารกับผู้ป่วย Aphasia

คำชี้แจง ผู้ตอบแบบสอบถามเติมข้อมูลลงในช่องว่างในข้อคำถาม

1. ปัญหา อุปสรรคที่พบในการใช้แนว ปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและการ
ปฏิบัติเพื่อสื่อสารกับผู้ป่วย Aphasia

.....

.....

.....

.....

.....

2. ข้อเสนอแนะ/สิ่งที่ท่านต้องการแก้ไขปรับปรุงแนวปฏิบัติการพยาบาลเพื่อการประเมิน
คัดแยกและการปฏิบัติเพื่อสื่อสารกับผู้ป่วย Aphasia

.....

.....

.....

.....

.....

ส่วนที่ 5 แบบประเมินผลลัพธ์ของการใช้แนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia

คำชี้แจง : ภายหลังการใช้แนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia ท่านสรุปได้ว่าการใช้แนวปฏิบัติการพยาบาลทำให้เกิดผลดังนี้ กรุณาทำเครื่องหมาย ✓ ในช่อง ☐

1. ผลด้านการประเมินคัดแยกประเภท Aphasia

- ☐ สามารถประเมินคัดแยกผู้ป่วย Aphasia ได้ชัดเจน
- ☐ ไม่สามารถประเมินคัดแยกผู้ป่วย Aphasia ได้
เนื่องจาก ระบุ.....
- ☐ ไม่แน่ใจ

2. ผลด้านการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia

- ☐ ช่วยเหลือด้านการสื่อสารได้ชัดเจน
- ☐ ช่วยเหลือด้านการสื่อสารไม่ชัดเจน
เนื่องจาก ระบุ.....
- ☐ ไม่แน่ใจ

3. ความคิดเห็นของท่านต่อแนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วย Aphasia (ตอบได้มากกว่า 1 ข้อ)

- ☐ แนวปฏิบัติการพยาบาลดังกล่าวมีความสำคัญ (essential) ในการนำไปใช้เพื่อให้เกิดการพยาบาลที่มีคุณภาพเป็นที่ยอมรับและเป็นการปฏิบัติที่นำไปสู่การรับรองคุณภาพ
- ☐ แนวปฏิบัติการพยาบาลดังกล่าวเป็นแนวปฏิบัติที่มีคุณภาพ สร้างจากหลักฐานที่ดี การนำไปใช้จะทำให้เกิดการปฏิบัติการพยาบาลที่มีคุณภาพ (good practice)
- ☐ แนวปฏิบัติการพยาบาลดังกล่าวเป็นแนวปฏิบัติที่ใช้ได้เฉพาะกับบางหน่วยงานเท่านั้น
- ☐ แนวปฏิบัติการพยาบาลดังกล่าวเป็นแนวปฏิบัติที่ไม่มีความจำเป็น

THE CLINICAL NURSING PRACTICE GUIDELINE FOR SCREENING AND COMMUNICATING WITH APHASIC PATIENTS

วัตถุประสงค์

1. เพื่อเป็นแนวทางการประเมินคัดแยกผู้ป่วยอะเฟเซียโดยพยาบาลในหอผู้ป่วย
2. เพื่อเป็นแนวทางการสื่อสารกับผู้ป่วยอะเฟเซีย

คำจำกัดความ

อะเฟเซีย หมายถึงอาการแสดงถึงความบกพร่องทางภาษาที่เกิดจากการมีพยาธิสภาพของสมองส่วนที่ควบคุมภาษา ทำให้ผู้ป่วยมีปัญหาทางภาษาอย่างใดอย่างหนึ่งหรือหลายอย่างร่วมกัน เช่น ความบกพร่องด้านการพูด การเข้าใจคำพูด การอ่าน การเขียน เป็นต้น

การประเมินคัดแยก หมายถึงการประเมินความสามารถทางภาษา โดยใช้แบบประเมินคัดแยกอะเฟเซียโดยพยาบาล (ภาคผนวก) ซึ่งคัดแยกความผิดปกติทางภาษาเป็น 4 ระดับดังนี้

1. ไม่มีความบกพร่องด้านภาษา: มีความสามารถทางภาษาทั้ง 6 ด้านคือปฏิบัติได้รวดเร็วและถูกต้องทั้งหมด การตอบสนองเป็นไปได้ทันที ผู้ป่วยไม่มีความผิดปกติด้านการรับรู้ภาษา
2. ความบกพร่องในการใช้ภาษาเล็กน้อย: ปฏิบัติได้ถูกต้องทั้งหมดแต่ปฏิบัติได้ช้า ผู้ป่วยมีความยากลำบากในการใช้ภาษา
3. ความบกพร่องในการใช้ภาษาปานกลาง: มีความยากลำบากในการใช้ภาษามากกว่าหนึ่งด้าน และปฏิบัติได้ถูกต้องบางส่วนแต่ผู้ป่วยสามารถสื่อสารเกี่ยวกับเรื่องที่เกิดขึ้นในชีวิตประจำวันได้
4. ความบกพร่องในการใช้ภาษารุนแรง: ผู้ป่วยมีปัญหาด้านการสื่อสารอย่างมาก สังเกตพบได้ว่าผู้ป่วยมีปัญหาในการใช้ภาษาตั้งแต่ 2 ด้านขึ้นไป ต้องใช้สิ่งของในการประเมิน (1C, 2C) ผู้ป่วยปฏิบัติได้ถูกต้องบางส่วนหรือไม่สามารถปฏิบัติได้เลย

การติดต่อสื่อสาร หมายถึงการที่ผู้ป่วยสามารถรับรู้และ/หรือถ่ายทอดความรู้สึกนึกคิด อารมณ์ ความต้องการ อาการเจ็บป่วยของตนเองออกมาได้ อาจโดยใช้การพูด ท่าทาง การเขียน การใช้รูปภาพ เป็นต้น

ผู้ป่วยกลุ่มเป้าหมาย

1. ผู้ป่วย stroke
2. ผู้ป่วยที่มีพยาธิสภาพที่สมองด้านซ้ายบริเวณ frontal lobe, temporal lobe, parietal lobe และ occipital lobe

เกณฑ์การใช้แนวปฏิบัติการพยาบาล

1. ผู้ป่วยรู้สีกตัว E_4M_6
หมายเหตุ M_6 หมายถึง ผู้ป่วยสามารถทำตามคำบอกหรือทำเลียนแบบตามที่คุณประเมินทำให้ดูได้
2. ผู้ป่วยไม่ได้รับการใส่ท่อทางเดินหายใจ
3. ไม่มีความบกพร่องด้านการได้ยิน
4. ไม่มีประวัติความผิดปกติทางจิต
5. ใช้ภาษาไทยในการสื่อสาร สามารถอ่านและเขียนภาษาไทยได้
6. ไม่มีความผิดปกติทางสายตาหรือถ้ามีต้องได้รับการแก้ไขโดยการใส่แว่นตาได้

แนวปฏิบัติการพยาบาลเพื่อการประเมินคัดแยกอะเฟเซีย

1. การประเมินความสามารถด้านภาษา 6 ด้าน คือ Expression Comprehension Repeating Reading String of words และ Writing โดยใช้เครื่องมือการประเมินคัดแยกผู้ป่วยอะเฟเซีย (ภาคผนวก)
2. ระบุระดับความผิดปกติทางภาษาที่ได้จากการประเมิน
 - ☐ มีความบกพร่องในการใช้ภาษาเล็กน้อย
 - ☐ มีความบกพร่องในการใช้ภาษาปานกลาง
 - ☐ มีความบกพร่องในการใช้ภาษารุนแรง
3. ตรวจสอบความถูกต้องของการประเมินคัดแยกอะเฟเซีย โดยการพูดคุยปรึกษากับแพทย์เจ้าของผู้ป่วย

แนวปฏิบัติการพยาบาลเพื่อการสื่อสารกับผู้ป่วยอะเฟเซีย

1. สร้างสัมพันธภาพ มีความรู้และข้อมูลเกี่ยวกับผู้ป่วย รวมทั้งการยอมรับความเป็นบุคคลและศักดิ์ศรีความเป็นมนุษย์ของผู้ป่วย
2. จัดสิ่งแวดล้อม บรรยากาศผ่อนคลายเป็นกันเอง ความเป็นส่วนตัว ลดสิ่งรบกวน เช่น เสียงรบกวน จำนวนคนที่สนทนา
3. ให้เวลาสำหรับการสื่อสาร ไม่รีบร้อน
4. ประโยคที่ใช้ในการสื่อสารกับผู้ป่วยควรเป็นประโยคง่ายๆ สั้นและควรพูดทีละประโยค เช่น คุณลุงกินข้าว ไม่ควรพูดเสียงดังหรือตะโกนกับผู้ป่วย
5. ลักษณะคำพูด: ชัดเจน ไม่คลุมเครือ ไม่พูดเร็วเกินไป และมีการเน้นเสียงคำที่ต้องการสื่อให้ผู้ป่วยเข้าใจ
6. การใช้คำถามปลายปิดที่มีคำตอบเป็นการตอบรับ/ปฏิเสธ เพื่อความสะดวกลดความรู้สึกลบของใจของผู้ป่วย เช่น “คุณจะดื่มน้ำไหมคะ” แทนคำถามปลายเปิด “คุณต้องการอะไร”
7. พูดเฉพาะคำสำคัญที่ต้องการสื่อให้ผู้ป่วยเข้าใจ เช่น กินข้าว แปรงฟัน อาบน้ำ เป็นต้น ใช้คำพูดที่เป็นรูปธรรม หลีกเลี่ยงคำพูดที่เป็นนามธรรมเนื่องจากเป็นคำที่เข้าใจยาก
8. ใช้คำเรียกชื่อเฉพาะแทนประเภทของของสิ่งนั้น เช่น
 “ส้ม” แทนคำว่า “ผลไม้”
 “ข้าวต้ม” แทนคำว่า “อาหาร”
 “กางเกง” แทนคำว่า “เสื้อผ้า”
9. ใช้อุปกรณ์ช่วยการสื่อสาร เช่น รูปภาพ (picture board) หรือสิ่งของจริงที่ต้องการจะสื่อให้ผู้ป่วยทราบ
 -รูปภาพที่ใช้ควรเป็นภาพการกระทำ (Action) เช่น การรับประทานอาหาร การเข้าห้องสุขา อาการปวดศีรษะ
10. ให้ความสนใจผู้ป่วยตลอดการสนทนาและระหว่างการสนทนาต้องสังเกตกริยา ท่าทาง คำพูดของผู้ป่วยที่เปลี่ยนแปลง เช่น ลักษณะการนั่ง สายตาของผู้ป่วยที่มอง อากาขมวดคิ้ว การหยุดพูดหรือพูดคำซ้ำๆ อาจแสดงถึง ผู้ป่วยมีปัญหาด้านการนึกคำพูด ต้องการความช่วยเหลือจากผู้ฟังในการคิดคำพูด เปลี่ยนหัวข้อการสนทนาหรือต้องการยุติการสนทนา
11. ขณะสนทนาผู้ฟังต้องมีการตอบสนองต่อคำพูดของผู้ป่วยอาจทำโดยการใช้คำพูด เช่น ดีค่ะ/ครับ ถูกต้องหรือโดยการใช้ท่าทาง เช่น การพยักหน้ารับ การบีบมือ เป็นต้น เพื่อสร้างความมั่นใจให้กับผู้ป่วยและทำให้การสนทนาต่อเนื่อง

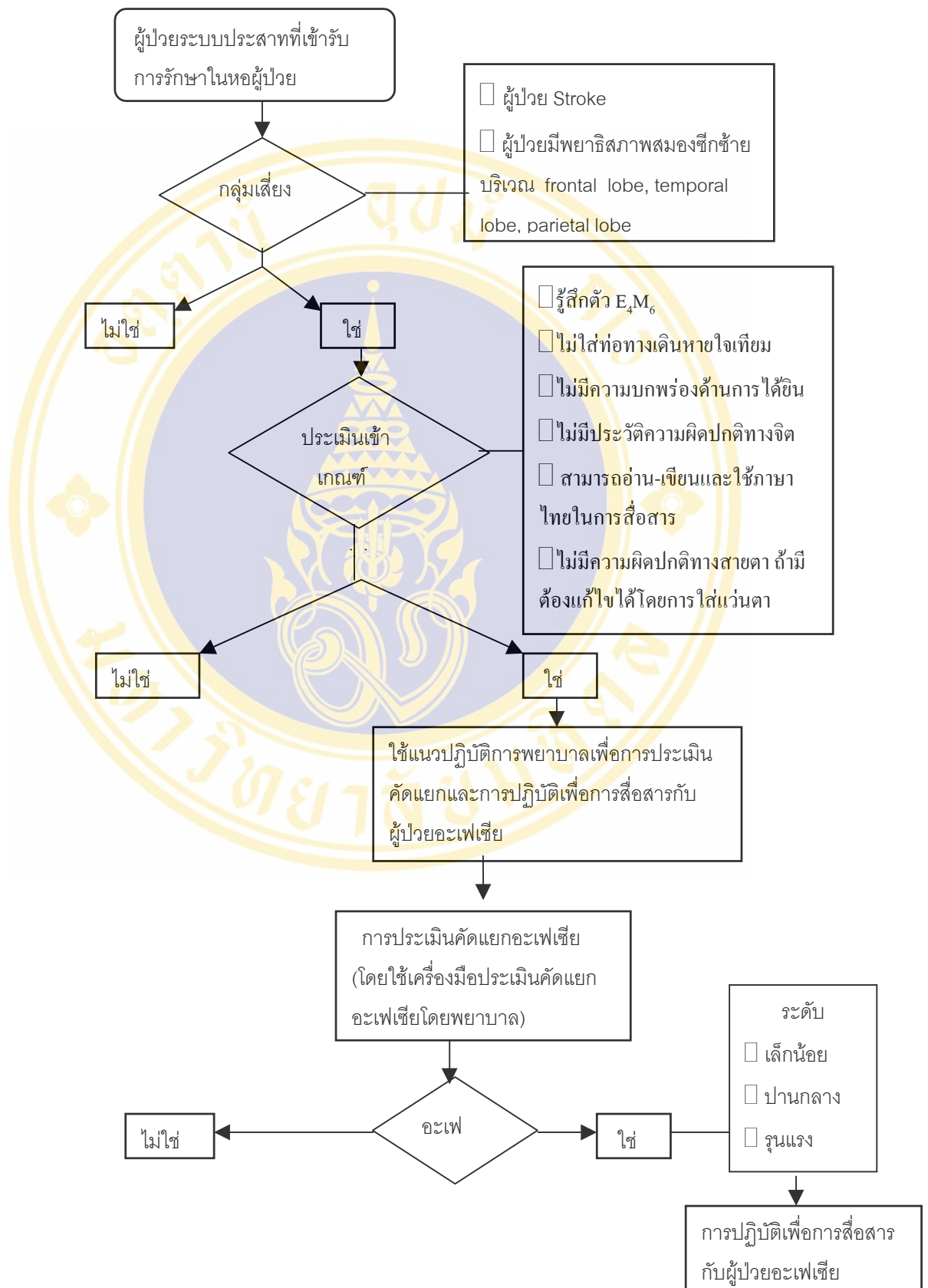
พัฒนาวันที่ 29 พฤษภาคม พ.ศ.

12. อธิบายซ้ำในกรณีที่ผู้ป่วยไม่เข้าใจ
13. ตรวจสอบความเข้าใจระหว่างผู้สนทนาโดย การสังเกตสีหน้าผู้ป่วย พุคสิ่งที่ตนเองเข้าใจให้ผู้ป่วยฟังว่าสอดคล้องกับสิ่งที่ผู้ป่วยต้องการสื่อความหมายหรือไม่
14. ในกรณีที่ผู้ป่วยมีปัญหาการแสดงออกของการสื่อสาร
 - แนะนำให้ผู้ผู้ป่วยใช้ท่าทาง/แสดงสีหน้าแทนการแสดงออกด้วยการพูด เช่น ใช้วิธีการพยักหน้า/ส่ายหน้า หรือยกนิ้วหัวแม่มือขึ้นหรือลงแทนการตอบรับ/ปฏิเสธ
 - แนะนำให้ผู้ผู้ป่วยแสดงออกด้วยการเขียน (ในกรณีที่มีความสามารถด้านการเขียน)
15. ในกรณีที่ผู้ป่วยมีความบกพร่องด้านความเข้าใจภาษา ใช้ท่าทาง (gesture) /การแสดงออกทางสายตา ร่วมกับการพูดเพื่อทำความเข้าใจภาษา เช่น
 - “กินข้าว” ทำท่าตักอาหารใส่ปาก
 - “ดื่มน้ำ” ทำท่าดื่มน้ำ
 หรือเมื่อพูดคำว่า “แก้วนํ้า” ผู้พูดต้องหยิบแก้วนํ้าหรือชี้ที่แก้วนํ้ารวมทั้งสายตาตามองที่แก้วนํ้าด้วย

การประเมินผล

1. สามารถประเมินคัดแยกและระบุระดับความผิดปกติทางภาษาได้ถูกต้อง
2. สามารถปฏิบัติเพื่อการสื่อสารที่เหมาะสมกับผู้ป่วยอะเฟเซียแต่ละรายได้และทำให้การสื่อสารระหว่างผู้สนทนามีความสะดวกมากขึ้น

ขั้นตอนการปฏิบัติเพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับผู้ป่วยอะเฟเซีย



ภาคผนวก

เครื่องมือการประเมินคัดแยกผู้ป่วยอะเฟเซียโดยพยาบาล

- คำชี้แจง 1. ประเมินความสามารถของผู้ป่วยที่ละด้านจนครบ 6 ด้าน
2. ทำเครื่องหมาย ✓ ลงในช่องตามความสามารถของผู้ป่วย

- อุปกรณ์ 1. รูปภาพ
2. บัตรคำ
3. สิ่งของ 6 อย่างได้แก่ แก้วน้ำ หวี ปากกา ช้อน เหรียญ แปรงสีฟัน

การประเมิน

1. ด้าน Expression : การประเมินความสามารถด้านการแสดงออกด้วยคำพูด

วิธีการ : นำรูปภาพให้ผู้ป่วยดูแล้วให้ผู้ผู้ป่วยบอกสิ่งที่เห็นจากรูปภาพจำนวนมากที่สุดเท่าที่จะบอกได้และทำเครื่องหมาย ✓ ในตารางที่ระบุสิ่งที่ผู้ป่วยตอบ

1A

หมู	
ผู้ชาย/คน	
ต้นไม้	
เป็ด/นกเป็ด	
ร่ม	
ขาตั้งภาพ/เฟรม/ที่วาดภาพ	

กรณีที่ผู้ป่วยตอบถูกต้องทั้งหมดหรือ 5 อย่างโดยไม่มีอาการลังเลให้ทำการประเมินด้านที่ 2 ต่อไป
ในกรณีที่ผู้ป่วยตอบไม่ครบมากกว่า 1 อย่าง ให้ผู้ประเมินใช้วิธีการชี้สิ่งที่อยู่ในรูปภาพแล้วใช้คำถามว่า “สิ่งนี้คืออะไร” แล้วให้ผู้ผู้ป่วยตอบ ประเมินความถูกต้องและบันทึกลงในตาราง

1B

ตอบถูก คำตอบอื่นๆ

หมู		
ผู้ชาย/คน		
ต้นไม้		
เป็ด/นกเป็ด		
ร่ม		
ขาตั้งภาพ/เฟรม/ที่วาดภาพ		

ถ้าผู้ป่วยมีการตอบสนองต่อการประเมินน้อยหรือไม่ตอบสนองเลย ให้ประเมินโดยให้ผู้ป่วย
 คำตอบ

คำตอบ	1C	ตอบถูก	คำตอบอื่นๆ
แก้ว			
ช้อน			
เหรียญ			
แปรงสีฟัน			
หวี			
ปากกา			

2. ด้าน Comprehension : การประเมินความสามารถด้านความเข้าใจภาษาพูด

วิธีการ : ผู้ประเมินให้ผู้ป่วยดูรูปภาพเดิมและผู้ประเมินบอกให้ผู้ป่วยทำสิ่งต่อไปนี้

1. ชี้นิ้วซ้ายแล้วชี้ต้นไม้
2. ชี้นิ้วขวาแล้วชี้หมู

2A	ปฏิบัติถูก	คำตอบอื่นๆ
ชี้ซ้ายแล้วชี้ต้นไม้		
ชี้ขวาแล้วชี้หมู		

ถ้าผู้ป่วยทำได้ถูกต้องทั้งหมด ให้ทำการประเมินด้านที่ 3 ต่อไป

ถ้าสิ่งที่ให้ผู้ป่วยทำในข้อ 2 นี้เป็นสิ่งที่ยากเกินไปสำหรับผู้ป่วย ให้เปลี่ยนการประเมินโดยนำรูป
 ภาพเดิมมาให้ผู้ป่วยดู แล้วผู้ประเมินบอกผู้ป่วยว่า “มองที่รูปภาพ ฟังให้ดีๆและชี้สิ่งที่ฉันบอก”

2B	ปฏิบัติถูก	คำตอบอื่นๆ
ผู้ชาย/คน		
หมู		
ต้นไม้		
เปลญวน/เปล		
ร่ม		
ขาตั้งภาพ/เฟรม/ที่วาดภาพ		

ในกรณีที่ผู้ป่วยมีการตอบสนองต่อการประเมินน้อยหรือไม่ตอบสนองเลย ให้เปลี่ยนวิธีการประเมิน โดยนำสิ่งของมาให้ผู้ป่วยดูพร้อมทั้งปฏิบัติดังนี้

1. วางสิ่งของ 2 อย่างคู่กันได้แก่ แก้วกับหวี ผู้ประเมินบอกให้ผู้ป่วย “ชี้แก้ว” “หยิบหวี”
2. ทำเช่นเดิมแต่เปลี่ยนสิ่งของเป็น ปากกากับช้อน เหยือกกับแปรงสีฟัน ตามลำดับ

2C	ปฏิบัติถูก	คำตอบอื่นๆ
แก้ว		
หวี		
ปากกา		
ช้อน		
เหยือก		
แปรงสีฟัน		

3. ด้าน Repeating : การประเมินความสามารถด้านการพูดตาม

วิธีการ : ผู้ประเมินบอกผู้ป่วยให้พูดตามคำบอกทีละคำ แล้วประเมินว่าผู้ป่วยสามารถพูดตามได้ถูกต้องหรือไม่ บันทึกคำตอบลงในตาราง

	ปฏิบัติถูก	คำตอบอื่นๆ
ผู้ชาย		
ต้นไม้		
หมู		
คนนอนอยู่ในเปล		

4. ด้าน Reading and Comprehension : การประเมินความสามารถด้านการอ่านและความเข้าใจ

วิธีการ : ในกรณีที่ผู้ป่วยไม่มีปัญหาด้านภาษาหรือมีปัญหาเพียงเล็กน้อย ให้ผู้ป่วยอ่านประโยคและทำตามคำสั่งที่อ่านคือ “ชี้ภาพถ่ายให้ฉันทูและชี้ที่ต้นไม้”

4A	ปฏิบัติถูก	คำตอบอื่นๆ
ชี้ภาพถ่ายให้ฉันทูและชี้ที่ต้นไม้		

ถ้าผู้ป่วยตอบได้ถูกต้องทั้งหมด ให้ทำการประเมินด้านที่ 5 ต่อไป

ในกรณีที่ผู้ป่วยมีความบกพร่องมาก ให้ผู้ป่วยอ่านออกเสียงบัตรคำทีละใบ โดยบอกผู้ป่วยว่า “โปรดอ่านออกเสียงคำทุกคำ”

4B	ปฏิบัติถูก	คำตอบอื่นๆ
ผู้ชาย		
หมู		
ต้นไม้		
เปลญวน		
ร่ม		
ขาตั้งภาพ		

ต่อจากนั้นให้ผู้ป่วยอ่านบัตรคำทีละใบอีกครั้ง ไม่ต้องออกเสียง แต่ให้ชี้สิ่งที่คุณเองอ่านในรูปภาพ

4C	ปฏิบัติถูก	คำตอบอื่นๆ
ผู้ชาย		
หมู		
ต้นไม้		
เปลญวน		
ร่ม		
ขาตั้งภาพ		

5. ด้าน String of words

วิธีการ : 1. ให้ผู้ป่วยนับเลขตั้งแต่ 1 ถึง 20

2. ให้ผู้ป่วยบอกชื่อวันทุกวันใน 1 สัปดาห์

	ตอบถูก	คำตอบอื่นๆ
นับเลข 1-20		
บอกชื่อวันใน 1 สัปดาห์		

6. ด้าน Writing : การประเมินความสามารถด้านการเขียน

วิธีการ : 1. บอกให้ผู้ป่วยเขียน ชื่อตนเอง

2. บอกให้ผู้ป่วยเขียนคำว่า ผู้ชาย ปากกา แก้ว

3. บอกให้ผู้ป่วยเขียนประโยคสั้นๆ ได้แก่ คนนอนอยู่ในเปล

	ปฏิบัติถูก	ตอบอื่นๆ
ชื่อตนเอง		
ผู้ชาย		
ปากกา		
แก้ว		
คนนอนอยู่ในเปล*		

* สามารถอ่านประโยคนี้ซ้ำได้อีกหนึ่งครั้ง ให้อ่านข้อความในประโยคทั้งประโยคต่อเนื่องกันโดยไม่อ่านแยกเป็นคำๆ

ผลการประเมิน

	การตอบสนองปกติ	การตอบสนองบกพร่อง
Expression	☐	☐
Comprehension	☐	☐
Repeating	☐	☐
Reading and Comprehension	☐	☐
String of words	☐	☐
Writing	☐	☐

สรุปผลการคัดแยก Aphasia

- ☐ ไม่มีความบกพร่องในการใช้ภาษา
- ☐ มีความบกพร่องในการใช้ภาษาเล็กน้อย
- ☐ มีความบกพร่องในการใช้ภาษาปานกลาง
- ☐ มีความบกพร่องในการใช้ภาษารุนแรง

เกณฑ์การประเมินผล

1. การตอบสนองปกติ

- 1.1 ด้าน Expression : สามารถบอกสิ่งที่เห็นในรูปภาพได้ถูกต้องอย่างน้อย 5 อย่าง (ข้อ 1A) โดยที่ผู้ป่วยสามารถตอบได้ทันทีที่ไม่มีอาการลังเล
- 1.2 ด้าน Comprehension : สามารถทำตามคำสั่งได้ทันทีและถูกต้องทั้ง 2 คำสั่ง (ข้อ 2A) คือ ชี้ผู้ชายแล้วชี้ต้นไม้ ชี้ภาพวาดแล้วชี้หมี
- 1.3 ด้าน Repeating : สามารถพูดตามได้ทันทีและถูกต้องทั้งหมดโดยที่ผู้ประเมินไม่ต้องทวนคำพูดซ้ำ คือ ผู้ชาย ต้นไม้ หมี และ คนนอนอยู่ในเปล
- 1.4 ด้าน Reading และ Comprehension : สามารถอ่านประโยคและทำตามคำสั่งที่อ่านได้ถูกต้องทั้งหมด (ข้อ 4A)
- 1.5 ด้าน String of words : สามารถนับเลข 1-20 และบอกชื่อวันในหนึ่งสัปดาห์ได้ถูกต้องทั้งหมดรวมทั้งสามารถปฏิบัติได้ทันทีทันใด โดยที่ไม่มีการกระตุ้นจากผู้ประเมินหรือบุคคลอื่น
- 1.6 ด้าน Writing : สามารถเขียนชื่อตนเอง เขียนตามคำบอกได้ถูกต้องทั้งหมด

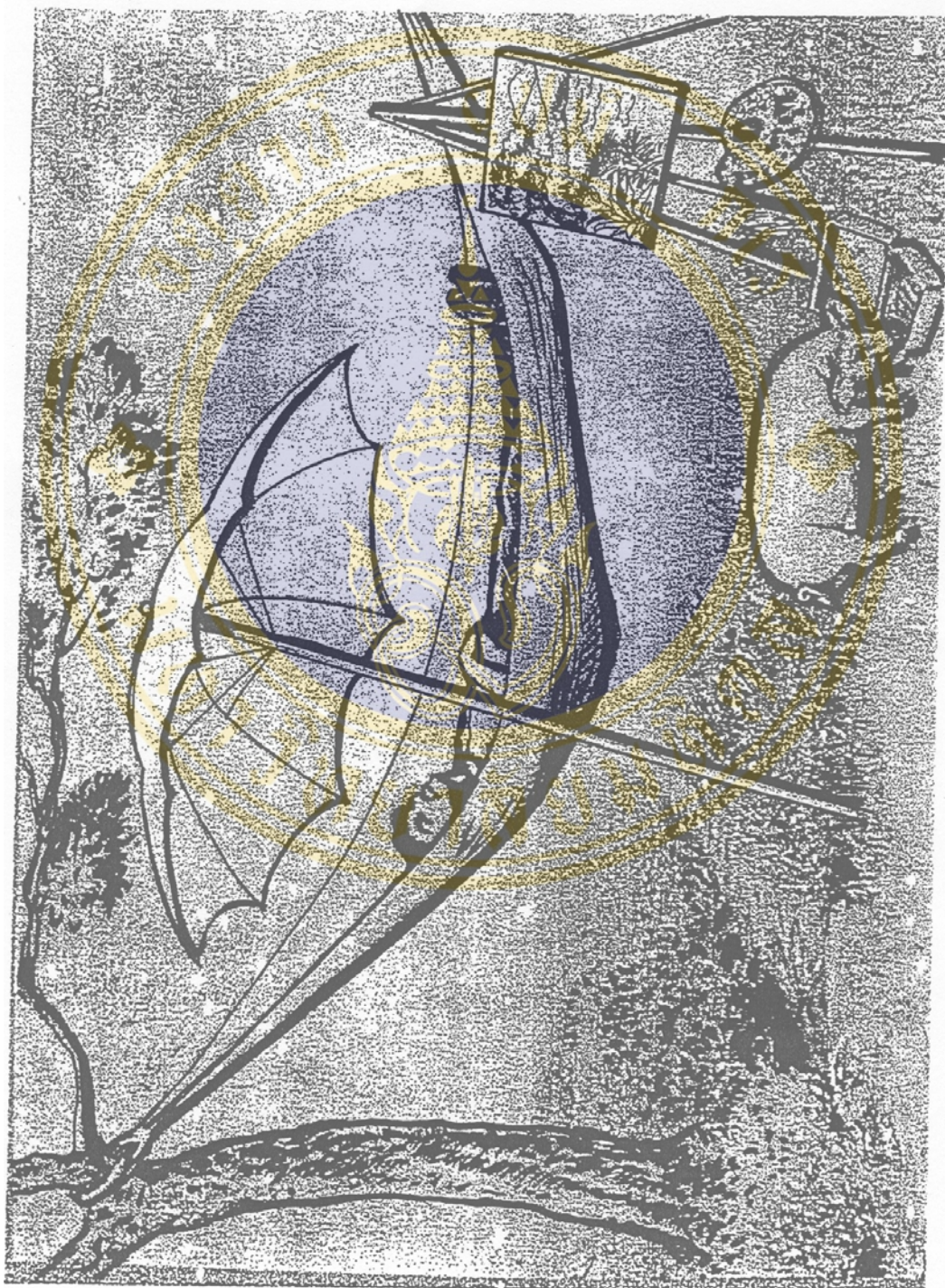
2. การตอบสนองบกพร่อง

ในกรณีที่ผู้ป่วยไม่สามารถปฏิบัติตามเกณฑ์ Normal response ดังที่กล่าวข้างต้นได้ แสดงว่าผู้ป่วยมีความบกพร่อง (impaired response)

การแบ่งระดับ

1. การใช้ภาษาปกติ- ปฏิบัติได้รวดเร็วและถูกต้องทั้ง 6 ด้าน การตอบสนองเป็นไปได้ทันที ผู้ป่วยไม่มีความผิดปกติด้านการรับรู้ภาษา
2. ความบกพร่องในการใช้ภาษาเล็กน้อย- ปฏิบัติได้ถูกต้องทั้งหมดหรือเกือบทั้งหมดแต่ปฏิบัติได้ช้า และหรือผู้ป่วยมีความยากลำบากในการใช้ภาษา
3. ความบกพร่องในการใช้ภาษาปานกลาง- มีความยากลำบากในการใช้ภาษามากกว่าหนึ่งด้านและปฏิบัติได้ถูกต้องเพียงบางส่วน ผู้ป่วยสามารถสื่อสารเกี่ยวกับเรื่องที่เกิดขึ้นในชีวิตประจำวันได้
4. ความบกพร่องในการใช้ภาษารุนแรง- ผู้ป่วยมีปัญหาด้านการสื่อสารอย่างมาก สังเกตพบได้ว่าผู้ป่วยมีปัญหาในการใช้ภาษาตั้งแต่ 2 ด้านขึ้นไป ต้องใช้สิ่งของในการประเมิน (IC, 2C) ผู้ป่วยปฏิบัติถูกต้องเพียงบางส่วนหรือไม่สามารถปฏิบัติได้เลย

รูปภาพประกอบการประเมินคัดแยกแยกอะเฟเซีย



'Self-Portrait' by Theodor Kittelsen. Reprinted from a calendar by courtesy of Blaafarveværket, Norway.

พัฒนาวันที่ 29 พฤษภาคม พ.ศ.

บัตรคำสำหรับการประเมินคัดแยกอะเฟเซีย

ผู้ชาย

หนู

เปลญวน

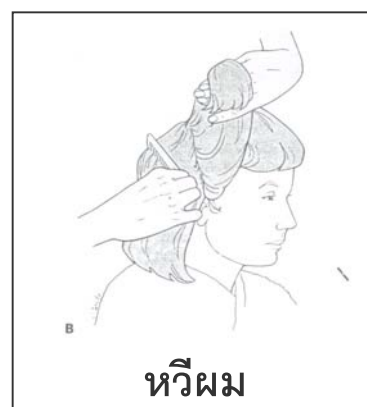
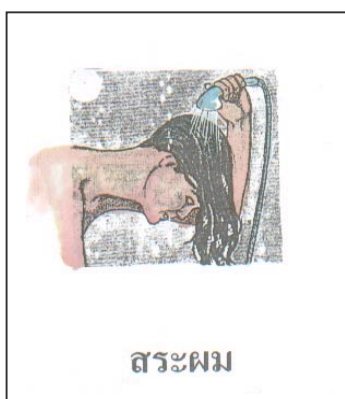
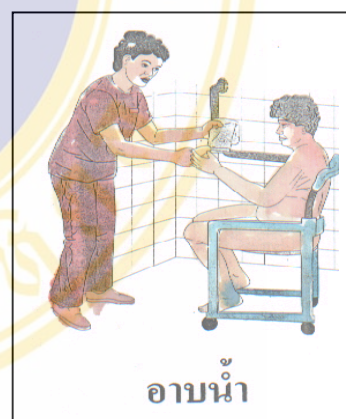
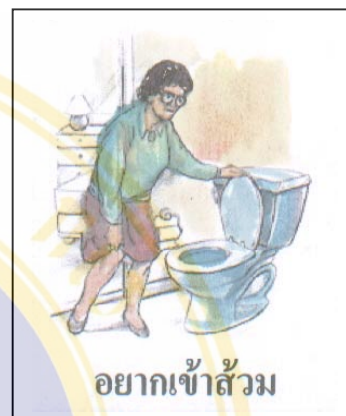
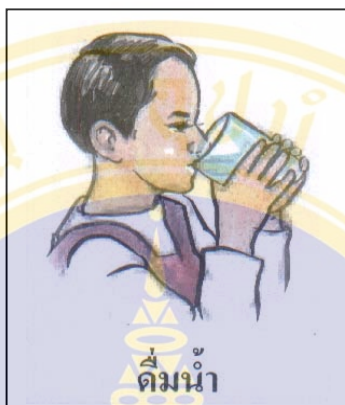
ต้นไม้

ร่ม

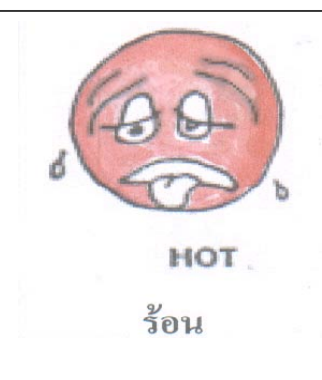
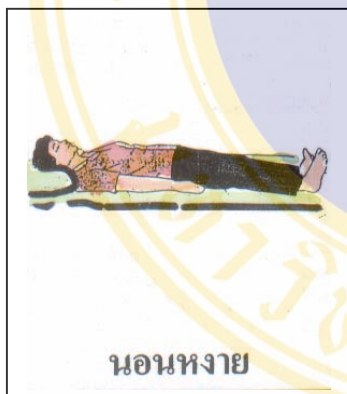
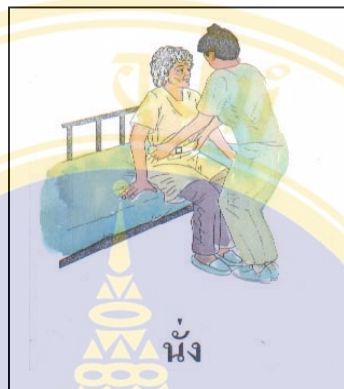
ขาตั้งภาพ

ชี้ขาตั้งภาพให้ดิฉันดูและชี้ต้นไม้

PICTURE BOARD



PICTURE BOARD



PICTURE BOARD



PERMISSION LETTERS FOR DATA COLLECTING

ที่ จพ.ล. 1266 /2546



โรงพยาบาลจุฬาลงกรณ์
1875 ถนนพระรามที่ 4
แขวงปทุมวัน เขตปทุมวัน
กรุงเทพฯ 10330

12 กุมภาพันธ์ 2546

เรื่อง ยินดีให้เก็บข้อมูลเพื่อประกอบการทำสารนิพนธ์
เรียน ประธานคณะกรรมการบริหารหลักสูตรพยาบาลศาสตรมหาบัณฑิต
อ้างถึง หนังสือที่ พย.ม. 1370/2545 ลงวันที่ ธันวาคม 2545

ตามหนังสือที่อ้างถึง คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล แจ้งความ
ประสงค์ขอความอนุเคราะห์ให้ นางสาวดร.ณิ ญดุงเพียร นักศึกษาหลักสูตรพยาบาลศาสตร-
มหาบัณฑิต สาขาการพยาบาลผู้ใหญ่ เข้าเก็บข้อมูลจากผู้ป่วยอายุรกรรมและศัลยกรรม
ประสาท ที่ตึกธนาคารกรุงเทพ ชั้น 2 และ 3 ไอซียูศัลยกรรมประสาท โรงพยาบาลจุฬาลงกรณ์
ตั้งแต่เดือนมกราคม 2546 เป็นต้นไปจนกว่าจะได้ข้อมูลครบ 10 ราย นั้น

โรงพยาบาลจุฬาลงกรณ์พิจารณาแล้ว ไม่ขัดข้อง ยินดีให้ดำเนินการตามที่
แจ้ง กรุณาติดต่อขอพบหัวหน้าพยาบาล ตึกจักรพงษ์ชั้น 2 ในวันที่เก็บข้อมูล อนึ่ง ก่อน
พบบุคคลดังกล่าว ขอให้ศึกษานำบัตรนักศึกษาหรือบัตรประจำตัวประชาชนพร้อม
จดหมายฉบับนี้มาติดต่อบัตรประจำตัวผู้เก็บข้อมูล ณ ตึกอำนวยการ ชั้นล่าง ห้องหมายเลข

4

จึงเรียนมาเพื่อทราบ

ขอแสดงความนับถือ

(รองศาสตราจารย์นายแพทย์คณะศรี แว่วจิต)

รองผู้อำนวยการฝ่ายวิชาการ

ปฏิบัติการแทน ผู้อำนวยการโรงพยาบาลจุฬาลงกรณ์

ฝ่ายอายุรศาสตร์ โทรศัพท์ 0-2256-4246 ฝ่ายการพยาบาล โทรศัพท์ 0-2256-4360

ฝ่ายเลขานุการ โทรศัพท์ 0-2652-4600-29 ต่อ 3291 โทรสาร 0-2256-4368

ที่ จพ.ล. 12๒7 /2546



โรงพยาบาลจุฬาลงกรณ์
1874 ถนนพระรามที่ 4
แขวงปทุมวัน เขตปทุมวัน
กรุงเทพฯ 10330

12 กุมภาพันธ์ 2546

เรื่อง การรับรองโครงการวิจัยเกี่ยวกับการทดลองในมนุษย์
เรียน ประธานคณะกรรมการบริหารหลักสูตรพยาบาลศาสตรมหาบัณฑิต
อ้างถึง หนังสือที่ พย.ม. 1369/2545 ลงวันที่ 23 ธันวาคม 2545

ตามที่คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล ขอให้โรงพยาบาลจุฬาลงกรณ์
นำเสนอสารนิพนธ์ของ นางสาวศุภณีย์ ผดุงเพียร เรื่อง "การสร้างแนวปฏิบัติการพยาบาลจาก
การสังเคราะห์ผลงานวิจัย เพื่อการประเมินคัดแยกและการปฏิบัติเพื่อการสื่อสารกับ
ผู้ป่วย Aphasia" เพื่อให้คณะกรรมการการลิติมมนุษย์นเกี่ยวกับการวิจัยในมนุษย์ของโรงพยาบาล
พิจารณาให้คำรับรอนั้น

คณะกรรมการจริยธรรมการวิจัยทางการแพทย์ได้พิจารณาแล้ว การดำเนิน
งานตามสารนิพนธ์ดังกล่าวไม่มีผลกระทบต่อการใช้บริการพยาบาลตามปกติ จึงเห็นชอบให้
นักศึกษาเข้าเก็บข้อมูลตามที่ขอมาได้
จึงเรียนมาเพื่อทราบ

ขอแสดงความนับถือ

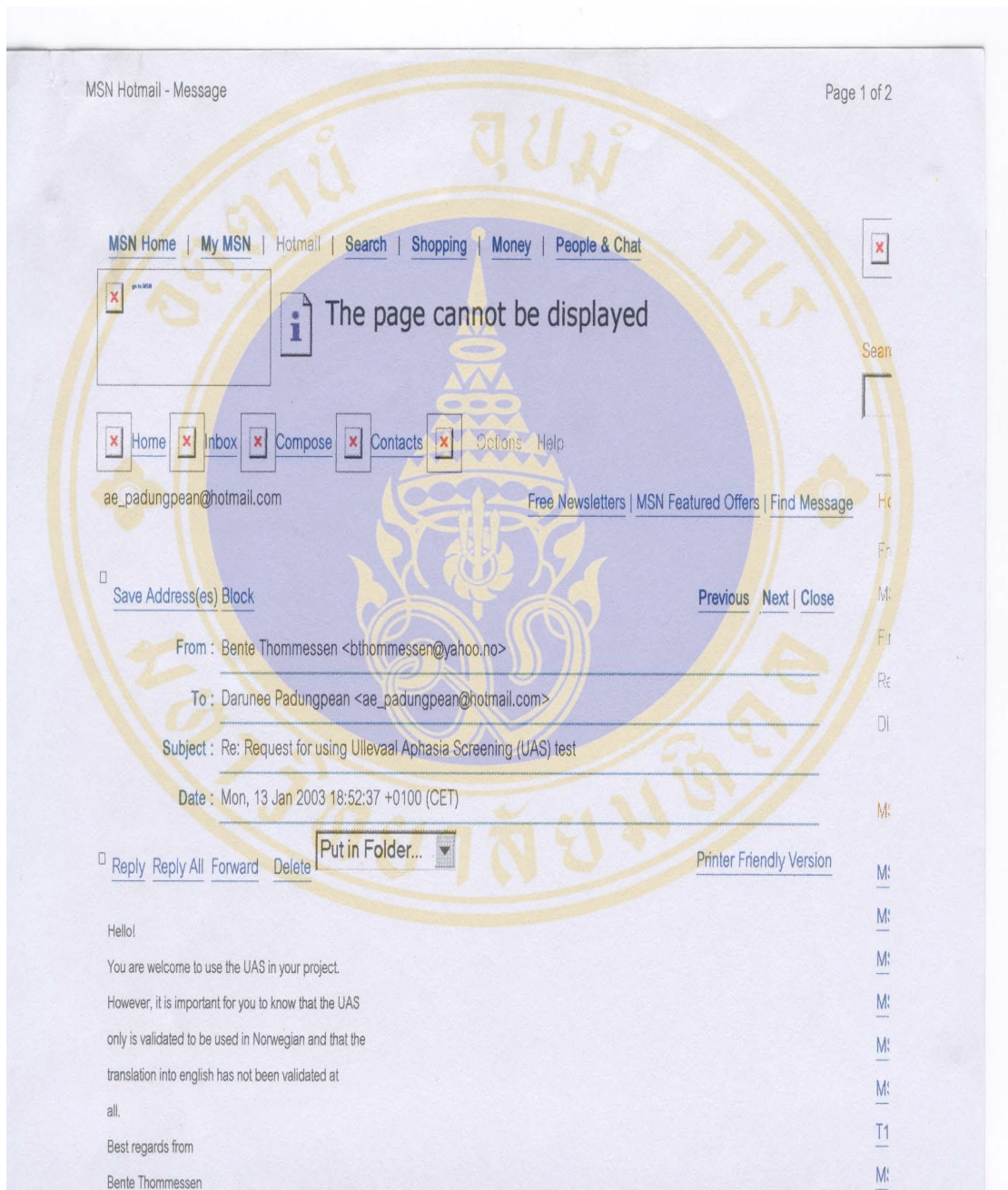
(รองศาสตราจารย์นายแพทย์เคนทร์ แว่วจิต)

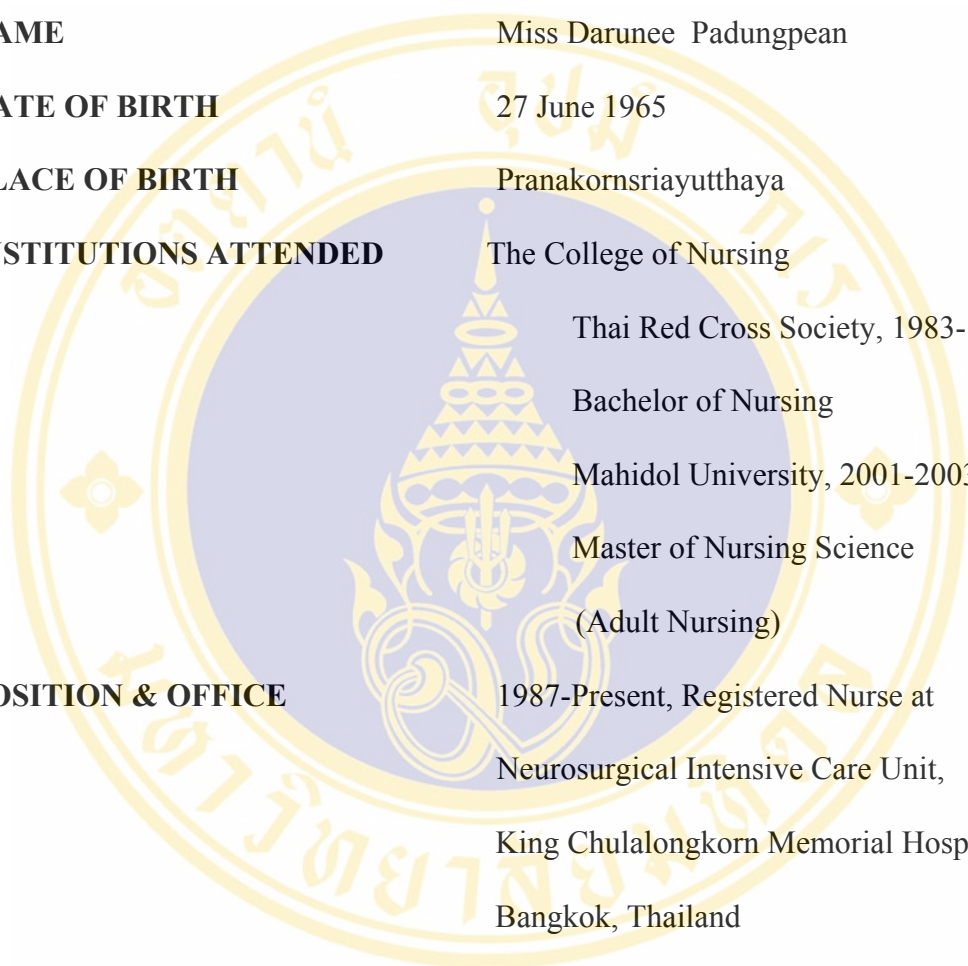
รองผู้อำนวยการฝ่ายวิชาการ
ปฏิบัติการแทน ผู้อำนวยการโรงพยาบาลจุฬาลงกรณ์

ฝ่ายการพยาบาล โทรศัพท์ 0-2256-4360

ฝ่ายเลขานุการ โทรศัพท์ 0-2652-4600-29 ต่อ 3291 โทรสาร 0-2256-4368

PERMISSION LETTER FOR USING INSTRUMENT



BIOGRAPHYThe background of the table features a large, faint, circular seal of Mahidol University. The seal is gold-colored with a blue center. It contains a stylized image of a traditional Thai temple (Prang) and is surrounded by Thai script. The seal is centered behind the table, with the text of the biography overlaid on it.

NAME	Miss Darunee Padungpean
DATE OF BIRTH	27 June 1965
PLACE OF BIRTH	Pranakornsriyutthaya
INSTITUTIONS ATTENDED	The College of Nursing Thai Red Cross Society, 1983-1987: Bachelor of Nursing Mahidol University, 2001-2003: Master of Nursing Science (Adult Nursing)
POSITION & OFFICE	1987-Present, Registered Nurse at Neurosurgical Intensive Care Unit, King Chulalongkorn Memorial Hospital, Bangkok, Thailand