

A  
DESCRIPTIVE STUDY  
OF  
CURRENT NURSING PRACTICES  
OF  
A GROUP OF OREGON COMMUNITY HEALTH NURSES

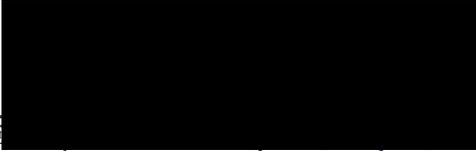
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A  
Field Study

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## CHAPTER I

### INTRODUCTION

Consumers are demanding delivery of quality health care at a price they can afford to pay. Not only is the health consumer protesting against sky-rocketing costs, but he is criticizing the quality of care. Added to this is a demand for better distribution of services both geographical and social. (16:380) Health professionals are also concerned, since they recognize that delivery of quality health care to every citizen is a right which must be made into reality.

In recognition of these needs the National Health Strategy was designed by Congress and supported by federal legislation. The four guiding principles which coordinate the national program are: (1:540)

1. equal access to health care for all,
2. balanced supply and demand by appropriate increases in the number of physicians and other health personnel.
3. efficient organization for delivery of care, and
4. preservation of the best in our present system and building upon strong elements to correct deficiencies.

Several major steps will have to be taken to meet the problems of equity of access such as manpower development and utilization, consumer education and participation, improvement in organized primary services, and systems management and investment. (1:548) Nursing and medicine have co-responsibility in recognizing changes which must be made within their functional areas for a more effective utilization of the present health manpower. (2:1765) Chow (4:323-324) and Innis (10:192) pointed out that nurses constitute the largest group of health professionals, are already prepared and if properly utilized could be expected to provide some relief for the health services crisis. Secretary Richardson, (7:1-15) (6:2349) of the Department of Health, Education, and Welfare, in his statement to The Committee to Study The Expanded Role of The Nurse emphasized the importance of changes in nursing practice to increase health care availability. Milton I. Roemer (20:32-36) urged the health community to utilize community health nurses as members of the primary health care team to staff health centers close to the homes of the people served. He further stated that community health nurses could do the initial health screening at the center, make the first and follow-up home visits, and treat minor illness in the center and in the home.

A valid health data base is essential to guide actions at all levels of the health delivery system. However, what is an acceptable

index of health remains a question of major concern. (1:549) The doctor and the community health nurse who communicate and function within the community can establish standard indices of health and through them measure rationally the success of the health delivery system.

The health professionals must develop a communication system to educate the patient as an active partner in the health care system. The patient must be taught to accept the responsibility of his own care and that of the family, to be aware of the health services available to him and to his family, and to be encouraged to develop the family strengths which will enable use of the facilities wisely and effectively.

In developing quality of care measures, emphasis has been placed generally on visible, dramatic, and highly specialized episodes of care--such as standards for intensive care units and the establishment of tissue committees for surgery--but relatively little attention has been paid to the quality of ambulatory or nursing services, which may reduce or prevent the need for such dramatic care episodes. EMCRO (Experimental Medical Care Review Organizations) has been federally funded to develop objectives and systematic methods for evaluating the quality of personal health services provided by health professionals in all settings. (1:550)

In 1964, the Nurse Training Act was passed which was intended to assure the nation that adequate nursing service would be available. (14:389) The act provided both for an increase in the number of nurses trained, and for improvement in the quality of their preparation. By 1960, sixty-two per cent of the \$81,000,000 expended by the Federal Government for nursing and nursing education had been used for additional preparation of the registered nurses then working within the current health care system. Thus, the number of nurses with baccalaureate and higher degrees increased. Such preparation was intended to provide the necessary broad background for specialty development and for role expansion to fill the gaps in health services.

Role expansion for the nurse depends upon a theoretical knowledge and clinical skills capable of meeting a broad spectrum of health care needs. To most nursing leaders, the term implies: (17:370-378) (9:352) (3:96)

1. responsibility for basic physical assessment of the patient,
2. assessment of the nursing care needs.
3. projection of patient care plans, and
4. evaluation of outcome of nursing interventions.

The term also implies that the nurse assumes all or partial primary responsibility for nursing services and is accountable to the patient for services rendered. (11:4)

Michael Miller (15:22) and Ruth Freeman (9:352) indicated the need for expanding the scope of nursing practice at all levels with special emphasis on decision-making, responsibility and accountability for the performance of nursing skills. Miller stated that the attending physician has primary professional and legal responsibilities for medical diagnosis. But, if the society and the medical profession continue to demand quality nursing care, then the physicians should realize that the treatment phase of medical care is essentially a nursing function. This is supported by the fact that the nurse is able to identify changing patterns in the patient's condition related to either existing disease entities or the onset of changing pathological patterns of behavior or both. In some areas, such as rural and remote settlements community health nurses have carried-out these functions for years, without recognition.

The literature reveals that in both urban and rural setting, community health nurses have moved in the direction of wider scope of assessment, counseling, and teaching, and in each instance it has been alleged that access to health services has increased. In Idaho in 1971, two community health nurse practitioners were utilized in a rural health setting. (5:842) One nurse practitioner worked with a team of two physicians in the clinic and hospital; the other nurse practitioner operated a clinic 22 miles away with bi-weekly visits from the two physicians. It was alleged that access to health services

in the two rural Idaho communities was increased with the addition of the two certified nurse practitioners. At the University of California, San Francisco, California, utilization of the community health nurse as a family management specialist in the Pediatric Ambulatory Clinic proved to be a very effective means for increasing the out-patient care of children. (8:316-319)

Studies reported by the Surgeon General's Consultant Group and the National Commission for the Study of Nursing and Nursing Education (14:389) have indicated ways in which nursing can play a more effective part in the delivery of health care services. According to that study there are certain requirements which may be necessary if full contribution to the solution can be made. Among these requirements are a lower attrition rate from active practice by both students and graduates of nursing. According to the Lysaught Commission (14:389), Esther Lucile Brown (3:226), and others, this is in large part due to the removal from direct patient care of many nurses to whom this is the most satisfying aspect of the nursing profession. Thus, nurses could be expected to be most satisfied and productive and most likely to remain in nursing positions if they were to have the opportunity to remain in direct patient care, to perform tasks fully and well, to have responsibility for their own decisions, and to gain recognition for accomplishment. It was suggested that this can be accomplished by involving nurses in direct service to the patient,

not only in acute care in a hospital setting, but more generally in the maintenance of health and prevention of disease.

In the community health care setting in which nursing services are expanding, the nurse may be the initial person to contact the health consumer in a given episode of illness, and may also be responsible for the continuity of that care, the maintenance of health, evaluation of the patient's condition, management of the patient's symptoms, or appropriate referrals. As the first person to contact the health consumer, the nurse makes nursing decisions based on medical and nursing needs. These decisions lead to a plan for assisting the individual and his family to resolve the health problem(s). Many community health nurses by training are capable of: (1:137)

1. making a comprehensive assessment of the patient,
2. developing a patient's treatment plan based on medical and nursing needs,
3. referring a patient for differential medical diagnosis when his condition warrants this,
4. managing own case load so as to provide continuity of care,
5. participating in community action programs,
6. developing and/or directing classes to promote health and prevent illness.

As nursing moves in the direction of expanding health care services within the community, nursing manpower will be utilized within its capabilities to free physicians to function in the role for which they were trained.

#### Statement of the Problem

The problem is to ascertain to what extent Oregon community health nurses are assuming certain specific activities in the provision of health care which could be expected to meet the deficiencies identified in the four major areas of the National Health Strategy.

#### Purpose

The purpose of this descriptive field study is to identify the current practices of a group of Oregon's community health nurses within the Oregon county health departments and to estimate the changes between June 1973 and January 1974.

#### Justification

The literature reveals that nursing constitutes one of the major components of health services. It seems appropriate that the current practice be explored and the educational needs identified. Based on this information, nursing curricula may be developed for better

preparation for the present activities and to provide background for further changes.

### Limitations

Since random selection of subjects from the universe of Oregon community health nurses was not feasible, the findings of this study cannot legitimately be generalized to that universe, but must be restricted to the sample examined. This constitutes a basic limitation of the study.

### Definitions

The following definitions apply to terms used in this study:

1. Accountability: The professional worker has moral and legal responsibility to the consumer for services rendered. (21:1)
2. Assessment: Assessment is divided into two categories and is defined as follows:
  - a. Initial or primary assessment is the evaluation of an individual's immediate health care needs at the point of entry into the health care system.
  - b. Continuing assessment indicates an evaluation of the results of interventions used to meet the health needs or the terminal evaluation of the success or failure of interventions

at the point of the individual's departure from the health care system.

3. Certified Nurse Practitioner: For the purpose of this study a nurse practitioner is a registered nurse who is a graduate of a hospital diploma program, baccalaureate and/or masters program with a circumscribed body of knowledge and practice that cannot be carried out by a non nurse practitioner. Certification is by an organization or legal body.
4. Community Health Nurse: For the purpose of this study, a community health nurse in the state of Oregon is a nurse who is a graduate of a hospital diploma program, an associate degree, baccalaureate, or masters program, licensed as a registered nurse, and employed by a county health department.
5. Diagnosing: "In the context of the practice of nursing, diagnosing means identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of nursing care." (18:2)
6. Patient: For the purpose of this study, patient means any person, well or sick, who is receiving the services of a provider of health care for the purpose of promoting, maintaining, or restoring health or minimizing the consequences of illness.
7. Primary Responsibility: For the purpose of this study, primary responsibility is the responsibility assumed by an individual for

identifying and assisting the patient and his family manage the health problems.

8. Treating: "Treating means selection and performance of those therapeutic measures essential to the effective execution and management of the nursing care and execution of the prescribed medical orders." (18:3)
9. Wellness continuum for the purpose of this study is synonymous with health maintenance.

## CHAPTER II

### METHOD

#### Procedure

In keeping with the expressed purpose of the descriptive field study a questionnaire was designed to obtain responses from a group of community health nurses. The questions related to five facets of the practice of nursing: 1) Activities, 2) Accountability and Responsibility, 3) Leadership: Community Health Programs, 4) Recording, and 5) History and Physical Examination.

The choice of the written questionnaire as the research tool most appropriate to the purpose of the survey was based on several considerations. The 34 county health departments are scattered throughout the state of Oregon. Financial, travel, and other considerations precluded the possibility of personal questioning. Specific information which could be summarized to describe the practices of a group of nurses was desired. It was believed that this could be obtained by means of the self-reporting questionnaire providing anonymity.

The majority of questions in the questionnaire were completely structured, but a number of semi-structured items provided the respondents with the opportunity to add an unlisted response under the category 'other' if any of the predetermined answers did not seem appropriate. The questions were designed to obtain specific details that would reflect the characteristics of the practice of the chosen sample of the population.

#### Pilot Study

To evaluate the questionnaire as an information gathering tool, it was presented and discussed in a research seminar by a group of five graduate nursing students. Later, the tool was administered to two community health nurses in an adjacent state. The original tool was modified in the following ways:

1. the sequency of questions was changed to promote continuity,
2. the wording of some questions was altered to facilitate understanding by the respondent,
3. the questions or parts of questions not pertinent to the chosen population were eliminated, and
4. the questions that elicited superfluous data were eliminated.

### The Sample

Two data gathering instruments were submitted to the director of community health nursing in each of Oregon's 34 county health departments for a maximum of 68 possible participants. The director was asked to choose two nurses from her staff to complete the questionnaires on the basis of the following four criteria:

1. employed by the official agency a minimum of six months and on a full-time basis,
2. employed either as a nurse practitioner or community health staff nurse,
3. if the agency did not employ a nurse practitioner, both nurses completing the questionnaire were to be community health staff nurses, and
4. in a situation in which there was only one nurse employed within the official agency, the nurse was asked to complete only one questionnaire and to indicate this.

A total of 29 Oregon county health departments participated. The sample included two community health nurses from each of 14 and one from each of the remaining 15, a total of 43 respondents. Fifteen of the total possible 58 nurses did not return the questionnaire. This number was reduced from 68 to 58 because ten county's employed only one nurse and one county did not employ a nurse. Forty-seven

per cent of the sample responded within three weeks. Follow-up letters were sent to the directors whose staff members had not responded. A week later another follow-up letter was sent. (See Appendix C) This was followed by two personal telephone calls one week apart to the remaining holdouts.

#### Data-Gathering Instrument

The following information was obtained from the questionnaire:

1. Section I: Identified specific activities, patient assessment, patient management, modification of treatment plan, and treatment of minor illness as primary responsibility of nurse, doctor, or as shared by both.
2. Section II: The purpose was to record changes in nursing activities which may have occurred in methods of case findings, management of health problems, and activities within a clinical setting from June 1973 to January 1974.
3. Section III. The nurse's leadership activities were identified in community health programs in June 1973 and in January 1974.
4. Section IV: Identified the method used to record components of the patient's record for the months of June 1973 and January 1974.

5. Section V: The data obtained indicated the per cent of responsibility, from the nurse's perspective, that the nurse, doctor, or both assume for the individual components of the history and physical examination.

The items were divided into five sections as noted in Table 1.

Table 1. Questionnaire sections and questions in each section.

Number	Section	Questions in each Section
I	Activities: Primary Responsibility	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 13, 14, 15, 16, 17, 18, 19, 20
II	Accountability and Responsibility	21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37
III	Leadership	38, 39, 40, 41, 42
IV	Recording	43, 44, 45, 46, 47, 48
V	a. Patient's History	49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61
	b. Physical Examination	62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76

### Analysis

The information gathered through the use of the data-gathering instrument was considered descriptive and presented in the form of frequency distributions and percentages, only. Where appropriate, the means and standard deviations were calculated and presented in tables.

## CHAPTER III

### RESULTS

The analysis of the data is here presented in the same sequence as the items appear in the questionnaire. Findings will be discussed under five main headings: 1) Activities, 2) Accountability and Responsibility, 3) Leadership: Community Health Programs, and 4) Recording, 5) History and Physical Examination. Sections Six and Seven pertain to the educational needs as stated by the nurses, and the demographic information regarding the nurses themselves.

The subjects of this study were 43 community health nurses currently practicing in the state of Oregon and employed by 29 county health departments. Table 2 includes data regarding the number of nurses, size of county, and population for each of the participating counties. See Table 2, page 18.

#### Section 1: Activities

Questions 1-20 asked the respondents to indicate the per cent of responsibility assumed by the community health nurse, the doctor, or both for patient assessment, management of health problems, the

Table 2. Population, area in square miles, and number of community health nurses employed in 29 participating county health departments.

County Health Department	Population	Square Mile	CHN <sup>(a)</sup>
Baker	15,200	3,084	1
Clackamas	178,400	1,893	12
Clatsop	28,800	843	7
Columbia	30,000	646	2
Coos	57,300	1,627	9
Crook	10,610	2,982	1
Curry	13,300	1,629	5
Douglas	73,940	5,089	9
Grant	6,910	4,533	1
Harney	6,900	10,132	1
Hood River	13,540	536	2
Jackson	100,100	2,812	13
Jefferson	8,980	1,795	1
Josephine	38,500	4,625	8
Klamath	51,950	6,151	11
Lake	6,740	8,340	1
Linn	75,540	2,297	10
Malheur	23,380	9,925	2
Marion	157,200	1,175	18
Morrow	4,320	2,065	2
Multnomah	560,000	459	100
Polk	37,060	780	5
Tillamook	18,500	1,115	2
Umatilla	45,450	3,241	5
Union	20,660	2,034	1
Wallowa	6,210	3,181	1
Wasco/Sherman	22,892	2,934	1
Washington	173,300	716	15
Yamhill	42,190	714	4

(a) CHN refers to community health nurse and the number refers to full-time employees.

Population and square mile information was obtained from the 1972-73 Oregon Blue Book.

modification of treatment plan, and health supervision of the well and ill-person.

In Table 3, the mean scores of the nurses' responses to the first twenty questions are presented. Each mean score represents the average per cent of primary responsibility assumed by the nurses for the given activity. If the mean score exceeds 50%, then it is assumed that the nurses as a group believed that they were primarily responsible for that activity. If the mean score falls below 50%, then the primary responsibility, in the nurses' eyes, rests with the doctor, or is more or less equally shared by the two health professionals.

From this Table, then, it is apparent that the nurses generally reported that they assumed primary responsibility for the assessment and the management of the patient's and his family's health problems and for the health supervision of the well-child, the aged, and the home-bound invalids. The modification of the treatment plan in maintenance of health and assistance to the patient coping with illness, as well as the treatment of minor cuts were considered to be primarily nursing. The health supervision of the normal pregnant woman was equally shared by the two health professionals. However, in the eyes of the nurses, the primary responsibility rests with the doctor for the supervision of the ill-person during an acute episode

Table 3. Mean scores of nurses' responses regarding the percentage of primary responsibility assumed by community health nurse and doctor: Section 1: Activities.

Section 1: Activities <sup>(a)</sup>	Mean Score Per Cent Responsibility <sup>(c)</sup>	
	CHN <sup>(b)</sup>	Doctor
Assist development family strengths	81.50	19.00
Identification family strengths	79.75	22.68
Assist family manage health problems	77.31	27.80
Supervision well-child	75.95	27.25
Assist patient manage health problems	74.04	33.57
Identify family health problems	73.65	32.92
Assist family cope with health problems	73.41	30.97
Assist patient cope with health problems	71.63	37.14
Informing family of health problems	70.00	41.00
Supervision: aged	63.09	42.14
Treatment plan: maintenance of health	61.66	42.28
Treatment plan: to cope with illness	61.53	42.56
Supervision: home-bound invalids	60.95	45.71
Identification patient's health problems	65.19	49.52
Informing patient of health problems	53.09	54.04
Treatment: minor cuts	50.95	49.76
Supervision: normal pregnant woman	49.76	56.09
Treatment: sprains	45.95	57.00
Supervision: ill-person (acute episode)	38.33	64.04
Treatment: upper-respiratory infections	30.95	74.39

(a) Questionnaire, Section 1: Activities, Appendix A.

(b) CHN refers to the community health nurse.

(c) The scores of shared responsibility were added to the totals for the doctor and the nurse and were included in the calculation of the above means. This accounts for the totals in excess of 100 per cent.

of illness and for upper-respiratory infections. (See Table 3, page 20 and Tables D 1-20, Appendix D.)

## Section II: Accountability and Responsibility

Questions 21-36 elicited statements regarding the method by which the nurse obtained her case load, and whether or not she was responsible for the supervision, management, and the formulation of treatment plans for all individuals within her case load. Respondents were asked to state whether they were responsible for the complete physical examination, or shared this responsibility with another health worker. They were also asked to state the type of clinics to which they had been assigned in June 1973 and in January 1974. All questions in this section were related to these dates in an effort to estimate changes during the seven month period.

The largest case load reported was 1200 patients and the smallest case load was 15 cases. Only 29 respondents calculated the number of patients in their case loads in January 1974, and only 24 reported case load size in June 1973. Due to these omissions, the average change in case load over the seven month period could not be tabulated. (See Table D 21, Appendix D)

In Table 4, the mean scores of the nurses' responses to questions 22-25 are presented.

Table 4. Per cent of nurses' case load obtained by first contact and by referral; per cent of case load under direct supervision of doctor and management by nurse.

Case Load	Mean Scores	
	June 1973	January 1974
Obtained: first contact with consumer	32.59	35.66
Obtained: referral	61.60	57.58
Direct supervision of doctor	58.33	50.57
Management by nurse	40.95	48.75

From this table, then, it is apparent that from June 1973 to January 1974, there was a slight increase in the number of respondents who reported obtaining their case load simply by being the first person to contact the particular health consumer. The reverse was true for obtaining the case load by referral. Approximately 50% of the sample failed to respond. (See Table D 22 and D 23, Appendix D)

Seventy per cent in 1974, but only 63% in 1973 of the respondents assumed responsibility for the supervision and management of health problems and the formulation of a treatment plan during the wellness continuum. Most nurses at both times (69% in 1973, and 96% in 1974) collaborated with the doctor in formulating a health regimen during an acute illness. Only 34% of the respondents were responsible for the complete physical examination in 1974, but this represented an increase from 20% in 1973. There was minimal

variation in the types of clinics staffed by respondents in January 1974 and June 1973, but a broad diversification of functions for which the nurse was responsible within the total clinical setting. (See Table D 37, Appendix D)

The changes between June 1973 and January 1974 indicated an increase in accountability and responsibility in all categories recorded with the exception of clinic staffing.

### Section III: Leadership: Community Health Programs

Questions 38-42 elicited from the respondents data as to their participation in the coordination and direction of community health programs for disease prevention and health maintenance. Sixty-seven per cent of the respondents were members of a health team in 1974, up from 55% in 1973. Sixty-nine per cent stated they carried the functions of coordinator of health services within the community and directed health programs for disease prevention and health maintenance. (See Tables D 38-D42, Appendix D)

### Section IV: Recording

The patient's record, if problem oriented, can become a dynamic and creative instrument for facilitating comprehensive nursing and medical care. The medical record represents events

and decisions concerning patient care. An established data base, a numbered-problem list or priority list, with written patient care plans, and narrative progress notes provide for evaluation of the service given. Questions 43-47 elicited from the respondents information concerning whether or not they had established a data base, developed written patient care plans, and utilized narrative progress notes with summaries of new and resolved problems. (See Tables D 43-D 47, Appendix D)

Tables D 43-D 47 indicate the following:

1. a 28% increase from June 1973 to January 1974, in the number of respondents indicating they had established a data base,
2. a 28% increase in the number of respondents who developed a numbered-problem list in January 1974,
3. a 17% increase in the number of respondents who developed written patient care plans in January 1974, and
4. a 21% increase in the number of respondents who utilized narrative progress notes in January 1974.

Question 48 elicited no responses therefore it was assumed there were no other forms of recording utilized.

### Section V: History and Physical Examination

Questions 49-61 elicited nurses' opinions regarding the responsibility assumed by the doctor, nurse, or both for obtaining the patient's history. (See Tables D 48-D 60, Appendix D)

Tables D 48-D 60 indicated the following information:

1. between 30-34% of the respondents assumed primary responsibility for obtaining the chief complaint, a description of illness, family history, and patient history.
2. 23% assumed responsibility for obtaining the patient's health profile,
3. 18% were responsible for review of head and neck,
4. 13% assumed responsibility for obtaining an oral review of the pelvic area, genito-urinary system, cardio-respiratory system, gastro-intestinal system, and endocrine system, and
5. 11% were responsible for obtaining oral review of the rectal area and neuro-muscular system.

Questions 62-76 elicited from the respondents an estimate of the per cent of responsibility assumed by the nurse, doctor for the physical examination. (See Tables D 61-D 75, Appendix D)

In Table 5, the mean scores of the nurses' responses to questions 62-76 are presented. Each mean score represents the

average per cent of responsibility assumed by the nurses and the doctor for the physical examination. See Table 5.

Table 5. Mean scores of nurses' responses regarding the percentage of responsibility assumed by community health nurse or doctor: Section V: Physical Examination.

Section V: Physical Examination	Mean Score Per Cent Responsibility <sup>(b)</sup>	
	CHN <sup>(a)</sup>	Doctor
Extremities	54.05	60.27
Skin	53.42	58.42
Throat	51.31	62.89
Breast	47.36	78.15
Eyes	45.75	63.75
Pulse	47.85	66.48
Nose	44.47	66.05
Sinuses	39.73	69.73
Pelvic	39.45	81.89
Neck	36.57	83.51
Ears	29.18	78.91
Neuro-muscular	26.21	83.51
Chest	25.40	85.94
Heart	20.59	93.42
Rectal area	16.28	88.57

(a) Community health nurse is identified by CHN.

(b) The scores of shared responsibility were added to the total for the doctor and the nurse and were included in the calculation of the above means. This accounts for the totals in excess of 100 per cent.

From this Table, then, it is apparent that the nurses generally reported that they were frequently responsible for the physical examination of the extremities, skin, throat, and breast. The remaining components of the physical examination, in the eyes of the nurses,

are the responsibility of the doctor. According to the above Table, the complete physical examination as delineated in this study was not considered to be the primary responsibility of the respondents.

#### Section VI: Educational Needs

Questions 77-84 elicited from the respondents opinions as to the items of in-service educational needs and preferences of location for meeting the needs. (See Tables D 76-D 79, Appendix D.)

New aspects of community health, the "expanded role" of the nurse, physical assessment, and nursing administration were the topics considered by more than three respondents to be most crucial at this time. Other respondents considered subjects such as aging, genetics, drugs, and interviewing as most urgent.

Fifty-three per cent stated they would like to obtain an in-service educational program in Oregon. Only one respondent stated she could leave the community for a period of 12 or 24 months. Eleven respondents stated they could leave the community for a period of six months.

#### Section VII: Demographic Information

Questions 85-104 elicited information as to age, residence in the state and in the community, nursing education, nurse practitioner classification, years of service as a community health nurse, length

of time with the agency, years away from nursing during work experience, and the number of full and part-time nurses employed within the agency. (See Tables D 80-D 88, Appendix D)

Six of the respondents had specialized practitioner training. Twenty-seven of the respondents were graduates of a baccalaureate program and two had received a masters degree. The remaining respondents were graduates of a hospital diploma program. There were no associate degree graduates among the sample.

The ages of the respondents varied from 21 years to 64 years of age with a mean of 42.00. The mean of years of residence in the state was 21.50. Seventeen of the respondents had been a community health nurse from one to four years. Two had been a community health nurse between 30 and 34 years. The mean number of years of service was 7.50. The majority of the respondents had been employed by their present agency between one and ten years. Ten of the agencies employed only one nurse and one agency employed 100 nurses.

## CHAPTER IV

### SUMMARY, DISCUSSION, AND RECOMMENDATIONS

#### Summary

Consumers are demanding delivery of quality health care and criticizing the quality of care. Health professionals are concerned about the deficiencies within the health care system. The delivery of quality health care to every citizen is an accepted right and not a privilege.

The National Health Strategy has established four major areas in which to concentrate public effort to improve the quality of health care delivery. The four major areas are: 1) securing equity of access to health services, 2) developing a valid health data base, 3) disseminating information to patients, and 4) regulating quality of health care services.

Nurses are concerned and are willing to expand the scope of nursing for the improvement of the quality and the availability of health care services. According to Abdellah (1:546) the four areas of emphasis of the National Health Strategy may be met if nurses accept accountability and responsibility in all four areas.

The purpose of this descriptive field study was to identify the current nursing practices of a group of Oregon's community health nurses within the Oregon county health departments and to estimate the changes occurring between June 1973 and January 1974.

The problem was to ascertain to what extent the Oregon community health nurses were assuming certain specific activities in the provision of health care which could be expected to meet the deficiencies identified in the four major areas of the National Health Strategy.

The method of investigation was a mailed questionnaire designed to obtain responses from a group of community health nurses. The questions related to five facets of the practice of nursing: 1) Activities, 2) Accountability and Responsibility, 3) Leadership: Community Health Programs, 4) Recording, and 5) History and Physical Examination. Sections Six and Seven pertained to the educational needs as stated by the nurses and to the demographic information regarding the nurses themselves.

The data gathering instrument was submitted to the director of community health nursing in each of Oregon's 34 county health departments. The director was asked to choose two community health nurses to complete the questionnaire. Responses were received between February 12, 1974 and March 22, 1974. A total of 29 Oregon county health departments participated. The sample

included two community health nurses from each of 14 county health departments and one from each of the remaining 15. The respondents consisted of 43 community health nurses currently practicing in the state of Oregon and employed by 29 county health departments.

The nurses practicing within the twenty-nine official agencies stated they assumed primary responsibility for assessment and management of the patient's and his family's health problems. They also assumed primary responsibility for the treatment of minor illness except for upper-respiratory infections. Supervision of the normal pregnant woman, the well-child, the aged, and the home-bound invalid were all considered the nurse's responsibility. The nurses reported they shared responsibility with the doctor in assisting the patient to cope with illness. According to the respondents it was the doctor's responsibility to care for the ill-person during an acute episode of illness, such as upper-respiratory infections.

The largest case load carried by a community health nurse was twelve hundred patients and the smaller case load covered fifteen individuals. There was a slight increase from June 1973 to January 1974 in the number of respondents reporting having obtained their case loads as the first person to contact the health consumer. The reverse was true for obtaining the case load by referral. Approximately 50% of the sample did not respond. The tool did not

provide opportunity to explain failure to respond so no assumptions can be made to these questions.

Seventy per cent in 1974, but only 63% in 1973 of the respondents assumed responsibility for the supervision and management of health problems and the formulation of a treatment plan during the wellness continuum. Most nurses, 69% in 1974, 76% in 1973, collaborated with the doctor in formulating a health regimen. Only 34% of the respondents were responsible for the complete physical examination in 1974 but this represented an increase from 20% in 1973. There was minimal variation in the types of clinics staffed by the respondents from June 1973 to January 1974. The changes between the two dates indicated an increase in accountability and responsibility in all categories recorded with the exception of clinic staffing.

Sixty-seven per cent of the respondents were members of a health team in 1974 in contrast to 55% in 1973, and stated they carried the functions of coordinating health services within the community and directing health programs for disease prevention and health maintenance.

There was an increase from June 1973 to January 1974 in the number of respondents who indicated they had established a data base, developed a numbered-problem list, developed written patient care plans, and utilized narrative progress notes. The

above four items are important components of the patient's record, representing events and decisions about patient care which provide for evaluation of the service.

The complete physical examination as delineated in this study was not considered to be the responsibility of the respondents. A majority of the nurses shared this responsibility with the doctor. Less than 34% of the respondents were responsible for the patient's history.

### Discussion

The small sample size used in this study was limiting and results cannot be generalized to other populations. A larger sample from official agencies which employ more than ten nurses might give more generalizability to the findings. Nursing practice within a community health setting is diversified and not all nurses have the opportunity to include all the activities listed in the questionnaire.

Abdellah stated that when nurses increase the scope of accountability and responsibility the four areas of emphasis of the National Health Strategy can be met. The community health nurses by their responses, indicated their participation in meeting health care delivery needs with the assumption of primary responsibility for 1) assessment and the management of chronic health problems of the patient and his family, 2) treatment of minor cuts and sprains, 3)

supervision of the normal pregnant woman, well-child, the aged, and the home-bound invalid, and 4) collaboration with the doctor in assisting the patient to cope with an acute episode of illness.

Sections Four and Five were designed to discover what procedures the nurse carried-out for recording pertinent data and the performance of the physical examination. A mutual agreement between the doctor and the nurse may preclude the community health nurse from carrying-out these functions even though she is capable of doing so. The additional functions which are transferred from the doctor to the nurse must be determined through an orderly process recognizing the capacity and the desire of both professionals to make changes in functions which are intended to provide for optimum utilization of manpower. Such an arrangement may not have been developed within the county health departments and if not, would have precluded the nurse from carrying-out these functions. Sixty-six percent of the respondents did not consider the complete physical examination the responsibility of the nurse.

According to the statistical compilation, 67% of the respondents were members of health teams, functioned as coordinators of health services, and directed health programs for disease prevention and health maintenance. In this manner, the community health nurses are making contributions in two of the four areas of emphasis of the National Health Strategy: 1) disseminating

information to patients and 2) implementing equity of access to health services.

Further indications of the community health nurse's awareness of need to meet the National Health Strategy's objectives was the desire for further course work to enable the nurse to accept additional responsibilities in areas of the expanding nursing practice. The course content requested was in the areas of patient assessment, new aspects of community health nursing, nurse practitioner, and physical examination.

Some of the nurses in this study indicated by the size of their case load that they have contact with a large number of patients in the community, and could be expected to be effective in initiating entry into the health care system.

#### Recommendations

Based on the findings of this study some modifications of the design are recommended. A more thorough pre-test should be made in order to increase the validity of the tool. An interview could be conducted following the test to reduce misunderstanding of questions. In order to improve the reliability, data regarding recording be collected by an audit of the records. The Kelly Repertory Test (12:556) may be used in the collection of data from the doctors and the patients to identify the dimension of the roles within which the

community health nurses function. This data, if correlated with the findings of this study, would delineate the role models as seen by the patient, doctor, and nurse. Then, the guidelines developed for the expanded nursing practice of the community health nurse would have realistic value.

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APPENDICES

APPENDIX A

Questionnaire



<u>Treatment of minor illness:</u>	10	20	30	40	50	60	70	80	90	100
13. minor cuts _____										
14. sprains _____										
15. upper-respiratory infections _____										
<u>Health supervision: well &amp; ill persons</u>										
16. normal pregnant woman (pre & post natal) _____										
17. well-child (nutrition, immunizations) _____										
18. aged (nutrition & rehabilitation) _____										
19. ill-person (all ages) _____										
20. Home-bound invalid (all ages) _____										

Section II: Accountability & Responsibility

<u>Direction:</u> Please fill-in the blank spaces or circle correct answer(s).	January 1974	June 1973
<u>Case Load:</u>		
21. the number of individuals in your case load _____		
22. the per cent of case load obtained by you as the first person to contact the health consumer in _____		
23. the per cent of the case load obtained by referrals in _____		
<u>Management of health problems within case load:</u>		
24. the per cent of patients under direct supervision of the doctor _____		
25. the per cent of patients you manage _____		
<u>Were you responsible for the continuity of health care:</u>		
26. during an acute episode of illness in _____	Yes/No	Yes/No
27. during the wellness continuum in _____	Yes/No	Yes/No
28. Did you share joint responsibility with the doctor in assisting the patient cope with his health problems in _____	Yes/No	Yes/No
<u>Clinics:</u>		
29. Were you responsible for the complete physical examination & the assessment of mental & emotional problems in _____	Yes/No	Yes/No
30. Did you share responsibility for the above assessment with another worker such as the doctor or nurse _____	Yes/No	Yes/No
31. Did you formulate a treatment plan based on nursing diagnosis & the assessment of the patient in _____	Yes/No	Yes/No
32. Did you have the authority to request minimal laboratory requests such as urinalysis, HCT, and others in _____	Yes/No	Yes/No
33. Did you collaborate with health team members & the patient to formulate a health regimen which meets the patient's needs, the family needs, & the community resources in _____	Yes/No	Yes/No

- Direction: Fill-in the following:
34. Name the type of clinics which you staffed in January 1974 \_\_\_\_\_ & in June 1973 \_\_\_\_\_
35. If the answer is Yes in 30, indicate professional title of worker(s) \_\_\_\_\_





	10	20	30	40	50	60	70	80	90	100%
68. Skin:										
a. turgor _____										
b. lesions _____										
69. Breast: observes										
a. contour _____										
b. dimpling _____										
c. discharge _____										
palpates for masses noting:										
a. size _____										
b. tenderness _____										
c. consistency _____										
d. mobility _____										
e. teaches self breast examination _____										
70. Heart:										
a. inspects for P.M.I.* _____										
b. palpates for P.M.I.* _____										
1. lifts _____										
2. heaves _____										
c. auscultates for apical										
1. rate _____										
2. rhythm _____										
d. describes S <sub>1</sub> & S <sub>2</sub> _____										
e. describes S <sub>4</sub> & S <sub>3</sub> _____										
71. Chest:										
a. inspects for symmetry on expiration & inspiration _____										
b. palpates: fremitus _____										
c. percusses for:										
1. rales _____										
2. rhonchi _____										
3. wheezes _____										
4. rub _____										
d. Breath sounds _____										
72. Rectal:										
a. sphincter tones _____										
b. hemorrhoids _____										
c. fistulas _____										
d. masses _____										
e. prostatic changes _____										
f. quaiac stool _____										
73. Extremities:										
a. edema _____										
b. cyanosis _____										
c. varicosities _____										
74. Pulses:										
a. radial _____										
b. popliteal _____										
c. femoral _____										
d. dorsalis pedis _____										
e. posterior tibial _____										

\* P.M.I. = point of maximum impulse

	10	20	30	40	50	60	70	80	90	100%
75. Pelvic:										
a. external genitalia _____										
b. vaginal: culture _____										
1. G.C. smear _____										
2. Pap smear _____										
c. Cervix _____										
1. color _____										
2. size _____										
3. lesions _____										
4. discharge _____										
d. bi-manual exam. _____										
1. size _____										
2. mobility _____										
3. position _____										
4. consistency _____										
5. contour _____										
6. ovarian masses/tenderness _____										
76. Neurologic (tests)										
a. cranial nerves II to XII _____										
b. deep reflexes:										
1. biceps _____										
2. triceps _____										
3. knee _____										
4. ankle _____										
5. plantar _____										
c. Evaluates mental status: time, place, person _____										

Section VI: Educational Needs

Direction: Please fill-in the blank spaces or circle appropriate answer (s)

77. What are your educational inservice needs? (suggest topics) \_\_\_\_\_

Additional educational programs: 6 months or more

78. Would you be interested in attending an Oregon college for this purpose? \_\_\_\_\_ Yes/No

Could you leave your community to attend a program which lasts

79. 6 months \_\_\_\_\_ Yes/No

80. 12 months \_\_\_\_\_ Yes/No

81. 24 months \_\_\_\_\_ Yes/No

If a short term specialty program, less than 6 months, would benefit you:

82. what nursing course would you prefer? \_\_\_\_\_

83. where would you prefer to take this course? \_\_\_\_\_

84. would you leave Oregon to take this course? \_\_\_\_\_ Yes/No

Section VII: Demographic Information

Direction: Please fill-in the blank spaces or circle appropriate answer(s)

85. Age (years) \_\_\_\_\_

Residence: 86. Years in Oregon \_\_\_\_\_ 87. Years in present community \_\_\_\_\_

## Education: Nursing: You are a graduate of:

- |                            |                          |
|----------------------------|--------------------------|
| 88. diploma program _____  | 89. Year graduated _____ |
| 90. Associate degree _____ | 91. Year graduated _____ |
| 92. Baccalaureate _____    | 93. Year graduated _____ |
| 94. Master _____           | 95. Year graduated _____ |
96. Are you a certified nurse Practitioner? Yes/No
97. If yes in question 96, specify title \_\_\_\_\_
98. If yes in question 96, specify location of training program \_\_\_\_\_
99. Were you inactive for a period of time? Yes/No
100. If yes in question 99, state when \_\_\_\_\_
101. How many years have you been a community health nurse? \_\_\_\_\_
102. How many years have you been with this agency? \_\_\_\_\_
103. How many full time (minimum 32 hrs. week) nurses are employed in your agency? \_\_\_\_\_
104. How many part time nurses are employed in your agency? \_\_\_\_\_

APPENDIX B

Raw Data

## Section I: Activities

Code: N=nurse MD= doctor		10	20	30	40	50	60	70	80	90	100%
<u>Health needs: patient &amp; family</u>											
1. identification of patient's health problems	N	2	1	1	5	19	1	4	4	2	3
	MD	2	4	3	1	19	5	2	1	2	2
2. informing patient of his health problems	N	2	3	1	2	19	4	1	6	0	3
	MD	0	5	1	4	18	2	1	4	3	3
3. assisting patient cope with his health problem	N	0	2	2	1	5	4	4	13	4	7
	MD	4	12	3	4	5	2	2	4	0	2
4. identification of family's health problems	N	1	0	0	4	5	4	3	10	5	9
	MD	5	9	3	4	5	3	1	1	1	2
5. informing family of health problems	N	0	1	3	2	6	4	4	7	4	8
	MD	4	7	2	4	6	2	4	3	0	3
6. assisting family cope with health problems	N	0	2	0	0	9	5	3	5	9	8
	MD	9	5	1	5	9	0	2	2	0	1
<u>Family strengths: (personal factors of mental &amp; physical health, abilities, relationships, morale of the family, time, money, equipment, &amp; housing)</u>											
7. identification of family strengths	N	0	2	1	0	3	3	4	6	9	13
	MD	9	6	4	2	3	0	3	2	0	0
8. assisting development of family strengths	N	0	1	1	0	2	5	1	8	10	12
	MD	11	9	0	4	2	0	3	0	0	0
<u>Management: (health problems for continuum of care or follow-up)</u>											
9. assisting patient manage health problems	N	0	3	0	1	4	5	4	11	5	9
	MD	4	11	3	5	4	1	1	3	1	2
10. assisting family unit manage health problems	N	0	2	2	0	2	4	4	7	11	9
	MD	11	6	3	4	2	0	3	2	1	1
<u>Modification of treatment plan:</u>											
11. for patient in maintenance of health care such as diet, exercise, adaptation to handicaps or impairment, & relief of pain	N	2	1	1	0	13	0	3	10	4	5
	MD	5	7	2	1	13	0	1	1	3	5
12. for patient coping with illness	N	2	3	1	0	7	0	5	7	7	4
	MD	7	5	5	1	7	1	1	3	2	4
<u>Treatment of minor illness:</u>											
13. minor cuts	N	6	5	0	0	6	0	0	2	4	11
	MD	3	2	0	2	6	1	0	5	6	7
14. sprains	N	4	2	0	1	7	2	1	3	7	4
	MD	5	2	1	3	7	1	0	2	4	12
15. upper-respiratory infections	N	4	4	0	2	7	1	1	1	6	0
	MD	4	0	1	2	6	2	0	4	4	18

		10	20	30	40	50	60	70	80	90	100%
<u>Health supervision: well &amp; ill-person</u>											
16. normal pregnant woman (pre & post natal)	N	4	0	0	0	9	1	2	2	6	7
	MD	4	1	2	3	9	1	0	0	5	11
17. well child (nutrition, immunizations)	N	0	1	1	2	7	0	3	5	10	12
	MD	8	4	3	2	7	2	1	2	0	1
18. aged (nutrition & rehabilitation)	N	3	3	1	2	5	0	1	10	8	6
	MD	7	9	0	1	5	2	1	6	4	2
19. ill-person (all ages)	N	9	2	1	0	14	2	0	1	5	1
	MD	4	0	0	3	14	0	1	2	10	1
20. home bound invalids (all ages)	N	4	2	0	1	12	1	0	7	8	5
	MD	8	6	0	2	12	1	1	2	5	3

Section II: Accountability & Responsibility

<u>Case load:</u>	January 1974	June 1973
21. number of individuals in case load	15 to 1200	15 to 1000
22. per cent of case load obtained by you as first person to contact health consumer in	Mean 35.66	Mean 32.59
23. per cent of case load obtained by referrals in	Mean 57.58	Mean 61.6
<u>Management of health problems within case load.</u>		
24. per cent of patients under direct supervision of doctor in	Mean 50.57	Mean 58.33
25. per cent of patients you manage in	Mean 48.75	Mean 40.95
<u>Were you responsible for the continuity of health care:</u>		
26. during an acute episode of illness in	Yes/No 16 / 27	Yes/No 13 / 30
27. during the wellness continuum in	Yes/No 34 / 9	Yes/No 27 / 16
28. shared joint responsibility with doctor in assisting patient cope with his health problems in	Yes/No 37 / 6	Yes/No 33 / 10
<u>Clinics:</u>		
29. responsible for complete physical examination & the assessment of mental & emotional problems in	Yes/No 15 / 28	Yes/No 9 / 34
30. shared responsibility for above assessment with another worker such as M.D. or nurse	Yes/No 38 / 12	Yes/No 26 / 17
31. formulated a treatment plan based on nursing diagnosis & assessment of patient in	Yes/No 29 / 14	Yes/No 21 / 22
32. Did you have authority to request minimal laboratory requests such as urinalysis, HCT, and others in	Yes/No 19 / 23	Yes/No 15 / 27

	January 1974	June 1973
33. collaborated with health team members & patient to formulate a health regimen which meets patient's needs, family needs, and community resources in	Yes/No 35 / 8	Yes/No 30 / 13
34. Name the type of clinics which you staffed in January 1974 <u>See Table D34 Appendix D</u> & in June 1973 <u>See Table D34 Appendix D</u> .		
35. If the answer is Yes in 30, indicate professional title of worker(s) <u>See Table D35, Appendix D</u> .		
36. If the answer is Yes in question 32, indicate what additional laboratory examination you were able to order <u>See Table D36, Appendix D</u> .		
37. Indicate other activities within the clinic for which you assumed responsibility <u>See Table D37, Appendix D</u> .		

Section III: Leadership: Community Health Programs

	January 1974	June 1973
38. member of a health team	Yes/No 29 / 13	Yes/No 24 / 18
39. coordinator of health services in	Yes/No 30 / 13	Yes/No 24 / 20
40. directed health programs for disease prevention & health maintenance in	Yes/No 31 / 12	Yes/No 25 / 18
41. encouraged family members to initiate programs for developing & focusing on family strengths in	Yes/No 35 / 11	Yes/No 24 / 18
42. Other activities (please specify) <u>See Table D42, page 89</u> .		

Section IV: Recording

Components of the Patient's Record:

Establish Data Base: (includes data known about patient from time of entry into health care system such as findings from physical examination, history, assessment, relevant laboratory data, & information from sources, health team and others)

	January 1974	June 1973
43. establish a data base	Yes/No 34 / 8	Yes/No 22 / 20
44. develop a <u>numbered-problem list</u>	Yes/No 21 / 21	Yes/No 9 / 33
45. develop <u>written patient care plans</u>	Yes/No 25 / 17	Yes/No 18 / 24
<u>Progress notes:</u> continuous & related to the numbered problem list (see question 34) <u>Did you use:</u>		
46. Narrative progress notes	Yes/No 34 / 8	Yes/No 25 / 17
47. Flow sheets	Yes/No 15 / 27	Yes/No 11 / 31
48. If you use another form of recording indicate <u>no responses</u> .		

## Section V: History &amp; Physical Examination

Code: N=nurse MD=doctor

		10	20	30	40	50	60	70	80	90	100%
<u>Patient's History:</u>											
49. chief complaint	N	0	2	0	0	5	2	2	1	9	15
	MD	8	1	2	1	5	1	0	2	0	5
50. patient's profile	N	1	0	1	0	4	2	0	0	8	13
	MD	8	0	0	1	4	1	0	1	1	5
51. description of patient's illness	N	1	1	1	0	6	3	1	1	7	15
	MD	7	1	1	1	6	1	0	2	1	6
52. family history (pedigree)	N	0	0	1	0	5	3	0	1	9	13
	MD	0	1	0	1	5	1	1	1	0	5
53. past history of patient	N	1	1	0	0	6	3	0	2	8	13
	MD	8	2	0	1	6	1	1	1	1	6
<u>Oral Review of Body Systems:</u>											
54. Head & neck	N	2	0	0	0	7	2	1	0	3	8
	MD	3	0	1	0	7	1	0	0	2	16
55. cardio-respiratory	N	3	0	0	0	8	2	2	0	3	6
	MD	2	0	2	0	8	1	0	0	2	17
56. genito-urinary	N	3	0	0	0	8	2	2	0	2	6
	MD	2	0	2	0	8	1	0	0	3	17
57. gastro-intestinal	N	3	0	0	0	6	2	3	0	2	6
	MD	2	0	3	0	6	1	0	0	3	18
58. neuro-muscular	N	3	0	0	0	5	2	3	0	2	5
	MD	2	0	3	0	5	1	0	0	3	18
59. pelvic	N	3	0	0	1	7	2	2	0	3	6
	MD	3	0	2	0	7	2	0	0	3	16
60. rectal	N	3	0	0	0	7	2	2	0	2	5
	MD	2	0	2	0	7	1	0	0	3	17
61. endocrine	N	3	0	0	0	6	2	3	0	2	6
	MD	2	0	3	0	6	1	0	0	3	18
<u>Physical Examination:</u>											
62. Eyes:	N	4	2	2	4	5	1	0	2	4	7
	MD	4	2	0	0	4	5	2	2	3	14
63. Nose	N	1	1	0	2	2	0	0	1	0	14
	MD	0	1	0	0	2	2	0	1	1	21
64. Ears	N	4	1	2	0	3	0	2	1	1	5
	MD	1	1	0	0	3	1	2	1	4	21
65. Sinuses	N	2	0	0	0	2	2	0	1	1	11
	MD	1	0	0	2	2	0	0	1	2	22

		10	20	30	40	50	60	70	80	90	100%
66. Neck	N	4	0	0	1	3	0	1	0	1	10
	MD	1	0	0	0	3	1	1	0	5	21
67. Throat	N	1	1	1	0	5	3	0	2	0	13
	MD	0	0	0	3	5	0	1	2	1	17
68. Skin	N	1	2	2	0	7	0	0	1	1	14
	MD	1	0	0	0	7	0	2	2	1	14
69. Breast	N	6	2	1	0	2	0	0	1	1	14
	MD	0	0	0	0	2	0	2	2	3	23
70. Heart	N	4	0	1	0	3	0	1	0	1	4
	MD	0	0	0	0	1	0	2	0	4	30
71. Chest	N	3	1	1	1	3	0	0	0	1	5
	MD	1	0	0	0	3	1	0	1	2	27
72. Rectal	N	2	0	0	2	4	0	1	0	0	2
	MD	0	0	0	0	4	2	0	0	2	26
73. Extremities	N	2	2	0	0	9	0	0	0	1	14
	MD	1	0	0	0	9	0	0	1	1	16
74. Pulse	N	3	0	1	1	6	1	2	1	2	6
	MD	0	0	0	0	5	1	1	0	2	19
75. Pelvic	N	4	1	0	1	6	1	2	1	2	6
	MD	2	0	0	0	4	1	2	2	5	20
76. Neuro-muscular	N	9	0	0	0	4	1	2	1	0	4
	MD	0	0	0	0	5	0	3	0	7	20

Section VI: Educational Needs

77. What are your educational inservice needs? (suggest topics) See Table D 76, page 120.

Additional Educational Programs: six months or more

78. Would you be interested in attending an Oregon college for this purpose? Yes 23/No 20.

79. Could you leave your community to attend a program which lasts 6 months Yes 11/No 32.

80. 12 months Yes 1/No 42.

81. 24 months Yes 1/No 42.

If a short term specialty program, less than 6 months, would benefit you:

82. What nursing course would you prefer? See Table D 79, page 122.

83. Where would you prefer to take this course? See Table D 77, page 121.

84. Would you leave Oregon to take this course? Yes 14/No 29.

Section VII: Demographic Information

85. Age (years) See Table D 80, page 123.

Residence:

86. Years in Oregon See Table D 81, page 123      87. Years in present community See Table D 81, page 123

Education: Nursing: You are a graduate of

88. diploma program 21      89. year graduated 1930-73

90. Associate degree 0      91. year graduated 0

92. Baccalaureate 27      93. year graduated 1945-74

94. Master 2      95. year graduated 1960-74

96. Are you a certified nurse practitioner? Yes 6/No 37.

97. If yes in question 96, specify title See Table D 85, page 125

98. If yes in question 96, specify location of training program Seattle, Washington; Torrence, California, UCLA.

99. Were you inactive for a period of time? Yes 5/No 38.

100. If yes in question 99, state when 1-24 years.

101. How many years have you been a community health nurse? See Table D 86, page 126

102. How many years have you been with this agency? See Table D 87, page 126.

103. How many full time (minimum 32 hrs. week) nurses are employed in your agency? 1-100

104. How many part time nurses are employed in your agency? 1-10

**APPENDIX C**

**Correspondence**

February 12, 1974

Martha Fugit, Director of  
Community Health Nursing  
Baker County Health Department  
Baker, Oregon 98144

Dear Mrs. Fugit:

As a graduate student in nursing education, I am interested in determining the extent of primary care responsibility assumed by the community health nurses employed in Oregon county health agencies.

I would appreciate having your permission to utilize the resources of your health department. Specifically, I would like you to choose two of your staff nurses to complete the enclosed questionnaires and return them to me by March 1, 1974. If you employ a nurse practitioner, please have her complete one of the questionnaires. Otherwise choose two staff nurses. Both nurses completing the questionnaires are to have been employed for a minimum of six months and on a full-time basis. If you are the only full-time nurse, would you complete one survey and return it to me.

Information obtained from the questionnaires will be confidential.

If further information is desired, contact me at 285-2877 or utilize one of the enclosed, self-addressed envelopes.

Sincerely,

Elvira Pantenburg, R. N.  
4714 N. Willamette Blvd.  
Portland, Oregon 97203

Elvira Pantenburg is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any help you can offer her with this study will be greatly appreciated.

Miss Evelyn Schindler  
Associate Professor of Nursing

Enclosed:

1. cover letter
2. two surveys
3. two self-addressed, stamped envelopes

March 1, 1974

Marlene Dehn, Director of  
Community Health Nursing  
Lane County Department of Health  
Courthouse  
Eugene, Oregon 97401

Dear Miss Dehn:

On February 12, 1974, I sent you a cover letter, two surveys, and two self-addressed, stamped envelopes asking you to choose two of your staff nurses to complete the surveys and return them to me.

At this time, I have not received the surveys. Please let me know if there is some misunderstanding. Feel free to contact me by phone (285-2877) or by mail if there are any questions concerning the completion of the surveys.

I will appreciate any information which you are able to provide as a representative sample from each health department is very important for this study.

Sincerely,

Elvira Pantenburg, R. N.  
4714 N. Willamette Blvd.  
Portland, Oregon 97203

March 8, 1974

Marie Swanson, Director of  
Community Health Nursing  
Courthouse  
Dallas, Oregon

Dear Mrs. Swanson:

On February 12, 1974, I sent you a cover letter, two surveys, and two self-addressed, stamped envelopes asking you to choose two of your staff nurses to complete the surveys and return them to me. Then on March 1, 1974, I sent you another letter stating that I had not received the completed surveys.

At this time I have not received the surveys.

I will appreciate any information which you are able to provide as a representative sample from each health department is very important for this study.

Sincerely,

Elvira Pantenburg, R. N.  
4717 N. Willamette Blvd.  
Portland, Oregon 97203

APPENDIX D

Tables of Frequency Distributions and Percentages

Table D 1. Distribution of 43 responses according to per cent of primary responsibility assumed by community health nurse and doctor for identification of the patient's health problems.

Per Cent	Identification of Patient's Health Problems			
	CHN(a)		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	1	2.33	2	4.65
10	2	4.65	2	4.65
20	1	2.33	4	9.30
30	1	2.33	3	6.98
40	5	11.63	1	2.33
50	19	44.19	19	44.10
60	1	2.33	5	11.63
70	4	9.30	2	4.65
80	4	9.30	1	2.33
90	2	4.65	2	4.65
100	3	6.98	2	4.65
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>
<b>Mean</b>		<b>56.19</b>		<b>49.52</b>
<b>Standard Deviation</b>		<b>21.74</b>		<b>50.12</b>

(a) CHN refers to community health nurse.

Table D 2. Distribution of 43 responses according to per cent of primary responsibility assumed by community health nurse and doctor for informing patient of his health problems.

Per Cent	Informing the Patient of his Health Problems			
	CHN(a)		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	2	4.65	2	4.65
10	2	4.65	0	0.00
20	3	6.98	5	11.63
30	1	2.33	1	2.33
40	2	4.65	4	9.30
50	19	44.19	18	41.86
60	4	9.20	2	4.65
70	1	2.33	1	2.33
80	6	13.95	4	9.30
90	0	0.00	3	6.98
100	3	6.98	3	6.98
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>
<b>Mean</b>		<b>53.09</b>		<b>54.04</b>
<b>Standard Deviation</b>		<b>23.32</b>		<b>23.99</b>

(a) CHN refers to community health nurse.

Table D 3. Distribution of 43 responses according to per cent of primary responsibility assumed by community health nurse and doctor for assisting patient cope with his health problems.

Per Cent	Assisting Patient Cope With Health Problems			
	CHN(a)		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	1	2.33	5	11.63
10	0	0.00	4	9.30
20	2	4.65	12	27.91
30	2	4.65	3	6.98
40	1	2.33	4	9.30
50	5	11.63	5	11.63
60	4	9.30	2	4.65
70	4	9.30	2	4.65
80	13	30.23	4	9.30
90	4	9.30	0	0.00
100	7	16.28	2	4.65
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>
<b>Mean</b>		<b>71.61</b>		<b>37.14</b>
<b>Standard Deviation</b>		<b>22.40</b>		<b>27.69</b>

(a) CHN refers to community health nurse.

Table D 4. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor for identification of family's health problems.

Per Cent	Identification of Family's Health Problems			
	CHN(a)		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	2	4.65	2	4.65
10	1	2.33	5	11.63
20	0	0.00	9	20.93
30	0	0.00	3	6.98
40	4	9.30	4	9.30
50	5	11.68	5	11.68
60	4	9.30	3	6.98
70	3	6.98	1	2.33
80	10	23.26	1	2.33
90	5	11.68	1	2.33
100	9	20.93	2	4.65
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>
<b>Mean</b>		<b>73.65</b>		<b>32.92</b>
<b>Standard Deviation</b>		<b>22.44</b>		<b>28.03</b>

(a) CHN refers to community health nurse.

Table D 5. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor for informing family of their health problems.

Per Cent	Informing Family of Their Health Problems CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	4	9.30	8	18.60
10	0	0.00	4	9.30
20	1	2.33	7	16.28
30	3	6.98	2	4.65
40	2	4.65	4	9.30
50	6	13.95	6	13.95
60	4	9.30	2	4.65
70	4	9.30	4	9.30
80	7	16.28	3	6.98
90	4	9.30	0	0.00
100	8	18.60	3	6.98
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean: CHN 70.00      Doctor 41.00

Standard Deviation: CHN 23.73      Doctor 30.02

Table D 6. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor for assisting family cope with health problems.

Per Cent	Assisting Family Cope with Health Problems			
	CHN(a)		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	2	4.65	9	20.93
10	0	0.00	9	20.93
20	2	4.65	5	11.68
30	0	0.00	1	2.33
40	0	0.00	5	11.68
50	9	20.93	9	20.93
60	5	11.63	0	0.00
70	3	6.98	2	4.65
80	5	11.63	2	4.65
90	9	20.93	0	0.00
100	8	18.60	1	2.33
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean: CHN 73.41      Doctor 30.97

Standard Deviation: CHN 22.31      Doctor 26.24

Table D 7. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor for identification of family strengths.

Per Cent	Identification of Family Strengths			
	CHN(a)		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	2	4.65	14	32.56
10	0	0.00	9	20.93
20	2	4.65	6	13.95
30	1	2.33	4	9.30
40	0	0.00	2	4.65
50	3	6.98	3	6.98
60	3	6.98	0	0.00
70	4	9.30	3	6.98
80	6	13.95	2	4.65
90	9	20.93	0	0.00
100	13	30.23	0	0.00
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean: CHN 79.75      Doctor 22.68

Standard Deviation: CHN 22.41      Doctor 24.49

Table D 8. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor in assisting in development of family strengths.

Per Cent	Assisting in Development of Family Strengths CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	3	6.98	14	32.56
10	0	0.00	11	25.58
20	1	2.33	9	20.93
30	1	2.33	0	0.00
40	0	0.00	4	9.30
50	2	4.65	2	4.65
60	5	11.63	0	0.00
70	1	2.33	3	6.98
80	8	18.60	0	0.00
90	10	23.26	0	0.00
100	12	27.91	0	0.00
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean: CHN 81.50      Doctor 19.00

Standard Deviation: CHN 20.07      Doctor 20.48

Table D 9. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor in assisting patient manage health problems.

Per Cent	Assisting Patient Manage Health Problems			
	CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	1	2.33	8	18.61
10	0	0.00	4	9.30
20	3	6.98	11	25.58
30	0	0.00	3	6.98
40	1	2.33	5	11.63
50	4	9.30	4	9.30
60	5	11.63	1	2.33
70	4	9.30	1	2.33
80	11	25.58	3	6.98
90	5	11.63	1	2.33
100	9	20.93	2	4.65
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean: CHN 74.04      Doctor 33.57

Standard Deviation: CHN 22.63      Doctor 28.78

Table D 10. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor in assisting family unit manage their health problems.

Per Cent	Assisting Family Unit Manage Health Problems			
	CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	2	4.65	10	23.25
10	0	0.00	11	25.58
20	2	4.65	6	13.95
30	2	4.65	3	6.98
40	0	0.00	4	9.30
50	2	4.65	2	4.65
60	4	9.30	0	0.00
70	4	9.30	3	6.98
80	7	16.28	2	4.65
90	11	25.58	1	2.33
100	9	20.93	1	2.33
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean: CHN 77.31      Doctor 27.80

Standard Deviation: CHN 22.58      Doctor 28.06

Table D 11. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor for modification of treatment plan for maintenance of health.

Per Cent	Modification Treatment Plan: CHN <sup>(a)</sup>		Health Maintenance Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	4	9.30	5	11.63
10	2	4.65	5	11.63
20	1	2.33	7	16.28
30	1	2.33	2	4.65
40	0	0.00	1	2.33
50	13	30.23	13	30.23
60	0	0.00	0	0.00
70	3	6.98	1	2.33
80	10	23.26	1	2.33
90	4	9.30	3	6.98
100	5	11.63	5	11.63
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean: CHN 61.66      Doctor 42.28

Standard Deviation: CHN 29.37      Doctor 32.16

Table D 12. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor for modification of treatment plan for patient coping with illness.

Per Cent	Modification Treatment Plan Patient Coping with Illness			
	CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	7	16.28	7	16.28
10	2	4.65	7	16.28
20	3	6.98	5	11.63
30	1	2.33	5	11.63
40	0	0.00	1	2.33
50	7	16.28	7	16.28
60	0	0.00	1	2.33
70	5	11.63	1	2.33
80	7	16.28	3	6.98
90	7	16.28	2	4.65
100	4	9.30	4	9.30
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean: CHN 61.53      Doctor 42.56

Standard Deviation CHN 31.66      Doctor 32.25

Table D 13. The distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor for treatment of minor cuts.

Per Cent	Treatment of Minor Cuts			
	CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	8	18.61	12	27.91
10	6	13.95	3	6.98
20	5	11.63	2	4.65
30	0	0.00	0	0.00
40	0	0.00	2	4.65
50	6	13.95	6	13.95
60	1	2.33	0	0.00
70	0	0.00	0	0.00
80	2	4.65	5	11.63
90	4	9.30	6	13.95
100	11	25.58	7	16.28
Total	43	100.00	43	100.00

(a) CHN refers to the community health nurse.

Mean: CHN 50.95      Doctor 49.76

Standard Deviation: CHN 40.53      Doctor 40.09

Table D 14. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor in treatment of sprains.

Per Cent	Treatment of Sprains			
	CHN(a)		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	12	27.91	6	13.95
10	4	9.30	5	11.63
20	2	4.65	2	4.65
30	0	0.00	1	2.33
40	1	2.33	3	6.98
50	7	16.28	7	16.28
60	2	4.65	1	2.33
70	1	2.33	0	0.00
80	3	6.98	2	4.65
90	7	16.28	4	9.30
100	4	9.30	12	27.91
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to the community health nurse.

Mean: CHN 45.95 Doctor 57.80

Standard Deviation: CHN 38.13 Doctor 37.51

Table D 15. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor in treatment of upper-respiratory infections.

Per Cent	Treatment of Upper-respiratory Infections			
	CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	18	41.86	2	4.65
10	4	9.30	4	9.30
20	4	9.30	0	0.00
30	0	0.00	1	2.33
40	2	4.65	2	4.65
50	7	16.28	6	13.95
60	1	2.33	2	4.65
70	1	2.33	0	0.00
80	1	2.33	4	9.30
90	6	13.95	4	9.30
100	0	0.00	18	41.86
Total	43	100.00	43	100.00

(a) CHN refers to the community health nurse.

Mean: CHN 30.95      Doctor 74.39

Standard Deviation: CHN 33.48      Doctor 30.74

Table D 16. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor in health supervision of normal pregnant woman.

Per Cent	Health Supervision of Normal Pregnant Woman			
	CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	12	28.91	7	16.28
10	4	9.30	4	9.30
20	0	0.00	1	2.33
30	0	0.00	2	4.65
40	0	0.00	3	6.98
50	9	20.93	9	20.93
60	1	2.33	1	2.33
70	2	4.65	0	0.00
80	2	4.65	0	0.00
90	6	13.95	5	11.63
100	7	16.28	11	25.58
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean: CHN 49.76 Doctor 56.09

Standard Deviation: CHN 39.41 Doctor 37.07

Table D 17. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor for health supervision of well child.

Per Cent	Health Supervision of Well Child			
	CHN(a)		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	2	4.65	13	30.23
10	0	0.00	8	18.60
20	1	2.33	4	9.30
30	1	2.33	3	6.98
40	2	4.65	2	4.65
50	7	16.28	7	16.28
60	0	0.00	2	4.65
70	3	6.98	1	2.33
80	5	11.63	2	4.65
90	10	23.26	0	0.00
100	12	27.91	1	2.33
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean: CHN 75.95 Doctor 27.25

Standard Deviation: CHN 25.85 Doctor 27.18

Table D 18. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor for health supervision of aged.

Per Cent	Health Supervision of Aged			
	CHN(a)		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	3	6.98	6	13.95
10	4	9.30	7	16.28
20	3	6.98	9	20.93
30	1	2.33	0	0.00
40	2	4.65	1	2.33
50	5	11.63	5	11.63
60	0	0.00	2	4.65
70	1	2.33	1	2.33
80	10	23.26	6	13.95
90	8	18.60	4	9.30
100	6	13.95	2	4.65
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean: CHN 63.09      Doctor 42.14

Standard Deviation: CHN 33.01      Doctor 33.75

Table D 19. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor for health supervision of ill-person.

Per Cent	Health Supervision of Ill-person			
	CHN(a)		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	8	18.61	2	4.65
10	9	20.93	4	9.30
20	2	4.65	0	0.00
30	1	2.33	0	0.00
40	0	0.00	3	6.93
50	14	32.56	14	32.56
60	2	4.65	0	0.00
70	0	0.00	1	2.33
80	1	2.33	2	4.65
90	5	11.63	10	23.36
100	1	2.33	1	2.33
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean: CHN 38.33      Doctor 64.04

Standard Deviation: CHN 31.22      Doctor 29.88

Table D 20. Distribution of 43 respondents according to per cent of primary responsibility assumed by community health nurse and doctor for health supervision of home-bound invalids.

Per Cent	Health Supervision of Home-bound Invalids			
	CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	3	6.98	3	6.98
10	4	9.30	8	18.60
20	2	4.65	6	13.95
30	0	0.00	0	0.00
40	1	2.33	2	4.65
50	12	27.91	12	27.91
60	1	2.33	1	2.33
70	0	0.00	1	2.33
80	7	16.28	2	4.65
90	8	18.60	5	11.63
100	5	11.63	3	6.98
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean: CHN 60.95 Doctor 45.71

Standard Deviation: CHN 31.21 Doctor 31.40

Table D 21. Respondents identifying the number of individuals within their case load.

Year	Responses to Numbers of Individuals in Case Load			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Responses	28	65.12	24	55.81
No Response	15	34.88	19	44.19
Total	43	100.00	43	100.00
Mean		25.35		21.15
Standard Deviation		28.05		25.59

Table D 22. Per cent of case load obtained by community health nurse as first person to contact health consumer in January 1974 and June 1973.

Per Cent	Case Load: First Person to Contact Health Consumer			
	January 1974	June 1973		
	Frequency	Frequency		
10	6	5		
20	2	2		
30	4	1		
40	1	1		
50	2	2		
60	2	2		
70	3	2		
80	1	1		
90	2	2		
100	1	1		
No Response	18	24		
Total	43	43		
Mean:	January 1974	35.66	June 1973	32.59
Standard Deviation:	January 1974	31.25	June 1973	33.80

Table D 23. Per cent of case load obtained by referrals in January 1974 and June 1973

Per Cent	Case Load: Obtained by Referrals	
	January 1974 Frequency	June 1973 Frequency
10	4	4
20	4	2
30	2	2
40	2	1
50	3	4
60	1	0
70	2	0
80	0	1
90	4	2
100	7	9
No Response	14	18
Total	43	43

Mean:	January 1974	57.58	June 1973	61.60
Standard Deviation:	January 1974	34.91	June 1973	36.70

Table D 24. Per cent of patients in the nurses' case load under direct supervision of doctor in January 1974 and June 1973 .

Per Cent	Management Health Problems: Direct Supervision of Doctor	
	January 1974 Frequency	June 1973 Frequency
10	4	3
20	5	6
30	2	0
40	1	1
50	4	0
60	0	0
70	1	2
80	4	0
90	1	3
100	5	8
No Response	16	20
Total	43	43

Mean:	January 1974	50.71	June 1973	58.33
Standard Deviation:	January 1974	34.63	June 1973	39.96

Table D 25. Per cent of patients in nurses' case load under direct supervision of community health nurse in January 1974 and June 1973.

Management Health Problems: Direct Supervision of CHN <sup>(a)</sup>		
Per Cent	January 1974 Frequency	June 1973 Frequency
10	4	5
20	3	1
30	1	1
40	1	0
50	4	2
60	3	1
70	1	1
80	2	3
90	1	1
100	3	2
No Response	20	26
Total	43	43

(a) CHN refers to community health nurse.

Mean:	January 1974	48.75	June 1973	40.95
Standard Deviation:	January 1974	32.07	June 1973	37.00

Table D 26. The number and per cent of community health nurses who assumed accountability and responsibility for continuity of health care during an acute episode of illness in January 1974 and June 1973.

Continuity Health Care: Acute Episode Illness				
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	16	37.21	13	30.24
No	27	62.80	30	70.07
Total	43	100.00	43	100.00

Mean: 17.97

Standard Deviation: 52.48

Table D 27. The number and per cent of community health nurses who assume accountability and responsibility for continuity of health care during the wellness continuum in January 1974 and June 1973.

Continuity Health Care: Wellness Continuum				
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	34	79.07	27	62.79
No	9	20.93	16	37.21
Total	43	100.00	43	100.00

Mean: 13.46

Standard Deviation: 44.57

Table D 28. The number and per cent of 43 respondents who shared accountability and responsibility with doctor for continuity of health care.

Accountability and Responsibility for Continuity Health Care: Shared with Doctor				
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	37	86.04	33	76.74
No	6	13.95	10	23.25
Total	43	100.00	43	100.00

Mean: 12.62

Standard Deviation: 38.29

Table D 29. The number and per cent of 43 respondents who assumed responsibility for the complete physical examination in January 1974 and June 1973.

	Responsible for Physical Examination			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	15	34.88	9	20.93
No	28	65.12	34	49.07
Total	43	100.00	43	100.00

Mean: 18.30

Standard Deviation: 51.20

Table D 30. The number and per cent of 43 respondents who shared the responsibility for the complete physical examination with another worker in January 1974 and in June 1973.

	Shared Responsibility for Physical Examination			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	38	72.10	26	60.47
No	12	27.90	17	39.53
Total	43	100.00	43	100.00

Mean: 14.18

Standard Deviation: 49.29

Table D 31. The number and per cent of 43 respondents who formulated a treatment plan in January 1974 and June 1973.

	Formulated a Treatment Plan			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	29	67.44	21	48.84
No	14	32.56	22	51.16
Total	43	100.00	43	100.00

Mean: 14.76

Standard Deviation: 50.98

Table D 32. The number and per cent of 43 respondents who had authority to order minimal laboratory requests in January 1974 and June 1973.

	Ordered Minimal Laboratory Requests			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	19	44.10	15	34.88
No	23	53.79	27	62.79
No Response	1	2.33	1	2.33
Total	43	100.00	43	100.00

Mean: 17.11

Standard Deviation: 54.42

Table D 33. The number and per cent of 43 respondents who collaborated with health team to formulate a health regimen in January 1974 and June 1973.

	Collaborated with Health Team			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	35	81.40	30	69.77
No	8	18.60	13	30.23
Total	43	100.00	43	100.00

Table D 34. Classification of clinics staffed by 39 respondents.

Classification	January 1974	June 1973
	Frequency	Frequency
Blood Pressure Screening	1	1
Family Planning	6	8
Immunization	3	8
Otology	4	4
Well-child	19	19
No Response	4	3
Total	43	43

Table D 35. Distribution of 43 respondents according to professional workers with whom community health nurses shared responsibility for complete physical examination.

Professional Workers	Frequency	Per Cent
Nurse	1	2.33
Doctor	16	37.21
Doctor and Nurse	6	13.95
Pharmacist	2	4.65
Doctor, Nurse, & Social Worker	1	2.33
Social Worker	0	0.00
Microbiologist	0	0.00
X-ray Technician, Doctor, Nurse	1	2.33
Psychiatrist	1	2.33
ABLE <sup>(a)</sup>	2	4.65
No Response	12	27.90
Total	43	100.00

(a) ABLE refers to "A Better Life for the Elderly".

Mean: 34.28

Standard Deviation: 27.13

Table D 36. Distribution of 43 respondents according to additional laboratory tests that community health nurses are responsible for ordering.

Additional Laboratory Tests	Frequency	Per Cent
Gonococcus Culture	6	13.92
Papanicolaou Smear	5	11.60
Pregnancy Test	7	16.24
RH Type Combs	1	2.33
Rubella Titer	6	13.92
Sputum Culture	2	4.65
Throat Culture	2	4.65
Vaginal Culture	1	2.33
V. D. R. L.	8	18.56
Sickle Cell Test	1	2.33
No Response	5	11.60
Total	43	100.00

Table D 37. Distribution of 43 respondents according to additional nursing activities for which community health nurses assume responsibility.

Additional Nursing Activities	Frequency	Per Cent
Administrative Management	3	6.96
Counseling		
General	2	4.65
Abortion	2	4.65
Diagnosing Skin Disease	1	2.33
Examination: Pelvic	1	2.33
Family Planning Classes	3	6.96
Follow-up (Scheduling & carrying-out appointments)	2	4.65
Immunization:		
Administration	1	2.33
Maintain Immunization level	2	4.65
Inspection: Health Facilities	1	2.33
Instruction:		
Contraceptives	2	4.65
Breast Examination	1	2.33
Health Fair	1	2.33
Inservice Education Staff and Auxiliary Help	2	4.65
Medications: Birth Control (dispensing)	2	4.65
Referrals		
General	2	4.65
Hearing Loss	1	2.33
Elevated Blood Pressure	1	2.33
Statistics	2	4.65
Treatment		
IUD insertion	1	2.33
Diaphragm fitting	1	2.33
Veni-puncture	1	2.33
VDRL	1	2.33
No Response	7	16.24
Total	<u>43</u>	<u>100.00</u>

Table D 38. The number and per cent of 43 respondents who were members of health team for planning community health programs in January 1974 and June 1973.

	Membership on Health Planning Program			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	29	67.44	24	55.82
No	13	30.24	18	41.86
No Response	1	2.33	1	2.33
Total	43	100.00	43	100.00

Table D 39. The number and per cent of 43 respondents who functioned as a coordinator of health services in January 1974 and June 1973.

	Coordinator of Health Service			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	30	69.87	24	53.49
No	13	30.23	20	46.53
Total	43	100.00	43	100.00

Table D 40. The number and per cent of 43 respondents who directed health programs for disease prevention and health maintenance in January 1974 and June 1973.

	Direct Health Programs Disease Prevention and Health Maintenance			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	31	72.09	25	74.50
No	<u>12</u>	<u>27.91</u>	<u>18</u>	<u>25.50</u>
Total	43	100.00	43	100.00

Table D 41. The number and per cent of 43 respondents who encouraged family members to initiate programs to develop family strengths in January 1974 and June 1973.

	Initiate Programs: Development of Family Strengths			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	35	81.40	24	55.82
No	11	16.28	18	41.86
No Response	<u>1</u>	<u>2.33</u>	<u>1</u>	<u>2.33</u>
Total	43	100.00	43	100.00

Table D 42. The number and per cent of 43 respondents who participated in other leadership activities.

Other Leadership Activities		
Activities	Frequency	Per Cent
Co-developed Detoxification Center	1	2.33
Organized Conference <sup>(a)</sup>	1	2.33
Otology Clinic Coordinator	1	2.33
School Health Curriculum Guidelines Committee	1	2.33
Health Advocate for Community Groups	1	2.33
Coordinate Family Planning Programs	2	4.65
Serve on Advisory Board	1	2.33
Membership: Community Advisory Board	1	2.33
Board Member Day Care Council <sup>(b)</sup>	1	2.33
President, Interagency Council	1	2.33
No Response	32	74.38
Total	43	100.00

(a) Well child, preschool hearing and vision, flu, and immunization.

(b) Mental Retardation Day Care Council.

Table D 43. The number and per cent of 43 respondents who recorded the established data base on patient record in January 1974 and June 1973.

	Patient Record: Established Data Base			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	34	79.07	22	51.16
No	8	18.60	20	46.51
No Response	1	2.33	1	2.33
Total	43	100.00	43	100.00

Table D 44. The number and per cent of 43 respondents who utilized the numbered-problem list on patient's record in January 1974 and June 1973.

	Patient's Record: Numbered-Problem List			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	21	48.84	9	20.93
No	21	48.84	33	76.75
No Response	1	2.33	1	2.33
Total	43	100.00	43	100.00

Table D 45. The number and per cent of 43 respondents who developed written patient care plan for patient's record in January 1974 and June 1973.

	Patient's Record: Written Patient Care Plan			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	25	58.13	18	41.86
No	17	39.54	24	55.81
No Response	1	2.33	1	2.33
Total	43	100.00	43	100.00

Table D 46. The number and per cent of 43 respondents who recorded narrative progress notes on patient's record in January 1974 and June 1973.

	Patient's Record: Narrative Progress Notes			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	34	79.07	25	58.14
No	8	18.61	17	39.54
No Response	1	2.33	1	2.33
Total	43	100.00	43	100.00

Table D 47. The number and per cent of 43 respondents who utilized the flow sheet for patient's record in January 1974 and June 1973.

	Patient's Record: Flow Sheet			
	January 1974		June 1973	
	Frequency	Per Cent	Frequency	Per Cent
Yes	15	34.89	11	25.59
No	27	62.80	31	72.10
No Response	1	2.33	1	2.33
Total	43	100.00	43	100.00

Table D 48. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for obtaining the chief complaint.

Per Cent	Patient's History: CHN <sup>(a)</sup>		Chief Complaint Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	7	15.28	18	41.86
10	0	0.00	8	18.60
20	2	4.65	1	2.33
30	0	0.00	2	4.65
40	0	0.00	1	2.33
50	5	11.63	5	11.63
60	2	4.65	1	2.33
70	2	4.65	0	0.00
80	1	2.33	2	4.65
90	9	20.83	0	0.00
100	15	34.88	5	11.63
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean:	CHN 77.36	Doctor 30.78
Standard Deviation:	CHN 29.47	Doctor 35.82

Table D 49. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for obtaining the patient's profile.

Per Cent	Patient's History: CHN <sup>(a)</sup>		Patient's Profile Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	14	32.56	22	51.17
10	1	2.33	8	18.60
20	0	0.00	0	0.00
30	1	2.33	0	0.00
40	0	0.00	1	2.33
50	4	9.30	4	9.30
60	2	4.65	1	2.33
70	0	0.00	0	0.00
80	0	0.00	1	2.33
90	8	18.60	1	2.33
100	13	23.23	5	11.63
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 72.12	Doctor 31.81
Standard Deviation:	CHN 35.94	Doctor 38.36

Table D 50. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for obtaining a description of illness.

Per Cent	Patient's History: CHN <sup>(a)</sup>		Description of Illness Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	7	16.28	17	39.53
10	1	2.33	7	16.28
20	1	2.33	1	2.33
30	1	2.33	1	2.33
40	0	0.00	1	2.33
50	6	13.95	6	13.95
60	3	6.98	1	2.33
70	1	2.33	0	0.00
80	1	2.33	2	4.65
90	7	16.28	1	2.33
100	15	34.88	6	13.95
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 72.30	Doctor 35.12
Standard Deviation:	CHN 32.96	Doctor 38.03

Table D 51. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for obtaining a family history.

Per Cent	Patient's History: CHN(a)		Family History Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	11	25.58	19	44.18
10	0	0.00	9	20.93
20	0	0.00	1	2.33
30	1	2.33	0	0.00
40	0	0.00	1	2.33
50	5	11.63	5	11.63
60	3	6.98	1	2.33
70	0	0.00	1	2.33
80	1	2.33	1	2.33
90	9	20.93	0	0.00
100	13	30.23	5	11.63
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 75.71	Doctor 31.71
Standard Deviation:	CHN 31.08	Doctor 36.41

Table D 52. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for obtaining the patient's history.

Per Cent	Patient's History: CHN(a)		Past History Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	9	20.93	16	37.21
10	1	2.33	8	18.60
20	1	2.33	2	4.65
30	0	0.00	0	0.00
40	0	0.00	1	2.33
50	6	13.95	6	13.95
60	3	6.98	1	2.33
70	0	0.00	1	2.33
80	2	4.65	1	2.33
90	8	18.60	1	2.33
100	13	30.23	6	13.95
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 70.71	Doctor 35.78
Standard Deviation:	CHN 34.27	Doctor 37.67

Table D 53. Distribution of 43 respondents according to the per cent of responsibility assumed by the community health nurse and doctor for obtaining patient's health history: head and neck.

Per Cent	Patient's History: CHN <sup>(a)</sup>		Head and Neck Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	20	46.51	13	30.23
10	2	4.65	3	6.98
20	0	0.00	0	0.00
30	0	0.00	1	2.33
40	0	0.00	0	0.00
50	7	16.28	7	16.28
60	2	4.65	1	2.33
70	1	2.33	0	0.00
80	0	0.00	0	0.00
90	3	6.98	2	4.65
100	8	18.60	16	37.21
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 45.27	Doctor 62.50
Standard Deviation:	CHN 41.50	Doctor 40.66

Table D 54. Distribution of 43 respondents according to the per cent of responsibility assumed by the community health nurse and doctor for obtaining patient's health history: cardio-respiratory system.

Per Cent	Patient's History: Cardio-respiratory System			
	CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	20	46.51	10	23.16
10	3	6.98	2	4.65
20	0	0.00	0	0.00
30	0	0.00	2	4.65
40	0	0.00	0	0.00
50	8	18.60	8	18.60
60	2	4.65	1	2.33
70	2	4.65	0	0.00
80	0	0.00	0	0.00
90	2	4.65	3	6.98
100	6	13.95	17	39.53
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 40.83	Doctor 69.72
Standard Deviation:	CHN 39.08	Doctor 35.81

Table D 55. Distribution of 43 respondents according to the per cent of responsibility assumed by the community health nurse and doctor for obtaining patient's health history: genito-urinary system.

Per Cent	Patient's History: CHN(a)		Genito-urinary System Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	20	46.51	10	23.26
10	3	6.98	2	4.65
20	0	0.00	0	0.00
30	0	0.00	2	4.65
40	0	0.00	0	0.00
50	8	18.60	8	18.60
60	2	4.65	1	2.33
70	2	4.65	0	0.00
80	0	0.00	0	0.00
90	2	4.65	3	6.98
100	6	13.95	17	39.53
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean: CHN 40.83 Doctor 69.72  
 Standard Deviation: CHN 39.08 Doctor 35.81

Table D 56. Distribution of 43 respondents according to the per cent of responsibility assumed by the community health nurse and doctor for obtaining patient's health history: gastro-intestinal system.

Per Cent	Patient's History: Gastro-intestinal System CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	14	48.14	10	23.26
10	3	6.98	2	4.65
20	0	0.00	0	0.00
30	0	0.00	3	6.98
40	0	0.00	0	0.00
50	6	13.95	6	13.95
60	2	4.65	1	2.33
70	3	6.98	0	0.00
80	0	0.00	0	0.00
90	2	4.65	3	6.98
100	6	13.95	18	41.86
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 40.00	Doctor 70.55
Standard Deviation:	CHN 35.92	Doctor 36.48

Table D 57. Distribution of 43 respondents according to the per cent of responsibility assumed by the community health nurse and doctor for obtaining patient's health history: neuro-muscular system.

Per Cent	Patient's History: Neuro-muscular System			
	CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	23	53.48	11	25.58
10	3	6.98	2	4.65
20	0	0.00	0	0.00
30	0	0.00	3	6.98
40	0	0.00	0	0.00
50	5	11.63	5	11.63
60	2	4.65	1	2.33
70	3	6.98	0	0.00
80	0	0.00	0	0.00
90	2	4.65	3	6.98
100	5	11.63	18	41.86
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean: CHN 36.85 Doctor 71.14

Standard Deviation: CHN 39.61 Doctor 36.84

Table D 58. Distribution of 43 respondents according to the per cent of responsibility assumed by the community health nurse and doctor for obtaining patient's health history: pelvic area.

Per Cent	Patient's History: Pelvic Area			
	CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	19	44.19	10	23.26
10	3	6.98	3	6.98
20	0	0.00	0	0.00
30	0	0.00	2	4.65
40	1	2.33	0	0.00
50	7	16.28	7	16.28
60	2	4.65	2	4.65
70	2	4.65	0	0.00
80	0	0.00	0	0.00
90	3	6.98	3	6.98
100	6	13.95	16	31.27
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean: CHN 43.05 Doctor 67.50

Standard Deviation: CHN 39.26 Doctor 36.67

Table D 59. Distribution of 43 respondents according to the per cent of responsibility assumed by the community health nurse and doctor for obtaining patient's health history: rectal area.

Per Cent	Patient's History: CHN <sup>(a)</sup>		Rectal Area Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	22	51.16	11	25.58
10	3	6.98	2	4.65
20	0	0.00	0	0.00
30	0	0.00	2	4.65
40	0	0.00	0	0.00
50	7	16.28	7	16.28
60	2	4.65	1	2.33
70	2	4.65	0	0.00
80	0	0.00	0	0.00
90	2	4.65	3	6.98
100	5	11.63	17	39.53
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 37.71	Doctor 70.28
Standard Deviation:	CHN 38.81	Doctor 36.17

Table D 60. Distribution of 43 respondents according to the per cent of responsibility assumed by the community health nurse and doctor for obtaining patient's health history: endocrine system.

Per Cent	Patient's History: CHN <sup>(a)</sup>		Endocrine System Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	21	48.84	10	23.26
10	3	6.98	2	4.65
20	0	0.00	0	0.00
30	0	0.00	3	6.98
40	0	0.00	0	0.00
50	6	13.95	6	13.95
60	2	4.65	1	2.33
70	3	6.98	0	0.00
80	0	0.00	0	0.00
90	2	4.65	3	6.98
100	6	13.95	18	41.86
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean: CHN 40.00 Doctor 70.55  
Standard Deviation: CHN 39.92 Doctor 36.48

Table D 61. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: eyes.

Per Cent	Physical Examination: CHN(a)		Eyes Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	12	27.91	7	16.28
10	4	9.30	4	9.30
20	2	4.65	2	4.65
30	2	4.65	0	0.00
40	4	9.30	0	0.00
50	5	11.63	4	9.30
60	1	2.33	5	11.63
70	0	0.00	2	4.65
80	2	4.65	2	4.65
90	4	9.30	3	6.98
100	7	16.28	14	32.56
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean:	CHN 45.75	Doctor 63.75
Standard Deviation:	CHN 38.22	Doctor 37.05

Table D 62. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: nose.

Per Cent	Physical Examination: Nose CHN(a)		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	22	51.16	15	34.89
10	1	2.33	0	0.00
20	1	2.33	1	2.33
30	0	0.00	0	0.00
40	2	4.65	0	0.00
50	2	4.65	2	4.65
60	0	0.00	2	4.65
70	0	0.00	0	0.00
80	1	2.33	1	2.33
90	0	0.00	1	2.33
100	14	32.56	21	48.84
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 44.47	Doctor 66.05
Standard Deviation:	CHN 46.48	Doctor 43.90

Table D 63. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: ears.

Per Cent	Physical Examination: CHN(a)		Ears Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	24	55.81	9	20.93
10	4	9.30	1	2.33
20	1	2.33	1	2.33
30	2	4.65	0	0.00
40	0	0.00	0	0.00
50	3	6.98	3	6.98
60	0	0.00	1	2.33
70	2	4.65	2	4.65
80	1	2.33	1	2.33
90	1	2.33	4	9.30
100	5	11.63	21	48.84
Total	43	100.0	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 29.18	Doctor 78.91
Standard Deviation:	CHN 38.32	Doctor 33.23

Table D 64. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: sinuses.

Per Cent	Physical Examinations: CHN <sup>(a)</sup>		Sinuses Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	24	55.82	13	30.23
10	2	4.65	1	2.33
20	0	0.00	0	0.00
30	0	0.00	0	0.00
40	0	0.00	2	4.65
50	2	4.65	2	4.65
60	2	4.65	0	0.00
70	0	0.00	0	0.00
80	1	2.33	1	2.33
90	1	2.33	2	4.65
100	11	25.58	22	56.16
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 39.73	Doctor 69.73
Standard Deviation:	CHN 45.58	Doctor 42.26

Table D 65. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: neck.

Per Cent	Physical Examination: Neck CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	23	53.49	11	25.58
10	4	9.30	1	2.33
20	0	0.00	0	0.00
30	0	0.00	0	0.00
40	1	2.33	0	0.00
50	3	6.98	3	6.98
60	0	0.00	1	2.33
70	1	2.33	1	2.33
80	0	0.00	0	0.00
90	1	2.33	5	11.63
100	10	23.26	21	48.84
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 36.57	Doctor 74.73
Standard Deviation:	CHN 44.00	Doctor 38.32

Table D 66. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: throat.

Per Cent	Physical Examination: CHN <sup>(a)</sup>		Throat Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	17	39.53	14	32.56
10	1	2.33	0	0.00
20	1	2.33	0	0.00
30	1	2.33	0	0.00
40	0	0.00	3	6.98
50	5	11.63	5	11.63
60	3	6.98	0	0.00
70	0	0.00	1	2.33
80	2	4.65	2	4.65
90	0	0.00	1	2.33
100	13	30.23	17	39.53
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 51.31	Doctor 62.89
Standard Deviation:	CHN 42.69	Doctor 41.19

Table D 67. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: skin.

Per Cent	Physical Examination: Skin			
	CHN <sup>(a)</sup>		Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	15	34.89	15	34.89
10	1	2.33	1	2.33
20	2	4.65	0	0.00
30	2	4.65	0	0.00
40	0	0.00	0	0.00
50	7	16.28	7	16.28
60	0	0.00	0	0.00
70	0	0.00	2	4.65
80	1	2.33	2	4.65
90	1	2.33	1	2.33
100	14	32.56	14	32.56
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 53.42	Doctor 58.42
Standard Deviation:	CHN 42.31	Doctor 41.42

Table D 68. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: breast.

Per Cent	Physical Examination: CHN <sup>(a)</sup>		Breast Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	16	37.21	11	25.58
10	6	13.95	0	0.00
20	2	4.65	0	0.00
30	1	2.33	0	0.00
40	0	0.00	0	0.00
50	2	4.65	2	4.65
60	0	0.00	0	0.00
70	0	0.00	2	4.65
80	1	2.33	2	4.65
90	1	2.33	3	6.98
100	14	32.56	23	53.49
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean:	CHN 47.36	Doctor 78.15
Standard Deviation:	CHN 45.48	Doctor 36.67

Table D 69. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: heart.

Per Cent	Physical Examination: CHN(a)		Heart Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	29	67.14	6	13.96
10	4	9.30	0	0.00
20	0	0.00	0	0.00
30	1	2.33	0	0.00
40	0	0.00	0	0.00
50	3	6.98	1	2.33
60	0	0.00	0	0.00
70	1	2.33	2	4.65
80	0	0.00	0	0.00
90	1	2.33	4	9.30
100	4	9.30	30	69.77
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 20.52	Doctor 93.42
Standard Deviation:	CHN 35.17	Doctor 18.78

Table D 70. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: chest.

Per Cent	Physical Examination: CHN <sup>(a)</sup>		Chest Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	27	62.79	8	18.60
10	3	6.98	1	2.33
20	1	2.33	0	0.00
30	1	2.33	0	0.00
40	1	2.33	0	0.00
50	3	6.98	3	6.98
60	0	0.00	1	2.33
70	0	0.00	0	0.00
80	0	0.00	1	2.33
90	1	2.33	2	4.65
100	5	11.63	27	62.79
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 25.40	Doctor 85.94
Standard Deviation:	CHN 37.75	Doctor 29.10

Table D 71. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: rectal area.

Per Cent	Physical Examination: CHN(a)		Rectal Area Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	32	74.31	9	20.93
10	2	4.65	0	0.00
20	0	0.00	0	0.00
30	0	0.00	0	0.00
40	2	4.65	0	0.00
50	4	9.30	4	9.30
60	0	0.00	2	4.65
70	1	2.33	0	0.00
80	0	0.00	0	0.00
90	0	0.00	2	4.65
100	2	4.65	26	60.47
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 16.28	Doctor 88.57
Standard Deviation:	CHN 29.21	Doctor 23.53

Table D 72. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: extremities.

Per Cent	Physical Examination: CHN <sup>(a)</sup>		Extremities Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	15	34.88	15	34.88
10	2	4.65	1	2.33
20	2	4.65	0	0.00
30	0	0.00	0	0.00
40	0	0.00	0	0.00
50	9	20.93	9	20.93
60	0	0.00	0	0.00
70	0	0.00	0	0.00
80	0	0.00	1	2.33
90	1	2.33	1	2.33
100	14	32.56	16	37.21
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 54.05	Doctor 60.27
Standard Deviation:	CHN 41.99	Doctor 41.73

Table D 73. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: pulse.

Per Cent	Physical Examination: CHN <sup>(a)</sup>		Pulse Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	18	41.86	15	34.88
10	3	6.98	0	0.00
20	0	0.00	0	0.00
30	1	2.33	0	0.00
40	1	2.33	0	0.00
50	6	13.95	5	11.63
60	0	0.00	1	2.33
70	1	2.33	1	2.33
80	0	0.00	0	0.00
90	0	0.00	2	4.65
100	13	30.23	19	44.19
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 47.83	Doctor 66.48
Standard Deviation:	CHN 43.46	Doctor 42.04

Table D 74. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: pelvic area.

Per Cent	Physical Examination: CHN <sup>(a)</sup>		Pelvic Area Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	19	54.18	7	16.28
10	4	9.30	2	4.65
20	1	2.33	0	0.00
30	0	0.00	0	0.00
40	1	2.33	0	0.00
50	6	13.95	4	9.30
60	1	2.33	1	2.33
70	2	4.65	2	4.65
80	1	2.33	2	4.65
90	2	4.65	5	11.63
100	6	13.95	20	46.51
Total	43	100.00	43	100.00

(a) CHN refers to community health nurse.

Mean:	CHN 39.45	Doctor 81.89
Standard Deviation:	CHN 39.36	Doctor 28.26

Table D 75. Distribution of 43 respondents according to the per cent of responsibility assumed by community health nurse and doctor for physical examination: neuro-muscular system.

Per Cent	Physical Examination: CHN <sup>(a)</sup>		Neuro-muscular System Doctor	
	Frequency	Per Cent	Frequency	Per Cent
No Responsibility	24	51.26	8	18.60
10	9	20.93	0	0.00
20	0	0.00	0	0.00
30	0	0.00	0	0.00
40	0	0.00	0	0.00
50	4	9.30	5	11.63
60	1	2.33	0	0.00
70	2	4.65	3	6.98
80	1	2.33	0	0.00
90	0	0.00	7	16.28
100	4	9.30	20	46.51
<b>Total</b>	<b>43</b>	<b>100.00</b>	<b>43</b>	<b>100.00</b>

(a) CHN refers to community health nurse.

Mean: CHN 26.21 Doctor 83.51  
 Standard Deviation: CHN 35.46 Doctor 26.79

Table D 76. Distribution of 43 respondents according to their educational in-service needs.

Educational In-service Needs	Frequency	Per Cent
Aging	1	2.33
Administration (nursing)	3	6.98
Anti-partem Care	1	2.33
Behavior Modification	1	2.33
Cardiology	2	4.65
Child Psychology	1	2.33
Contraceptives (usé)	1	2.33
Community Health (New Aspects)	4	9.30
Diagnosing (Skin Disease)	2	4.65
Drugs	1	2.33
Expanded Role of the Nurse	3	6.98
Genetics	1	2.33
Growth and Development	1	2.33
Health Problems (Adolescent)	1	2.33
Interviewing	1	2.33
New Developments in Nursing	1	2.33
New Innovations (Treatment of Disease)	1	2.33
Nurse Examinations and Screening	1	2.33
Nurse Practitioner	3	6.98
O. B. Gyn, Practice (updating)	1	2.33
Parenting	1	2.33
Physical Assessment	4	9.30
Pediatric Evaluation	1	2.33
Prenatal	1	2.33
Psychiatry	1	2.33
Sterilization	1	2.33
Supervision	1	2.33
V. D. Screening	1	2.33
Total	43	100.00

Table D 77. Distribution of 43 respondents according to the number who would obtain educational in-service needs in Oregon or elsewhere.

	Obtain Educational In-service Needs			
	Oregon		Elsewhere	
	Frequency	Per Cent	Frequency	Per Cent
Yes	23	53.49	14	32.56
No	20	46.51	29	67.44
Total	43	100.00	43	100.00

Table D 78. Distribution of 43 respondents who would leave the community to obtain additional education for 6 months, 12 months, and 24 months.

	Leave Community					
	6 Months		12 Months		24 Months	
	Frequency	Per Cent	Frequency	Per Cent	Frequency	Per Cent
Yes	11	25.58	1	2.33	1	2.33
No	32	74.42	42	97.67	42	97.67
Total	43	100.00	43	100.00	43	100.00

Table D 79. Distribution of 43 respondents according to the nursing educational courses preferred.

Preferred Course	Frequency	Per Cent
Advancements in Nursing	1	2.33
Genetics	1	2.33
Family Health Practitioner	5	11.63
General Nurse Practitioner	4	9.30
Geriatrics	2	4.65
Mental and Emotional Growth	2	4.65
Midwifery	1	2.33
Obstetrics and Gynecology	2	4.65
Pediatrics	1	2.33
Pediatric Nurse Practitioner	3	6.98
Pharmacology	1	2.33
Psychiatry	1	2.33
Physician's Assistant	1	2.33
School Health Nurse Specialist	2	4.65
Women's Health Care Specialist	1	2.33
No Response	15	34.84
Total	43	100.00

Table D 80. Distribution of 43 respondents according to age.

Age (Years)	Frequency	Per Cent
21-24	4	9.30
25-29	4	9.30
30-34	2	4.65
35-39	4	9.30
40-44	5	11.63
45-49	7	16.28
50-54	8	18.60
55-59	6	13.96
60-64	3	6.98
65+	0	0.00
Total	43	100.00

Table D 81. Distribution of 43 respondents according to residence in Oregon and in community.

Year	Residence in Oregon		Residence in Community	
	Frequency	Per Cent	Frequency	Per Cent
1-4	6	13.95	13	30.23
5-9	6	13.95	8	18.60
10-14	5	11.63	1	2.33
15-19	4	9.30	11	25.58
20-24	6	13.95	1	2.33
25-29	6	13.95	5	11.63
30-34	4	9.30	4	9.30
35-39	2	4.65	0	0.00
40-44	0	0.00	0	0.00
45+	4	9.30	0	0.00
Total	43	100.00	43	100.00

Table D 82. Distribution of 43 respondents according to the number of years the community health nurse was away from nursing.

Year	Away From Nursing	
	Frequency	Per Cent
1-4	1	2.33
5-9	0	0.00
10-14	0	0.00
15-19	0	0.00
20-24	3	6.98
25-29	1	2.33
30-34	0	0.00
No Response	38	88.37
Total	43	100.00

Table D 83. Distribution of 43 respondents according to the year of graduation from diploma program of nursing.

Year	Diploma Program	
	Frequency	Per Cent
1925-29	0	0.00
1930-34	3	6.98
1935-39	4	9.30
1940-44	1	2.33
1945-49	7	16.28
1950-54	2	4.65
1955-59	3	6.98
1960-64	0	0.00
1965-69	0	0.00
1970-74	1	2.33
Others <sup>(a)</sup>	22	51.16
Total	43	100.00

(a) Others indicate those respondents who graduated from Baccalaureate or Master nursing programs.

Table D 84. Distribution of 43 respondents according to the year of graduation from baccalaureate and master nursing program.

Year	Nursing Program			
	Baccalaureate		Master	
	Frequency	Per Cent	Frequency	Per Cent
1925-29	0	0.00	0	0.00
1930-34	0	0.00	0	0.00
1935-39	0	0.00	0	0.00
1940-44	0	0.00	0	0.00
1945-49	4	9.30	0	0.00
1950-54	4	9.30	0	0.00
1955-59	1	2.33	0	0.00
1960-64	6	13.95	1	2.33
1965-69	4	9.30	0	0.00
1970-74	8	18.60	1	2.33
Others <sup>(a)</sup>	16	37.21	41	95.34
Total	43	100.00	43	100.00

(a) Others indicate those respondents who graduated from diploma nursing program.

Table D 85. Distribution of 43 respondents according to the nurse practitioner classification.

Classification	Frequency	Per Cent
Family Health Care Specialist	1	2.33
Pediatric Nurse Practitioner	2	4.65
Women's Health Care Specialist	3	6.98
No Response	37	86.04
Total	43	100.00

Table D 86. Distribution of 43 respondents according to number of years the respondent was a community health nurse.

Community Health Nurse		
Year	Frequency	Per Cent
1-4	17	39.53
5-9	9	20.93
10-14	7	16.28
15-19	3	6.98
20-24	4	9.30
25-29	0	0.00
30-34	2	4.65
35-39	1	2.33
Total	43	100.00

Table D 87. Distribution of 43 respondents according to the number of years each respondent was employed by the agency.

Employed by Agency		
Year	Frequency	Per Cent
1-4	19	44.19
5-9	15	34.88
10-14	4	9.30
15-19	3	6.98
20-24	0	0.00
25-29	2	4.65
Total	43	100.00

Table D 88. Distribution of 43 responses according to number of community health nurses in each agency.

Number	Community Health Nurses			
	Full Time		Part Time	
	Frequency	Per Cent	Frequency	Per Cent
1-4	18 <sup>(a)</sup>	41.86	11	25.58
5-9	11	25.58	4	9.30
10-14	7	16.28	2	4.65
15-19	4	9.30	0	0.00
20-24	1	2.33	0	0.00
25-29	0	0.00	0	0.00
30-34	0	0.00	0	0.00
35-39	0	0.00	0	0.00
40-44	1	2.33	0	0.00
45+	1 <sup>(b)</sup>	2.33	0	0.00
No Response	0	0.00	26	60.47
Total	43	100.00	43	100.00

(a) 10 agencies employed only one community health nurse.

(b) This agency employed 100 community health nurses.

AN ABSTRACT OF THE FIELD STUDY OF:

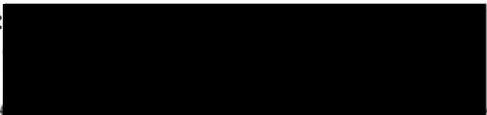
ELVIRA A. HEBERT PANTENBURG

For the MASTERS OF NURSING.

Date of receiving this degree: June 7, 1974

Title: A DESCRIPTIVE STUDY OF CURRENT NURSING PRACTICES  
OF A GROUP OF OREGON COMMUNITY HEALTH NURSES.

Approved:

  
\_\_\_\_\_  
Evelyn Schindler, M. A., Associate Professor,  
Field Study Advisor

The purpose of this descriptive field study was to investigate by mailed questionnaire the current nursing practices of a group of nurses within the Oregon county health departments, and to estimate the extent to which existing practices corresponded to those activities and duties referable to four aspects of the National Health Strategy for meeting needs for changes in the health care system. Information was obtained from a sample population of 43 currently licensed nurses employed within 29 county health departments in Oregon.

Limitations of this study were mainly those factors involved in the design of the project and the inability to generalize the results to other populations. Randomization of the population was not possible.

The director of nursing in each county health department was asked to choose two community health nurses from the staff to participate in the program. The sample population was asked to answer questions relating to five facets of the practice of nursing: 1) Activities, 2) Accountability and Responsibility, 3) Leadership: Community Health Programs, 4) Recording, and 5) History and Physical Examination. Sections Six and Seven of the questionnaire pertained to the educational needs as stated by the nurses and the demographic information regarding the nurses themselves.

The nurses in this study were assumed to have been functioning in the role that was described in the literature as the traditional role of the community health nurse in case finding, preventive nursing measures, referring and health counseling.

### Findings

The nurses practicing within the 29 official agencies stated they assumed primary responsibility for the assessment and management of the patient's and his family's health problems. They also

2. Some of the nurses in this study indicated by the size of their case load that they have contact with a large number of patients in the community, and could be expected to be effective in initiating entry into the health care system.

